| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|--|--------------------------|---|-------------------------------|
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT KERNER | STREET SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 000 | Initial Comments | | D 000 | | |
| | The Adult Care Licens annual and follow-up through 02/17/23. | sure Section conducted an survey from 02/15/23 | | | |
| D 125 | 10A NCAC 13F .0403 Medication Staff | 8(a) Qualifications Of | D 125 | | |
| | aides, and their direct training, clinical skills written examination a 131D-4.5B. Persons a occupational licensure | staff who administer or referred to as medication it supervisors shall complete validation, and pass the s set forth in G.S. authorized by state e laws to administer opt from this requirement. | | | |
| | facility failed to ensure B and C) who adminis requirements related | ews and interviews, the e 2 of 3 sampled staff (Staff stered medications met the to previous employment cation aide (Staff B); and en medication aide 0 days of hire as a | | | |
| | The findings are: | | | | |
| | Review of Staff B's personnel record reve | s, medication aide (MA), ealed: | | | |

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

(X6) DATE TITLE

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|--|-------------------------------|
| | | | A. BUILDING | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | STREET | | |
| | | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE COMPLETE |
| D 125 | Continued From page | : 1 | D 125 | | |
| | -There was document 03/17/22There was document 5 and 10 hour training training course on 03/2There was document medication aide composkills checklist on 03/2There was no document and passed the medical Review of a resident's February 2023 electror administration recordStaff B administered 12/01/22 through 12/3/25. | tation Staff B was hired on tation Staff B completed the g for a total of 15 hours MA /25/22. tation Staff B completed the betency validation clinical 17/22. hentation Staff B had taken cation aide examination. S December 2022 and bnic medication (eMAR) revealed: medications on 8 days from 31/22. medications on 3 days | | | |
| | 9:09am revealed: -She worked as a MA yearWhen she worked, s medications, checked insulinShe completed the n training course and th clinical skills checklist -She took the MA writ and failed the testThe facility's contract again last month so s days to pass the med Telephone interview w nurse on 02/17/23 at -She had provided MA -Staff B took the MA w | redication aide 15-hour ne MA competency validation it. Item test in November 2022 ted nurse checked her off he would have 60 more ication aide examination. | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 2 of 149

| | or realth Service Negu | | 0/0) 1/1/1/7/5/5 | CONCERNATION | (X3) DATE SURVEY |
|---|---|--|----------------------------|--|------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 1 | (X2) MULTIPLE CONSTRUCTION | | |
| ANDILAN | or contraction | IDENTIFICATION NOMBER. | A. BUILDING: _ | | COMPLETED |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| | | TIAL004107 | | | 02/1//2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | TE, ZIP CODE | |
| | | 250 PITT | STREET | | |
| SHULER | HEATH CARE/STOREY V | 'ILLA | SVILLE, NC 272 | 284 | |
| | | | TOTILLE, NO 272 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD | () |
| PREFIX TAG | | LSC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO THE APPROPR | |
| | | | | DEFICIENCY) | |
| | | | | | |
| D 125 | Continued From page | e 2 | D 125 | | |
| | | | | | |
| | Interview with the Eve | ecutive Director (ED) on | | | |
| | | | | | |
| | 02/17/23 at 1:43pm re -Staff B took the writte | | | | |
| | | | | | |
| | | failed in November 2022. | | | |
| | _ | A did the 15-hour training | | | |
| | - | have 60 days to retake the | | | |
| | MA examination. | | | | |
| | | | | | |
| | | s, medication aide (MA), | | | |
| | personnel record reve | ealed: | | | |
| | -Staff C was hired as | a MA on 09/20/19. | | | |
| | -There was documen | tation Staff C completed the | | | |
| | medication aide comp | petency validation clinical | | | |
| | skills checklist on 12/ | | | | |
| | -There was documen | tation of an incomplete | | | |
| | | of prior employment as a | | | |
| | MA. | pp y | | | |
| | | tation Staff C passed the | | | |
| | MA written examination | • | | | |
| | -There was no docum | | | | |
| | | ur medication aide training. | | | |
| | Completed the 13-110t | in medication aide training. | | | |
| | Pavious of a regident's | a January 2022, and | | | |
| | Review of a resident's | _ | | | |
| | February 2023 electro | | | | |
| | administration record | | | | |
| | | medications on 2 days from | | | |
| | 01/01/23-01/31/23. | | | | |
| | | medication on 2 days from | | | |
| | 02/01/23-02/15/23. | | | | |
| | | | | | |
| | Interview with a resid | ent on 02/16/23 at 3:15pm | | | |
| | revealed: | | | | |
| | -Staff C sometimes w | | | | |
| | -When Staff C worked | d at the facility she | | | |
| | administered medicat | tions to the resident. | | | |
| | | | | | |
| | | on 02/16/23 at 3:58pm | | | |
| | revealed: | | | | |
| | -She worked as a MA | at the facility. | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 3 of 149

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | | , , | SURVEY PLETED |
|--------------------------|--|--|---------------------------------|--|--------------------------------|--------------------------|
| | | HAL034107 | B. WING | | 02 | R / 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | E, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA | STREET RSVILLE, NC 2728 | 4 | | |
| (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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 125 | Interview with the fact 02/17/23 at 3:51pm re- She provided medical facility monthlyShe checked her received training for Staff C. Interview with the Execution 20/17/23 at 2:53pm re- Staff C completed the from a previous emplement. | he administered sidents. Janing as a MA from another dining at this facility. Janing at this facility. Janing at this facility. Janing at this facility. Janing at the seven and did not find any decutive Director (ED) on devealed: Janing at the seven and did not find any decutive Director (ED) on devealed: Janing at the seven and did not find any decutive Director (ED) on devealed: Janing as a MA from another another another and did not find any decutive Director (ED) on devealed: Janing as a MA from another anot | D 125 | | | |
| D 131 | 10A NCAC 13F .0406 (a) Upon employmer care home, the admir any persons living in tested for tuberculosic control measures add Public Health as spectional subsequent Amended Eff. July 1, This Rule is not met Based on record revisitations. | 2021 | D 131 | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 4 of 149

| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|--|---------------------|--|-------------------------------|
| | | | 7.1. 50.25.1.10. | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT | | 2004 | |
| 040.15 | CLIMMADV CT | ATEMENT OF DEFICIENCIES | SVILLE, NC 272 | | 1 000 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE COMPLETE |
| D 131 | Continued From page | e 4 | D 131 | | |
| | (TB) testing upon hire |) . | | | |
| | The findings are: | | | | |
| | revealed: -Staff A was hired on -There was documentest administered on negative results 03/2There was no documbire. Interview with Staff A revealed: -She recalled being a -She thought the test nurse. | ide (PCA). personnel record 01/03/23. tation Staff A had a TB skin 03/22/22 and read with 4/22. nentation of a TB skin upon on 02/16/23 at 2:10pm dministered a TB skin test. was read by the facility's | | | |
| | Interview with the facility's Nurse Consultant on 02/17/23 at 3:51pm revealed: -She was at the facility monthly for trainingShe was unable to recall if she administered and read Staff A's TB skin test. | | | | |
| | Director from a conve 3:43pm revealed: -Staff A's TB skin test 2023, but not read. | with the facility Executive ersation on 02/17/23 at was placed in January Manager would have been ing TB skin test were | | | |
| D 164 | 10A NCAC 13F .0508 Diabetic Resident | 5 Training On Care Of | D 164 | | |
| | 10A NCAC 13F .0505 | 5 Training On Care Of | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 5 of 149

| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | I ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|---|-------------------------------|
| | | A. BUILDING: _ | | D | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | /ILLA | | | |
| | | | SVILLE, NC 272 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 164 | Continued From page | e 5 | D 164 | | |
| | the care of residents unlicensed staff prior insulin as follows: (1) Training shall be nurse, registered pha practitioner. (2) Training shall incl. (a) basic facts about in the management of (b) insulin action; (c) insulin storage; (d) mixing, measurin for insulin administration. | g and injection techniques tion; evention of hypoglycemia ncluding signs and nitoring; universal tions; nistration times; and | | | |
| | facility failed to ensur aides (Staff A) had co | as evidenced by: and record reviews the e 1 of 3 sampled medication empleted training on the care prior to the administration of | | | |
| | The findings are: | | | | |
| | Review of Staff A, me personnel record reversible was hired on 01 | ealed: | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 6 of 149

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|---------------------|---|-------------------------------|
| ANDILAN | AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: _ | | COMIT LETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHIII ER I | HEATH CARE/STOREY V | 250 PITT : | | | |
| KERNERS | | | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE |
| D 164 | Continued From page | e 6 | D 164 | | |
| | -There was documen MA competency valid on 01/17/23. -There was documen 15-hour MA training of | tation Staff A completed the ation clinical skills checklist tation Staff A completed the on 01/17/23. nentation of training on the | | | |
| | Review of a resident's February 2023 electronic medication administration record: -Staff A documented she checked fingerstick blood sugar (FSBS) and administered insulin on 02/02/23 and 02/09/23. | | | | |
| | Interview with Staff A on 02/16/23 at 2:10pm revealed: -When she worked, she checked FSBS and administered insulin to a residentShe received some diabetic training, but as part of the 15-hour MA trainingShe had not completed any separate diabetic training. | | | | |
| | nurse on 02/17/23 at -She provided diabeti 15-hour MA training -The MAs were suppodiabetic training provi -There should be doccompleted. | vith the facility's contract 2:51pm revealed: c training as part of the consect to complete the online ded by the pharmacy. umentation the training was alidate Staff A completed the | | | |
| | 02/17/23 at 2:43pm re- She provided the MA that needed to be cor designed and set-up | As a list of required trainings in a pleted online that were | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 7 of 149

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|--|---------------------|---|-------------------------------|
| | A. | | A. BUILDING | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | |
| | | KERNERS | VILLE, NC 272 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 164 | Continued From page | ÷ 7 | D 164 | | |
| | trainingsAfter the training was print their own certific | was one of the required s completed the staff had to ate. alidate the training was | | | |
| D 273 | 10A NCAC 13F .0902 | (b) Health Care | D 273 | | |
| | • • | assure referral and follow-up nd acute health care needs | | | |
| | reviews, the facility fa follow up to meet the sampled residents (# primary care provider refusing doses of a lo anti-depressant and p | ns, interviews, and record iled to ensure referral and healthcare needs for 2 of 3 1 and #2) related to notifying s (PCPs) for a resident ng-acting insulin and an pain medication (#1), and a inti-seizure medication and | | | |
| | The findings are: | | | | |
| | Refusal of Medication when a person directl medication. | d) related to Resident revealed actual refusal was y refused to take a | | | |
| | Review of the Medica when a resident refus | tion aide (MA) steps to take ed medication listed | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 8 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|------------------------------------|--|---------------------|---|-----------------|
| | | A. BOILDING. | | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHIII FR I | HEATH CARE/STOREY V | /II Ι Δ 250 PITT | STREET | | |
| OHOLLIN I | TEATH GARLIOTORET | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 273 | Continued From page | e 8 | D 273 | | |
| | included: | | | | |
| | | and gives no reason, wait a | | | |
| | | offer the medication again. | | | |
| | | es the medication the second | | | |
| | - | lent Care Director (RCD) of | | | |
| | the resident's refusal. | | | | |
| | I | l of a medication, the RCD | | | |
| | | cian of the refusal and ask en to notify the physician for | | | |
| | future refusals. | en to notify the physician for | | | |
| | | he time of administration if | | | |
| | | interferes with an activity or | | | |
| | sleep. | | | | |
| | | ue, explore other options | | | |
| | | ysician and document in the | | | |
| | resident's record. | | | | |
| | 1. Review of Residen | t #2's current FL2 dated | | | |
| | | agnoses included mood | | | |
| | | itic stress disorder (PTSD), | | | |
| | epilepsy and glaucon | na. | | | |
| | a. Review of Residen | t #2's current FL2 dated | | | |
| | 04/06/22 revealed the | ere was an order for | | | |
| | levetiracetam (used t | o treat seizures) 750mg one | | | |
| | tablet twice a day. | | | | |
| | Review of Resident# | 2's after-visit summary from | | | |
| | | cal emergency room (ER) | | | |
| | dated 11/07/22 revea | | | | |
| | -Resident #2 was see a seizure. | en at the ER for treatment of | | | |
| | | acetam was listed on the | | | |
| | ** | for levetiracetam 1000mg | | | |
| | twice a day. | | | | |
| | Review of Resident # | 2's signed physician's | | | |
| | | 2 and 02/03/23 revealed | | | |
| | | a twice a day was ordered | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 9 of 149

| | OF DEFICIENCIES DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|---------------------|---|-------------------------------|
| | | | A. BUILDING: _ | | _ |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | |
| SHIII FR I | HEATH CARE/STOREY V | II I Δ 250 PITT S | TREET | | |
| OHOLLIN | TEATH GARE/GIGINET V | KERNERS | VILLE, NC 272 | 84 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE |
| D 273 | Continued From page | 9 | D 273 | | |
| | Review of Resident # medication administrate revealed: -There was an entry leady scheduled for 8 -On 02/01/23 at 8:00p was documented as represented the facility documented as reason for why not administeredOn 02/05/23 at 8:00p was documented as reason for why not administered as reason for why not administered02/05/23 at 8:00am, documented as not addocumented for the re-02/15/23 at 8:00am, documented as not addocumented as not addocume | 2's February 2023 electronic ation record (eMAR) evetiracetam 1000mg twice t:00am and 8:00pm. om, levetiracetam 1000mg not administered with out of ed for the reason not am, levetiracetam 1000mg not administered with no liministered documented. om, levetiracetam 1000mg not administered documented. om, levetiracetam 1000mg not administered with out of | | | |
| | there was no docume Resident #2's PCP fo levetiracetam 1000mg | 2's progress notes revealed entation for notification of r any missed doses on g. nt #2's PCP on 02/15/23 at | | | |
| | -Resident #2 had a hi -Resident #2 had a re seizure activity (11/07 -The facility had not in refusing or had misse levetiracetam 1000mg -Based on the metabo 1000mg being fairly q that any missed dose | ecent hospital ER visit for 7/22). nformed Resident #2 was ad any doses of | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 10 of 149

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|--|---------------------|---|-------------------------------|
| | | | A. BUILDING | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, STAT | E, ZIP CODE | |
| | | 250 PITT | STREET | | |
| SHULER I | HEATH CARE/STOREY V | ILLA | SVILLE, NC 272 | 84 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 273 | her for even one miss- She might need to che morning medication a refusing because he we done that for other resolution Interview with a morn 02/16/23 at 9:15am re- She administered me when she was schedu- She did not know the or refused medication- She routinely docum the reason for the mis refused. Interview with Reside revealed: -He refused morning seizure medications, not a morning person -He was incoherent o morningsIf staff tried to wake I aroused he may be re- He had not been have experienced with seiz dizziness, but he had -He would like to try medications to later in 8:00am, but he had n regarding rescheduling | a seizure. ected the facility to contact sed dose. nange the time of his dministration if he was was not up yet. She had sidents. ing medication aide (MA) on evealed: edications at the facility uled to work. e facility's policy for missed as. ented the missed dose and sed dose, including Int #2 on 02/16/23 at 9:50am medications, including sometime because he was as. If what was going on a lot of the facility and he was half efusing the medications. In yeng any symptoms he cause like slurred speech or been having headaches. In oving his morning in the morning instead of | D 273 | DEFICIENCY) | |
| | on 02/16/23 at 4:50pr -She had been back a | n revealed: at the facility since being away for a while. | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 11 of 149

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET 260 PROVIDERS PLAN OF CORRECTION 271 PREPIX 272 PROVIDERS PLAN OF CORRECTION 273 PREPIX 274 PROVIDERS PLAN OF CORRECTION 275 PREPIX 275 PREPIX 276 PREPIX 277 PREPIX 278 PROVIDERS PLAN OF CORRECTION 278 PREPIX 278 PREPIX 279 PREPIX 279 PREPIX 270 PROVIDER OF AN OFT OFT PREPIX 270 PROVIDER OFT AND OFT ORT OFT PREPIX 270 PROVIDER OFT AND OFT ORT ON OPT ORT ORT ON OPT ORT ORT ON OPT O | STATEMEN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--|-----------|--|--|------------------|--|-------------------------------|------|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284 (A4) I SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 11 responsibility for processing physicians' orders, faxing the orders to the contracted pharmacy and releasing medication orders to show up on the eMAR for medication administration. -She had assumed this responsibility since 02/06/23. Interview with the RCD on 02/17/23 at 2:15pm revealed: -On 02/06/23, she had taken over auditing residents' records for incomplete eMAR documentation, reviewing medications refused or not administered after the previous Administrator had left. -Vhen she worked at the facility previously, the MAS filled out a facility's physician notification form and placed it in a folder for the contracted primary care provider (PCP) to review on her next visit. -She had not notified Resident #2's PCP related to Resident #2 not receiving levetiracetam 1000mg on 02/05/23 at 8:00pm, on 02/05/23 at 8:00pm, on 02/05/23 at 8:00pm. | | AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: _ | | | |
| SHULER HEATH CARE/STOREY VILLA 250 PITT STREET KERNERSVILLE, NC 27284 | | | HAL034107 | B. WING | | | |
| (24) ID PROVIDER'S PLAN OF CORRECTION (EACH DESCIDENCIES) PREERY TAG D 273 Continued From page 11 responsibility for processing physicians' orders, faxing the orders to the contracted pharmacy and releasing medication orders to show up on the eMAR for medication administrationShe had assumed this responsibility since 02/206/23There was currently no system for routinely auditing the residents' eMARs for missed or refused doses and reporting missed medications to the PCP prior to last week (02/06/23). Interview with the RCD on 02/17/23 at 2:15pm revealed: -On 02/06/23, she had taken over auditing residents' records for incomplete eMAR documentation, reviewing medications refused or not administered after the previous Administrator had leftWhen she worked at the facility previously, the MAs filled out a facility's physician notification form and placed it in a folder for the contracted primary care provider (PCP) to review on her next visitShe had not notified Resident #2's PCP related to Resident #2 not receiving levetiracetam 1000mg on 02/01/23 at 8:00pm, on 02/05/23 at 8:00pm. | NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | ORESS, CITY, STA | TE, ZIP CODE | | |
| (Adj ID SUMMARY STATEMENT OF DEFICIENCIES PREED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 273 Continued From page 11 responsibility for processing physicians' orders, faxing the orders to the contracted pharmacy and releasing medication administration. -She had assumed this responsibility since 02/06/23. -There was currently no system for routinely auditing the residents' eMARs for missed or refused doses and reporting missed medications to the PCP prior to last week (02/06/23). Interview with the RCD on 02/17/23 at 2:15pm revealed: -On 02/06/23, she had taken over auditing residents' records for incomplete eMAR documentation, reviewing medications refused or not administered after the previous Administrator had left. -When she worked at the facility previously, the MAs filled out a facility's physician notification form and placed it in a folder for the contracted primary care provider (PCP) to review on her next visit. -She had not notified Resident #2's PCP related to Resident #2 not receiving levetiracetam 1000mg on 02/01/23 at 8:00pm, on 02/05/23 at 8:00pm. | SHULFR I | HEATH CARE/STOREY V | ΊΙΙ Δ 250 PITT S | STREET | | | |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 11 responsibility for processing physicians' orders, faxing the orders to the contracted pharmacy and releasing medication orders to show up on the eMAR for medication administration. -She had assumed this responsibility since 02/06/23. -There was currently no system for routinely auditing the residents' eMARs for missed or refused doses and reporting missed medications to the PCP prior to last week (02/06/23). Interview with the RCD on 02/17/23 at 2:15pm revealed: -On 02/06/23, she had taken over auditing residents' records for incomplete eMAR documentation, reviewing medications refused or not administerator had left. -When she worked at the facility previously, the MAs filled out a facility's physician notification form and placed it in a folder for the contracted primary care provider (PCP) to review on her next visit. -She had not notified Resident #2's PCP related to Resident #2 not receiving levetiracetam 1000mg on 02/01/23 at 8:00pm, on 02/05/23 at 8:00pm, on 02/05/23 at 8:00pm. | | | KERNERS | VILLE, NC 272 | 284 | | |
| responsibility for processing physicians' orders, faxing the orders to the contracted pharmacy and releasing medication orders to show up on the eMAR for medication administration. -She had assumed this responsibility since 02/06/23. -There was currently no system for routinely auditing the residents' eMARs for missed or refused doses and reporting missed medications to the PCP prior to last week (02/06/23). Interview with the RCD on 02/17/23 at 2:15pm revealed: -On 02/06/23, she had taken over auditing residents' records for incomplete eMAR documentation, reviewing medications refused or not administered after the previous Administrator had left. -When she worked at the facility previously, the MAs filled out a facility's physician notification form and placed it in a folder for the contracted primary care provider (PCP) to review on her next visit. -She had not notified Resident #2's PCP related to Resident #2 not receiving levetiracetam 1000mg on 02/01/23 at 8:00pm, on 02/05/23 at 8:00pm. | PREFIX | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF | BE COMPI | LETE |
| faxing the orders to the contracted pharmacy and releasing medication orders to show up on the eMAR for medication administration. -She had assumed this responsibility since 02/06/23. -There was currently no system for routinely auditing the residents' eMARs for missed or refused doses and reporting missed medications to the PCP prior to last week (02/06/23). Interview with the RCD on 02/17/23 at 2:15pm revealed: -On 02/06/23, she had taken over auditing residents' records for incomplete eMAR documentation, reviewing medications refused or not administered after the previous Administrator had left. -When she worked at the facility previously, the MAs filled out a facility's physician notification form and placed it in a folder for the contracted primary care provider (PCP) to review on her next visit. -She had not notified Resident #2's PCP related to Resident #2 not receiving levetiracetam 1000mg on 02/01/23 at 8:00pm, on 02/05/23 at 8:00pm, on 02/05/23 at 8:00pm. | D 273 | Continued From page | e 11 | D 273 | | | |
| -On 02/14/23 at 8:00am, levetiracetam 1000mg was documented as not administered with refused documented for the reason not administeredShe had not notified Resident #2's PCP related to Resident #2 not receiving levetiracetam 1000mg on 02/14/23 at 8:00am and 02/15/23 at 8:00am because she did not know the facility's policy regarding missed medicationsShe thought it was 3 doses missed before notifying the provider. | | responsibility for processing the orders to the releasing medication eMAR for medication -She had assumed the 02/06/23. -There was currently auditing the residents refused doses and resto the PCP prior to last Interview with the RC revealed: -On 02/06/23, she has residents' records for documentation, review not administered after had left. -When she worked at MAs filled out a facilit form and placed it in a primary care provider visit. -She had not notified to Resident #2 not resident #2 not resident #2 not resident was documented as refused documented as refused documented administered. -She had not notified to Resident #2 not resident #2 n | ressing physicians' orders, ne contracted pharmacy and orders to show up on the administration. The provided in the provided in the previous physician notification at 610 physician notification at 8:00pm. The previous physician notification at 8:00pm. The prev | D 273 | | | |

Division of Health Service Regulation

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| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|---------------------|---|------|-------------------------------|--|
| | | | A. BUILDING: _ | | | | |
| | | HAL034107 | B. WING | | 02/1 | 7/2023 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | | |
| SHIII ED I | HEATH CARE/STOREY V | 250 PITT | STREET | | | | |
| SHOLLIN | ILAIII CARE/STORET V | KERNERS | SVILLE, NC 272 | 284 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE | |
| D 273 | Continued From page | 2 12 | D 273 | | | | |
| D 273 | (ED) on 02/16/23 at 1 -The Office Manager reviewing "care suite" eMAR system) report medicationsThe Office Manager the Administrator of the Administrator | :43pm revealed: was responsible for (a report generated in the s daily to identify refusal of was responsible to inform ne refusals. and/or the Administrator ntact the residents' PCPs ations after 3 doses refused. Ility's ED on 02/17/23 at did not know Resident #2's diffied regarding missed m 1000mg. In #2's the after visit bounter at local emergency and 11/07/22 revealed: an at the ER for treatment of an order for topiramate (used ng twice a day listed on 2's signed physician's 2 and 02/03/23 revealed an fomg twice a day and 8:00pm. Tom, topiramate 50mg was definistered with out of the | D 273 | | | | |
| | | am, topiramate 50mg was dministered with no reason | | | | | |

Division of Health Service Regulation

for why not administered documented.

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| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|----------------------------|---|-------------------------------|--|
| | | | A. BUILDING: _ | | | |
| | | HAL034107 | B. WING | | R 02/17/2023 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| CUU ED I | JEATH CARE/STOREY V | 250 PITT : | STREET | | | |
| SHULEKI | HEATH CARE/STOREY V | KERNERS | VILLE, NC 272 | 284 | | |
| (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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | |
| D 273 | Continued From page | e 13 | D 273 | | | |
| | -On 02/05/23 at 8:00p documented as not a facility documented for administeredOn 02/14/23 at 8:00p documented as not a documented for the result of the r | om, topiramate 50mg was dministered with out of the or the reason not am, topiramate 50mg was dministered with refused eason not administered. am, topiramate 50mg was dministered with refused eason not administered. 2's progress notes revealed entation for notification of a care provider (PCP) for any ramate 50mg. | | | | |
| | Interview with Resident #2's PCP on 02/15/23 at 10:45am revealed: -Resident #2 had a history of seizures and recently had a hospital ER visit for seizure activity (11/07/22)The facility had not informed her Resident #2 was refusing or had missed any doses of topiramate 50mgResident #2 had a combination of medications to help control seizures and missed doses could affect the therapeutic levels of the medications in Resident #2's body and trigger a seizureShe would have expected the facility to contact her for even one missed doseShe might need to change the time of his morning medication administration if he was refusing because he was not up yet and had done that for other residents. | | | | | |
| | 02/16/23 at 9:15am re -She administered me when she was sched | edications at the facility | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 14 of 149

| DIVISION | n nealth Service Regu | lation | | | | |
|--------------------------|--|---|---------------------|---|-------------------------------|--------------------------|
| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| | | | A. DOILDING. | | | |
| HAL034107 | | B. WING | | 02/1 | 7/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| euu en i | IEATU CARE/STOREV V | 250 PITT S | TREET | | | |
| SHULEK | IEATH CARE/STOREY V | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 273 | Continued From page | e 14 | D 273 | | | |
| | or refused medication -She routinely docum the reason for the mis refused. | ented the missed dose and | | | | |
| | revealed: -He refused morning seizure medications, not a morning person -He was incoherent o morningsIf staff tried to wake haroused, he may be reperienced with seiz dizziness, but he had -He would like to try medications to later in 8:00am, but he had not he may be respectively. | f what was going on a lot of nim up and he was half efusing the medications. ling symptoms he cures like slurred speech or been having headaches. noving his morning in the morning instead of | | | | |
| | on 02/16/23 at 4:50pr -She had been back a December 2022 after -The previous Admini- responsibility for proc faxing the orders to the releasing medication eMAR for medication -She had assumed the 02/06/23There was currently auditing the residents refused doses and re to the PCP prior to last | at the facility since being away for a while. strator had assumed essing physicians' orders, ne contracted pharmacy and orders to show up on the administration. is responsibility since no system for routinely ' eMARs for missed or porting missed medications st week (02/06/23). | | | | |
| | Interview with the RC | D on 02/17/23 at 2:15pm | | | | |

Division of Health Service Regulation

revealed:

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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 | |
|--|--|---------------------|---|-------|-------------------------------|--|
| | | P WING | | R | | |
| L | HAL034107 | B. WING | | 02/17 | /2023 | |
| NAME OF PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | | |
| SHULER HEATH CARE/STOREY VIL | LA 250 PITT | STREET | | | | |
| | KERNERS | SVILLE, NC 272 | 284 | | | |
| PREFIX (EACH DEFICIENCY N | EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE | |
| D 273 Continued From page 1 | 15 | D 273 | | | | |
| -On 02/06/23, she had residents' records for in documentation, reviewi not administered after thad left. -When she worked at the MAs filled out a facility's form and placed it in a formary care provider (Invisit. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/05/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/14/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/23 at 8:00pm. -She had not notified R to Resident #2 not recest 02/01/ | taken over auditing acomplete eMAR ng medications refused or he previous Administrator me facility previously, the sephysician notification folder for the contracted PCP) to review on her next esident #2's PCP related aiving topiramate 50mg on 02/05/23 at 8:00am, on esident #2's PCP related aiving topiramate 50mg on 02/15/23 at 8:00am, on the facility's policy cations. The secutive Director are sponsible for a report generated in the daily to identify refusal of the serious as responsible to inform refusals. The serious doministrator and/or the Administrator act the residents' PCPs ons after 3 refusals. | | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 16 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C | CONSTRUCTION | | SURVEY PLETED | |
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| | | | A. BUILDING: | A. BUILDING: | | |
| | | | D 14/11/0 | | | R |
| | | HAL034107 | B. WING | | 02 | /17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E, ZIP CODE | | |
| | | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | ILLA | RSVILLE, NC 2728 | 4 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF COR | RECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY) | SHOULD BE | COMPLETE DATE |
| D 273 | Continued From page | e 16 | D 273 | | | |
| | dated 12/20/22 for tin | t #2's physician's orders nolol (used to treated the eye) 0.5% ophthalmic ch eye every morning. | | | | |
| | orders dated 12/28/22 | 2's signed physician's 2 and 02/03/23 revealed % ophthalmic drops one ry morning. | | | | |
| | medication administrative revealed: | 2's February 2023 electronic ation record (eMAR) for timolol 0.5% ophthalmic | | | | |
| | drops instill one drop | in both eyes every morning. Imic drops was scheduled | | | | |
| | -Timolol 0.5% ophtha | lmic drops was documented or 8 out of 15 opportunities | | | | |
| | -On 02/05/23 at 8:00a drops was documente | am, timolol 0.5% ophthalmic ed as not administered with | | | | |
| | | on documented. am, timolol 0.5% ophthalmic ed as not administered with | | | | |
| | | am, timolol 0.5% ophthalmic | | | | |
| | refused documented | ed as not administered with as the reason. am, timolol 0.5% ophthalmic | | | | |
| | | ed as not administered with | | | | |
| | -On 02/12/23 at 8:00a drops was documented refused documented | am, timolol 0.5% ophthalmic ed as not administered with as the reason. | | | | |
| | | am, timolol 0.5% ophthalmic ed as not administered with as the reason. | | | | |
| | -On 02/14/23 at 8:00a | am, timolol 0.5% ophthalmic ed as not administered with | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 17 of 149

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| HAL034107 | | HAL034107 | B. WING | | 02 | R 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | , ZIP CODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA 250 PITT KERNER | STREET SVILLE, NC 27284 | ı | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 273 | drops was documented refused documented Observation of medic administration for Res 2:30pm revealed ther timolol 0.5% ophthalm 12/14/22 on the medi administration. Telephone interview was contracted pharmacy 11:30am revealed: -Ttimolol 0.5% ophthad dispensed on 12/14/2-Timolol was not cycle the facility when need Review of Resident # progress notes revea documentation Resid was notified for Resid drops 8 of 15 opportual Interview with Reside revealed: -He refused morning because he was not aller the was incoherent of morningsIf staff tried to wake the aroused he may be resulted the refusing because he did not fee pressure in his eyes aller the refused morning the cause he did not fee pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure in his eyes aller the refused morning the pressure the refused morning the pressure the refused morning the refused | as the reason. am, timolol 0.5% ophthalmic ed not administered with as the reason. ation on hand for sident #2 on 02/17/23 at e was a partial bottle of nic drops dispensed on cation cart for with a pharmacist at the provider on 02/17/23 at almic drops was last 2 for a one month supply. e filled and was reordered by led. 2's faxed notifications and led there was no ent #2's Ophthalmologist ent #2 refusing timolol 0.5% nities in February 2023. nt #2 on 02/16/23 at 9:50am medications sometime a morning person. f what was going on a lot of nim up and he was half efusing the medications. g his timolol eye drop,s el like he had elevated and the eye drops burned. sident Care Director (RCD) | D 273 | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 18 of 149

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 7.11.2.1.2.11.1 | | | A. BUILDING: _ | | |
| HAL034107 | | B. WING | | R 02/17/2023 | |
| | | TIAE034107 | | | 02/11/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | |
| | Г | | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 273 | Continued From page | e 18 | D 273 | | |
| | for the last two morning due staffing shortages. She had not notified Ophthalmologist for recophthalmic drops, becabout numbers for the or refused medication. She had not seen an providers about refuse. Interview with the Reson 02/16/23 at 4:50 preshe had been back at December 2022 after. The previous Administresponsibility for processing the orders to the | Resident #2's efusing timolol 0.5% cause she was not sure e facility's policy for missing and provider notification. by paperwork for notifying al of medications. Sident Care Director (RCD) being away for a while. Estrator had assumed essing physicians' orders, be contracted pharmacy and orders to show up on the administration. | | | |
| | -There was currently auditing the residents | no system for routinely ' eMARs for missed or porting missed medications st week (02/06/23). | | | |
| | Ophthalmologist office revealed: | vith a nurse at Resident #2's e on 02/17/23 at 10:49am | | | |
| | facility notifying the of refusing timolol 0.5% office visit on 12/20/2. -There was document dated 12/20/22 regard physician he sometime drops because they was a continuous date. | tation in the office notes ding the resident told the les did not use the eye | | | |
| | _ | and increased eve pressure | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 19 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| AND FLAN | OF CORRECTION | IDENTIFICATION NOWIBER. | A. BUILDING: | | COMPLETED | |
| HAL034107 | | HAL034107 | B. WING | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | ATE, ZIP CODE | | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT 9 | STREET | | | |
| SHOLLKI | ILATII CARL/STORET V | KERNERS | SVILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY) | D BE COMPLETE | |
| D 273 | Continued From page | e 19 | D 273 | | | |
| | could damage the eye even damage to the could amage to the countries of th | e resulting in poor vision and optic nerve. It be expected to notify the ne the resident refused his expect to be notified for It might recommend a condition administer if a resident diduct administration. With the previous 7/23 at 10:57am revealed: was responsible for uite" daily to identify refusal Suite was a computer missed medication was to let the contracted sident refused medications tion sheet from the PCP's | | | | |
| | Manager on 02/17/23 | with the previous Office at 6:03pm revealed: from the eMAR system | | | | |
| | | port to identify medication | | | | |
| | refusals, and the prev supposed to contact t -She did not docume | | | | | |
| | informed the Adminis | | | | | |
| | Interview with the fac | ility's Executive Director | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 20 of 149

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---------------------|---|-----------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COMPLETED |
| HAL034107 | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT | STREET | | |
| SHOLLIN | TEATH CARE/STORET V | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | ULD BE COMPLETE |
| D 273 | Continued From page | e 20 | D 273 | | |
| | (ED) on 02/17/23 at 3 no documentation for | 8:00pm revealed there was notifying Resident #2's nissed timolol 0.5% drops in | | | |
| | 07/20/22 revealed: -Diagnoses included stroke, hypertension, anemia, gastro-esoph | nageal reflux disease, moderate depression, | | | |
| | a. Review of Resident #1's current FL2 dated 07/20/22 revealed there was an order for lantus 15 units at bedtime (long acting insulin used to decrease and control blood sugar). | | | | |
| | revealed: -There was a physicia the Veteran's Adminis Provider (VA PCP) fo subcutaneously at be -There was a physicia medication orders da facility's PCP on 01/2 subcutaneously twice -There was a physicia | r lantus 25 units dtime. an's progress note with ted and signed by the 5/23 for lantus 25 units | | | |
| | 11/30/22 revealed: -Resident #1 had a g (HBA1c) (a blood tes average blood sugar months) with results of HBA1c was 4.8 to 5.6 | levels over the past 3 of 8.0 (normal range for | | | |

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STATE FORM 6899 IGS911 If continuation sheet 21 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | |
|---|--|--|------------------|--|---------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | | | | R |
| HAL034107 | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| | | 250 PITT | STREET | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | ON (X5) |
| PREFIX TAG | , | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | O BE COMPLETE |
| D 273 | Continued From page | e 21 | D 273 | | |
| | (eMAR) revealed: -There was an entry f 25 units subcutaneou for administration at 8 -There was documen initials indicating lant reason documented a -There was documen lantus 18 times from | administration record for lantus (glargine solostar) sisly twice a day scheduled 8:00am and 8:00pm. tation with staff circled us was not administered and as "resident refused." tation Resident #1 refused 12/01/22 through 12/31/22. ation Resident #1's PCP was | | | |
| | Review of Resident #1's January 2023 eMAR revealed: -There was an entry for lantus 25 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pm. -There was documentation with staff circled initials indicating lantus was not administered and reason documented as "resident refused." -There was documentation Resident #1 refused lantus 16 times from 01/01/23 through 01/31/23. -There no documentation Resident #1's PCP was contacted regarding the refusal of lantus. Review of Resident #1's February 2023 eMAR | | | | |
| | revealed: -There was an entry f subcutaneously twice administration at 8:00 -There was documen initials indicating lantureason documented a -There was documen lantus 9 times from 0 | for lantus 25 units a day scheduled for Dam and 8:00pm. tation with staff circled us was not administered and as "resident refused." tation Resident #1 refused 1/01/23 through 01/31/23. | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 22 of 149

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 22 Interview with Resident #1 on 02/16/23 at 10:44am revealed: -He was not sure of the names of the insulin. -When his blood sugars were about "120's" he refused all insulin because he was afraid of his blood sugar fropping low. Telephone interview with Resident #1 refused Novolog and fingerstick blood sugar (FSBS), but she did not know the resident also refused all not. -She was in the facility every week and staff should have made her aware Resident #1 refused all nus. -She was in the facility every week and staff should have made her aware Resident #1 refused all nus. -She had given parameters to hold Resident #1's | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|------------------|---|-------------|
| MAME OF PROVIDER OR SUPPLIER SHULER HEATH CARE/STOREY VILLA (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY WILST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 273 Continued From page 22 Interview with Resident #1 on 02/16/23 at 10:44am revealed: -He was not sure of the names of the insulin. -When his blood sugars were about "120's" he refused all insulin because he was afraid of his blood sugar dropping low. Telephone interview with Resident #1's PCP on 02/15/23 at 4:20pm revealed: -She was aware Resident #1 refused Novolog and fingerstick blood sugar (FSBS), but she did not know the resident also refused lantus. -She wanted to be made aware after one refusal if a resident refused a medication. -She was in the facility every week and staff should have made her aware Resident #1's refused lantus. -She had given parameters to hold Resident #1's -She had given parameters to hold Resident #1's -She had given parameters to hold Resident #1's | | | | A. BUILDING: | | |
| SHULER HEATH CARE/STOREY VILLA (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 Continued From page 22 Interview with Resident #1 on 02/16/23 at 10:44am revealed: -He was administered insulin in the morning and in the eveningHe was not sure of the names of the insulinWhen his blood sugars were about "120's" he refused all insulin because he was afraid of his blood sugar dropping low. Telephone interview with Resident #1's PCP on 02/15/23 at 4:20pm revealed: -She was aware Resident #1 refused Novolog and fingerstick blood sugar (FSBS), but she did not know the resident also refused lantusShe wanted to be made aware after one refusal if a resident refused a medicationShe was in the facility every week and staff should have made her aware Resident #1 refused lantusShe had given parameters to hold Resident #1's | HAL034107 | | HAL034107 | B. WING | | |
| SHULER HEATH CARE/STOREY VILLA (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 22 Interview with Resident #1 on 02/16/23 at 10:44am revealed: -He was administered insulin in the morning and in the evening. -He was not sure of the names of the insulin. -When his blood sugars were about "120's" he refused all insulin because he was afraid of his blood sugar dropping low. Telephone interview with Resident #1's PCP on 02/15/23 at 4:20pm revealed: -She was aware Resident #1 refused Novolog and fingerstick blood sugar (FSBS), but she did not know the resident also refused lantus. -She wanted to be made aware after one refusal if a resident refused a medication. -She was in the facility every week and staff should have made her aware Resident #1 refused lantus. -She had given parameters to hold Resident #1's | NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 22 Interview with Resident #1 on 02/16/23 at 10:44am revealed: -He was administered insulin in the morning and in the eveningHe was not sure of the names of the insulinWhen his blood sugars were about "120's" he refused all insulin because he was afraid of his blood sugar dropping low. Telephone interview with Resident #1's PCP on 02/15/23 at 4:20pm revealed: -She was aware Resident #1 refused Novolog and fingerstick blood sugar (FSBS), but she did not know the resident allors refused lantusShe wanted to be made aware after one refusal if a resident refused a medicationShe was in the facility every week and staff should have made her aware Resident #1' refused lantusShe had given parameters to hold Resident #1's | | | 250 PITT S | | · | |
| PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE | SHULER | HEATH CARE/STOREY V | ILLA KERNERS | VILLE, NC 272 | 284 | |
| Interview with Resident #1 on 02/16/23 at 10:44am revealed: -He was administered insulin in the morning and in the evening. -He was not sure of the names of the insulin. -When his blood sugars were about "120's" he refused all insulin because he was afraid of his blood sugar dropping low. Telephone interview with Resident #1's PCP on 02/15/23 at 4:20pm revealed: -She was aware Resident #1 refused Novolog and fingerstick blood sugar (FSBS), but she did not know the resident also refused lantus. -She wanted to be made aware after one refusal if a resident refused a medication. -She was in the facility every week and staff should have made her aware Resident #1 refused lantus. -She had given parameters to hold Resident #1's | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE COMPLETE |
| 10:44am revealed: -He was administered insulin in the morning and in the eveningHe was not sure of the names of the insulinWhen his blood sugars were about "120's" he refused all insulin because he was afraid of his blood sugar dropping low. Telephone interview with Resident #1's PCP on 02/15/23 at 4:20pm revealed: -She was aware Resident #1 refused Novolog and fingerstick blood sugar (FSBS), but she did not know the resident also refused lantusShe wanted to be made aware after one refusal if a resident refused a medicationShe was in the facility every week and staff should have made her aware Resident #1 refused lantusShe had given parameters to hold Resident #1's | D 273 | Continued From page | : 22 | D 273 | | |
| Novolog for blood sugars less than 100, but she did not intend for the lantus to be withheld. -Resident #1 was a diabetic and his blood sugars were up and down, she wanted lantus long acting to be administered to stabilize the blood sugars. -Without lantus being administered there was less control of blood sugars, eventually causing diabetic complications like loss limbs, neuropathy, blindness and heart disease. Interview with a medication aide (MA) on 02/16/23 at 9:19am revealed: -When she worked, she administered Resident #1's lantus twice daily. -There were times when Resident #1 refused all insulin due to fear of his blood sugar dropping. -She did not contact the PCP and she did not let | | Interview with Reside 10:44am revealed: -He was administered in the eveningHe was not sure of the When his blood sugar refused all insulin bed blood sugar dropping Telephone interview v 02/15/23 at 4:20pm resident she was aware Resi and fingerstick blood not know the resident should have made he refused lantusShe was in the facilit should have made he refused lantusShe had given parant Novolog for blood sugdid not intend for the Resident #1 was a diwere up and down, she to be administered to Without lantus being less control of blood sidiabetic complications blindness and heart did Interview with a medic 02/16/23 at 9:19am resident wi | Int #1 on 02/16/23 at I insulin in the morning and the names of the insulin. It is were about "120's" he the tause he was afraid of his low. With Resident #1's PCP on the evealed: I dent #1 refused Novolog Sugar (FSBS), but she did Also refused lantus. Ande aware after one refusal Ander medication. If y every week and staff I aware Resident #1 Interest to hold Resident #1's I pars less than 100, but she I pantus to be withheld. I patein and his blood sugars I pantus to be withheld. I patein and his blood sugars I patein and his blood suga | | | |

Division of Health Service Regulation

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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 | | |
|---|---|--|---------------------|---|-----------------------------------|--------------------------|--|
| HAL034107 | | HAI 034107 | B. WING | | 0.3 | R 02/17/2023 | |
| | | | | 770.0005 | 02 | 11112023 | |
| NAME OF P | ROVIDER OR SUPPLIER | 250 PITT | ODRESS, CITY, STATE | , ZIP CODE | | | |
| SHULER | HEATH CARE/STOREY V | ILLA | SVILLE, NC 27284 | 1 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| D 273 | Continued From page | 23 | D 273 | | | | |
| | medications. | | | | | | |
| | on 02/16/23 at 11:46a -Resident #1 often re was in the 120's or le his blood sugar falling -She did not let the P refused lantusThe Office Manager daily report called "ca -The care suite show -If a resident refused then the PCP should -There should be doo PCP was notified. | fused insulin when his FSBS ss because he was afraid of g low. CP know the resident was supposed to check a are suite." ed refusals of medications. a medication for 3 days, be notified. umentation to show the | | | | | |
| | -The Office Manager reviewing the "care so of medications. -The Office Manager when a resident refus -The Office Manager | 7/23 at 10:57am revealed: was responsible for uite" daily to identify refusal was to let the PCP know sed medications. should document he PCP regarding the | | | | | |
| | Manager on 02/17/23 -She printed a report weeklyShe reviewed the reprefusalsShe informed the Ad the Administrator was PCPShe did not document | from the eMAR system port to identify medication ministrator of refusals, and a supposed to contact the ent when she identified to document when she | | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 24 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|--|---|------------------------|--|
| | | A. BUILDING: _ | | 001111111111111111111111111111111111111 | | |
| | | HAL034107 | B. WING | | R 02/17/2023 | |
| | DOMEST OF CO | | | | 1 02/11/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | | DRESS, CITY, STA | ILE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA KERNERS | SVILLE, NC 272 | 28.4 | | |
| 0/10/15 | STIMMARY ST | ATEMENT OF DEFICIENCIES | <u>, </u> | PROVIDER'S PLAN OF CORRECTION | IN OVE | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) |) BE COMPLETE | |
| D 273 | Continued From page | e 24 | D 273 | | | |
| | O2/16/23 at 1:43pm re- The previous Office I for reviewing care sui refusals of medication - The Office Manager Administrator of the re- The Office Manager were to contact the re- of medications after thor 3 days. b. Review of Residen O7/20/22 revealed the which included duloxe morning (used to treat the veteran's administration (VA PCP) for duloxeting the western or depression orders day facility's mental health O1/25/23 for duloxeting morningThere was a physicial duloxetine 40mg ever Review of Resident # | Manager was responsible te reports daily to identify ins. should inform the efusals. and/or the Administrator esident's PCP with refusals ine resident refused 3 doses at #1's current FL2 dated ere were medication orders etine 40mg 1 capsule in the tat depression and anxiety). 1's physician's orders an's order dated 12/15/22 by tration primary care provider in e 20mg take 2 capsules in ession/anxiety. Early progress note with the dand signed by the in provider (MHP) dated in e 40mg 1 capsule every early order dated 02/08/23 for my morning. 1's December 2022 administration record for duloxetine 40mg 1 | | | | |
| | | am. tation with staff circled ing duloxetine 40mg was | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 25 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|--|-----------------|
| AND FLAN | OF CORRECTION | IDENTIFICATION NOWIBER. | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | ATE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | 11 Ι Δ 250 PITT S | STREET | | |
| | | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE COMPLETE |
| D 273 | -For 4 of the 6 times, Resident #1 refused of a limes, duloxetine 40mg was the VA" (12/04/22 and 12/04/22 and 14/10 | there was documentation duloxetine 40mg. there was documentation "out of stock - waiting on a 12/27/22). The the there was documentation out of stock - waiting on a 12/27/22). The the thing the refusals of the thing the refusals of the thing the refusals of the thing | D 273 | | |
| | Observation of Resident hand at the facility on | ent #1's medications on 02/16/23 at 8:43am | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 26 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---------------------|--|------------------------|
| | | | A. BUILDING: _ | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| | | | | | 1 02:11:2020 |
| NAME OF P | ROVIDER OR SUPPLIER | | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER | HEATH CARE/STOREY V | ILLA 250 PITT | | 20.4 | |
| | T | | SVILLE, NC 272 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE COMPLETE |
| D 273 | Continued From page | e 26 | D 273 | | |
| | revealed: -Duloxetine 20mg 2 to available for administing-The medication was | ablets once daily was | | | |
| | purpose of his medica -He remembered that was a stool softener w | rstand the names and ations. The had a medication that which started with the letter was unable to recall the add the stool softener | | | |
| | revealed: -He had continuous p -The pain in his back -He did not know he h pain other than ibupro -The MAs gave him ik it was availableThe ibuprofen helped | never went away. nad a medication for back | | | |
| | O2/17/23 at 2:33pm re -Duloxetine was an ar was also used to trea -She ordered Resider continually complaine -She was not aware F duloxetine 40mg once -Resident #1 also had | ntipsychotic medication that t nerve pain. It #1 duloxetine because he d of pain in his back. Resident #1 refused e daily. It a diagnoses of major It disorder, so the medication | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 27 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---------------------|---|-------------------------------|--------------------------|
| | | | A. BOILDING. | A. BUILDING: | | |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E, ZIP CODE | | |
| | | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER | SVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
| D 273 | Continued From page | e 27 | D 273 | | | |
| | orderedShe was in the facilit notified if a resident re | 1 would probably be alright, | | | | |
| | care provider (PCP) or revealed: -She did not order Re | with Resident #1's primary on 02/15/23 at 4:20pm esident #1's duloxetine. made her aware Resident e or a stool softener. | | | | |
| | not want a stool softe -She did not know du softenerShe did not tell the re | evealed: duloxetine because he did | | | | |
| | on 02/16/23 at 11:46a -When she administe medications he refuse resident thought the r softenerShe was not aware softener, and she had Resident #1 refused t -The Office Manager "care suite" daily to id PCPShe did not know if t the PCP of the reside | red Resident #1's ed duloxetine because the medication was a stool duloxetine was not a stool d not made the MHP aware the medication. was supposed to review lentify refusals and notify the the Office Manager notified ent's refusals of duloxetine. | | | | |
| | | 7/23 at 10:57am revealed: | | | | |

Division of Health Service Regulation

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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. | | | |
| | | HAL034107 | B. WING | | 02 | R / 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| | | 250 PITT | STREET | | | |
| SHULER I | HEATH CARE/STOREY V | ILLA | SVILLE, NC 272 | 284 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORE | RECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY) | HOULD BE | COMPLETE DATE |
| D 273 | Continued From page | 28 | D 273 | | | |
| | -She was aware that | Resident #1 refused | | | | |
| | duloxetine because it | | | | | |
| | -She did not realize th | ne medication was used for | | | | |
| | depression and anxie | | | | | |
| | -The Office Manager | was responsible for | | | | |
| | reviewing "care suite" | daily to identify refusal of | | | | |
| | medications. | | | | | |
| | | should have let Resident | | | | |
| | | sident refused medications. | | | | |
| | to contact with Reside | umentation corresponding | | | | |
| | to contact with Neside | ent#15 FOF. | | | | |
| | Telephone interview v | vith the previous Office | | | | |
| | Manager on 02/17/23 | | | | | |
| | -She did not recall no | tifying Resident #1's PCP or | | | | |
| | MHP regarding the re | sident's refusal of | | | | |
| | duloxetine. | | | | | |
| | | from the eMAR system | | | | |
| | weekly. | | | | | |
| | refusals. | port to identify medication | | | | |
| | | ministrator of refusals and | | | | |
| | | supposed to contact the | | | | |
| | PCP. | oupposed to comment and | | | | |
| | -She did not documer | | | | | |
| | | not document when she | | | | |
| | informed the Administ | trator of the refusals. | | | | |
| | Interview with the Exe | ecutive Director (ED) on | | | | |
| | 02/16/23 at 1:43pm re | | | | | |
| | | notified after at least 3 | | | | |
| | refusals. | | | | | |
| | | umentation the PCP was | | | | |
| | notified and the PCP's | | | | | |
| | | Manager was responsible | | | | |
| | | te reports daily to identify | | | | |
| | refusals of medication | | | | | |
| | -The Office Manager Administrator of the re | | | | | |
| | | and/or the Administrator | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 29 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|------------------------|--|-------------|
| | | | _ | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | TREET VILLE, NC 272 | 94 | |
| | | | 1 | PROVIDER'S PLAN OF CORRECTION | J (VE) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 273 | Continued From page | e 29 | D 273 | | |
| | were to contact the remedications after 3 re | esident's PCP with refusal of fusals. | | | |
| | The facility failed to ensure the provider was contacted for 2 of 3 sampled residents (#1 and #2) for a resident with a history of seizures, refusals of levetiracetam 1000mg and topiramate 50mg which could decrease therapeutic levels in the blood and trigger seizures, and refusals of timolol placing the resident at risk for optic nerve damage and decreased or loss of vision (#2); and a resident's refusals of duloxetine resulting in the resident experiencing increased back pain, and refusals of a insulin which placed the resident at risk for heart disease, blindness and loss of limbs (#1). This failure was detrimental to the resident's health, safety and welfare which constitutes a | | | | |
| | | | | | |
| | | | | | |
| | Type B Violation. The facility provided a accordance with G.S. this violation. | a plan of protection in 131D-34 on 02/16/23 for | | | |
| | CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED APRIL 3, 2023. | | | | |
| D 344 | 10A NCAC 13F .1002 | 2(a) Medication Orders | D 344 | | |
| | 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 30 of 149

| , , | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---------------------|---|-------------------------------|--|
| | | A. BOILDING. | | R | | |
| HAL034107 | | B. WING | | 02/17/2023 | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT | | | | |
| | - | KERNER | SVILLE, NC 272 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | OULD BE COMPLETE | |
| D 344 | Continued From page | e 30 | D 344 | | | |
| | admission or readmis forms are not the sam The facility shall ensu | sion and orders on the | | | | |
| | interview the facility faresident's primary car sampled residents (# changes with a pain r | ation, record review and ailed to contact the re provider (PCP) for 1 of 3 1) to clarify medication | | | | |
| | The findings are: | | | | | |
| | Review of Resident # 07/20/22 revealed dia hypertension and dial | agnoses included | | | | |
| | 07/20/22 revealed the | t #1's current FL2 dated ere was an order for blet three times daily (used | | | | |
| | revealed: -There was a physicia the Veteran Administr (VA PCP) for ibuprofe times daily as need (p with food)There was a physicia medication orders dai facility's PCP on 01/2 take 1 tablet three tim -There was a physicia | 5/23 for ibuprofen 800mg | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 31 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|------------------|---|-------------|
| | | | _ | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | |
| | OLIMANA DV. OT | | VILLE, NC 272 | | N |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 344 | Continued From page | : 31 | D 344 | | |
| | -There was a new phy 02/08/23 to start ibupi hours prn for pain. | ysician's order dated rofen 400mg tablet every 12 | | | |
| | | 1's physician progress note led Resident #1 had severe ogical headaches. | | | |
| | three times daily sche 8:00am, 1:00pm and -There was document | administration record or ibuprofen 800mg 1 tablet eduled for administration at 8:00pm. tation ibuprofen 800mg 1 y was administered from | | | |
| | revealed: -There was an entry for three times daily sche 8:00am, 1:00pm and -There was document | tation ibuprofen 800mg 1 y was administered from | | | |
| | revealed: -There was an entry fithree times daily sche 8:00am, 1:00pm and -There was document tablet three times dail 02/01/23 through 02/1-There was an entry fievery 12 hours as needs | tation ibuprofen 800mg 1 y was administered from 15/23. or ibuprofen 400mg 1 tablet eded for pain. tentation ibuprofen 400mg | | | |

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STATE FORM 6899 IGS911 If continuation sheet 32 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|---|--------------|
| | | | A. BUILDING: _ | | |
| | HAL034107 B. WING | | | R 02/17/2023 | |
| | | | ı | | 1 02/11/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | |
| | | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 344 | Continued From page | 32 | D 344 | | |
| D 344 | Observation of Reside hand at the facility on revealed: -lbuprofen 400mg wa administrationThe medication was tablets were dispense instructions to adminidally prn for severe parametersThere was no 800mg administration. Telephone interview wworker from a return to 02/16/23 at 12:40pmThe last order the phwas 400mg 1 tablet the severe painThe VA had not received on 1/25/23 for ibuprofer times dailyThere was a physicial ibuprofen 800mg takeThere was a physicial ibuprofen 400mg needed for pain. Interview with Reside revealed: -He was always in parente did not know the worken he told staff the pain, they gave him it available. | ent #1's medications on 02/16/23 at 2:21pm s available for filled and quantity of 100 ed on 02/09/23 with ster 1 tablet three times ain. g ibuprofen available for with Resident #1's social telephone call placed on revealed: for armacy had for ibuprofen for et imes daily prn for fived the order dated for 800mg take 1 tablet three an's order dated 02/08/23 for et 1 tablet three times daily. For any order dated 02/08/23 to g tablet every 12 hours as and the needed something for outprofen, when it was | D 344 | | |
| | borrowed the ibuprofe | ofen was out and staff en from another resident. was available it helped with | | | |
| | | nim to sleep, but when he | | | |

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STATE FORM 6899 IGS911 If continuation sheet 33 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|--|---------------------|--|-------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| euiii ED i | JEATH CARE/STOREV V | 250 PITT | STREET | | |
| SHULER HEATH CARE/STOREY VILLA KERNEF | | | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 344 | Continued From page | e 33 | D 344 | | |
| | Resident #1's ibuprof -She did not receive of -She read the eMAR medications, but did r eMAR for ibuprofen d instructionsShe had not clarified -The Office Manager | evealed: here was a discrepancy in en. or review medication orders. | | | |
| | Telephone interview with Resident #1's facility's PCP on 02/15/23 at 4:20pm revealed: -She ordered an increase in Resident #1's ibuprofen from 400mg to 800mg three times daily because the resident always complained about the pain in his backResident #1 should be administered ibuprofen 800mg three times daily scheduled, not prnShe recently added ibuprofen 400mg prn every 12 hours, but that was in addition to the routine ibuprofen. | | | | |
| | on 02/16/23 at 11:46a -When the facility PC medication order for I should be sent to the -The MA, Office Mana responsible for sendin -The VA PCP had to I orderAfter approving the of the VA pharmacyThe order should als | sident Care Director (RCD) am revealed: P wrote a new or changed Resident #1, the order VA PCP for approval. ager or Administrator was ng orders to the VA PCP. review and approve the order, the order was sent to so be sent to the facility's and printing on the eMAR. | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 34 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---------------------|---|----|--------------------------|
| | | | 7202510 | A. BUILDING. | | |
| | | HAL034107 | B. WING | B. WING | | 7/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STA | TE, ZIP CODE | | |
| eniii ed i | HEATH CARE/STOREY V | 250 PITT | STREET | | | |
| SHOLEKI | TEATH CARE/STORET V | KERNER: | SVILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 344 | Continued From page | 34 | D 344 | | | |
| D 344 | -The MA should be recomparing the medical administering medical. If the eMAR did not recompared the eMAR did not recompared the eMAR did not realized are should be docentify. The emand had not realized are should be are and had not realized are should be located and the emand | rading the eMAR and ration instructions when tions. match the medications on clarification with the PCP. umentation to show the und the PCP's response. It is is increased the example of | D 344 | | | |
| | | eMAR and the medication atch, then the PCP should | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION | | | |
|---|---|---|----------------------------|--|--------------------------------|--------------------------|
| 7.1.12 . 27.1.1 | 5. GGTLGTGT. | 152.************************************ | A. BUILDING: | A. BUILDING: | | PLETED |
| | | | D MINO | | | R |
| | | HAL034107 | B. WING | | 02 | 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| QUIII ED I | HEATH CARE/STOREY V | | STREET | | | |
| SHULEK | TEATH CARE/STORET V | KERNER | SVILLE, NC 27284 | L . | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 344 | Continued From page | e 35 | D 344 | | | |
| | Interview with the Exe 02/16/23 at 1:43pm re-She expected medic orderedIf medication did not the order should be co-There should be door PCP's response. Attempted telephone Veteran's Administrat (VA PCP) on 02/16/23 unsuccessful. Attempted telephone VA pharmacy on 02/1 unsuccessful. b. Review of Residen | ecutive Director (ED) on evealed: ations to be administered as match the current orders, larified with the PCP. sumentation to show the interview with Resident #1's ion primary care provider 3 at 12:02pm was interview with Resident #1's 6/23 at 4:58pm was | | | | |
| | orders revealed: -There was a physicia the Veteran's Adminis (VA PCP) for lisinopri -There was a physicia medication orders da facility's PCP on 01/2 tablet by once dailyThere was a physicia lisinopril 5mg once da -There was a current from the VA dated 01 order for lisinopril 10r | an's progress note with ted and signed by the 5/23 for lisinopril 5mg 1 an's order dated 02/08/23 for aily. physician's medication list /12/23 which included an mg 1 tablet once daily. | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 36 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED | |
|--|--|---|-------------------------------|---|--------------------|--------------------------|
| | | | | | | R |
| | | HAL034107 | B. WING | | 02 | 2/17/2023 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| SHULER | HEATH CARE/STOREY V | /II Ι Δ | T STREET RSVILLE, NC 27284 | ı | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| D 344 | (eMAR) revealed: -There was an entry fonce daily at 8:00amThere was documen administered daily fro 12/31/22. Review of Resident # revealed: -There was an entry fonce daily at 8:00amThere was documen administered daily fro 01/31/23. Review of Resident # revealed: -There was documen administered daily fro 01/31/23. Review of Resident # revealed: -There was an entry fonce daily at 8:00amThere was documen administered daily fro 02/15/23. Observation of Resid hand on 02/15/23 at 2-Lisinopril 10mg was -The instructions on tadminister 10mg one -The medication was quantity of 90 tabletsThere were greater to Telephone interview worker for the VA from placed on 02/16/23 ar -The last order the VA was dated 12/15/22. | for lisinopril 5mg 1 tablet tation lisinopril 5mg was om 12/01/22 through tation lisinopril 5mg 1 tablet tation lisinopril 5mg was om 01/01/23 through tation lisinopril 5mg was om 01/01/23 through tation lisinopril 5mg was om 02/01/23 through tation lisinopril 5mg was om 02/01/23 through ent #1's medications on 2:21pm revealed: available for administration. he bottle of lisinopril were to tablet once daily. filled on 01/20/23 for a han 45 tablets remaining. with Resident #1's social in a return telephone call t 12:40pm revealed: A pharmacy had for lisinopril ons to administer 10mg once | D 344 | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C | ONSTRUCTION | | E SURVEY PLETED | |
|---|---|---|----------------------|---|---------------------------------|--------------------------|
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | .DDRESS, CITY, STATE | , ZIP CODE | - | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT | STREET | | | |
| SHOLEK | HEATH CARE/STORET | KERNEF | RSVILLE, NC 27284 | 1 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 344 | Continued From page | e 37 | D 344 | | | |
| | revealed: -He was administered: -He had high blood p pressure was sometil Interview with a medit 02/16/23 at 9:19am r -When she administed she did not realize th order on the eMAR a medication on handWhen a discrepancy clarified with the PCF -She read the eMAR overlooked the medication on the eMAR overlooked the medication on the eMAR overlooked with the PCF overlooked the medication on the eMAR overlooked with th | ressure and his blood mes checked by facility staff. cation aide (MA) on evealed: ered Resident #1's lisinopril, ere was a difference in the nd the instructions on | | | | |
| | PCP on 02/15/23 at 4 -She ordered Reside dailyResident #1's blood did not think the 10m -The staff should not without clarifying the -She was in the facilit clarify orders before a lnterview with the Re on 02/16/23 at 11:462 -When the facility PC medication order for should be sent to VA | pressure was up lately, she g was harmful. administer medications medication order. ty weekly, and the MA should administering medications. sident Care Director (RCD) am revealed: P wrote a new or changed Resident #1, the order | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 38 of 149

| PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED | |
|---|---|---|---|---------|---|--------------------------------|--------------------------|
| SHULER HEATH CARE/STOREY VILLA (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 344 Continued From page 38 -After approving the order, the order was sent to the VA pharmacyThe order should also be sent to the facility's pharmacy for profile and printing on the eMAR. | | | HAL034107 | B. WING | | 02 | |
| SHULER HEATH CARE/STOREY VILLA (X4) ID PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 38 -After approving the order, the order was sent to the VA pharmacyThe order should also be sent to the facility's pharmacy for profile and printing on the eMAR. | NAME OF F | PROVIDER OR SUPPLIER | | | , ZIP CODE | | |
| PREFIX TAG Cach deficiency must be preceded by full REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 344 | SHULER | HEATH CARE/STOREY V | 'ILLA | | ı | | |
| -After approving the order, the order was sent to the VA pharmacyThe order should also be sent to the facility's pharmacy for profile and printing on the eMAR. | PREFIX | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| should read the eMAR and medication instructions prior to administering medications. -If the eMAR and medication instructions did not match, the MA should clarify the order with the PCP. -There should be documentation to show the PCP was contacted and the PCP's response. Telephone interview with a previous MA on 02/17/23 at 9:50am revealed: -When she administered medications, she compared the medication instructions with what was printed on the eMAR. -If there was a discrepancy, she did not administer the medication, she contacted the Office Manager and the Administrator. -She did not clarify orders and had not realized she administered lisinopril 10mg instead of 5mg on the eMAR. Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed: -The facility did not have a system for comparing medications on hand with the orders on the eMAR. -The MA should be looking at the eMAR when administering medications. -If the MA found a discrepancy, the PCP should be contacted to clarify the order, and there should be documentation to show the PCP's response. Interview with the ED on 02/16/23 at 1:43pm revealed: -She expected medications to be administered as ordered. | D 344 | -After approving the of the VA pharmacyThe order should als pharmacy for profile a -The MA administering should read the eMA instructions prior to a -If the eMAR and mematch, the MA should PCPThere should be doo PCP was contacted a Telephone interview to 02/17/23 at 9:50am re-When she administer compared the medical was printed on the eM-If there was a discreadminister the medical Office Manager and the eMARThe MA should be loadministrator on 02/11-The facility did not hemedications on hand eMARThe MA should be loadministering medical-If the MA found a distering the documentation to Interview with the ED revealed: -She expected medical-She expected medical- | order, the order was sent to so be sent to the facility's and printing on the eMAR. It is medications | D 344 | | | |

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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 | | | Б |
| | | HAL034107 | B. WING | | 02 | R / 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | . ZIP CODE | • | |
| | | 250 PITT | STREET | , | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER | SVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
| D 344 | Continued From page | e 39 | D 344 | | | |
| | the order should be c | match the current orders, larified with the PCP. umentation to show the | | | | |
| | Attempted telephone VA PCP on 02/16/23 unsuccessful. | interview with Resident #1's at 12:02pm was | | | | |
| | Attempted telephone VA pharmacy on 02/1 unsuccessful. | interview with Resident #1's 6/23 at 4:58pm was | | | | |
| | 07/20/22 revealed an | t #1's current FL2 dated order for gabapentin 300mg wice daily (used to treat | | | | |
| | -There was a physicial the Veteran's Administ (VA PCP) for gabaper twice a dayThere was a medical gabapentin 300mg 2 times daily for nervely -There was a physicial medication orders day facility's PCP on 01/2 take 2 capsules twice -There was a physicial | an's progress note with ted and signed by the 5/23 for gabapentin 300mg | | | | |
| | (eMAR) revealed: -There was an entry f | administration record for gabapentin 300mg take 2 ce daily scheduled for | | | | |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284 (V4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 40 -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 12/01/22 through 12/31/22. Review of Resident #1's January 2023 eMAR revealed: -There was nentry for gabapentin 300mg 2 tablets (600mg) twice daily scheduled for administration at 8:00am and 8:00pmThere was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Cobapentin was an entry for gabapentin 300mg 2 tablets (600mg) was administered daily from 02/01/23 through 02/15/23. Observation of Resident #1's medications on hand on 02/15/23 at 2:21pm revealed: -Gabapentin was available for administrationThe instructions on the bottle of gabapentin were | X3) DATE SURVEY COMPLETED | |
|--|------------------------------|--|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| SHULER HEATH CARE/STOREY VILLA SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG Continued From page 40 -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's representation on hand on 02/15/23 at 2:21pm revealed: -Gabapentin was available for administration. | 2023 | |
| SHULER HEATH CARE/STOREY VILLA 250 PITT STREET KERNERSVILLE, NC 27284 CAU DEPICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 344 Continued From page 40 | | |
| CA1 D SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG | | |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 40 -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 12/01/22 through 12/31/22. Review of Resident #1's January 2023 eMAR revealed: -There was an entry for gabapentin 300mg take 2 capsules (600mg) twice daily scheduled for administration at 8:00am and 8:00pm. -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for gabapentin 300mg 2 tablets (600mg) wise daily scheduled for administration at 8:00am and 8:00pm. -There was an entry for gabapentin 300mg take 2 capsules (600mg) twice daily scheduled for administration at 8:00am and 8:00pm. -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 02/01/23 through 02/15/23. Observation of Resident #1's medications on hand on 02/15/23 at 2:21pm revealed: -Gabapentin was available for administration. | | |
| -There was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 12/01/22 through 12/31/22. Review of Resident #1's January 2023 eMAR revealed: -There was an entry for gabapentin 300mg take 2 capsules (600mg) twice daily scheduled for administration at 8:00am and 8:00pmThere was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 01/01/23 through 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for gabapentin 300mg take 2 capsules (600mg) twice daily scheduled for administration at 8:00am and 8:00pmThere was documentation gabapentin 300mg 2 tablets (600mg) was administered daily from 02/01/23 through 02/15/23. Observation of Resident #1's medications on hand on 02/15/23 at 2:21pm revealed: -Gabapentin was available for administration. | (X5) COMPLETE DATE | |
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| hand on 02/15/23 at 2:21pm revealed: -Gabapentin was available for administration. | | |
| 300mg 2 capsules (600mg) three times daily. -The medication was filled on 01/07/23 for a quantity of 180 tablets. -There were greater than 100 capsules left. | | |
| Telephone interview with Resident #1's social worker from a return telephone call placed on 02/16/23 at 12:40pm revealed: -The last time the VA pharmacy dispensed gabapentin was on 01/05/23There were instructions to administer 300mg 2 capsules (600mg) three times daily. Interview with Resident #1 on 02/15/23 at 8:44am | | |

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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 | |
|--------------------------|--|--|---|---|-------------------------------|------------------------|
| | | | | | R | |
| | | HAL034107 | B. WING | | 02/17/202 | 23 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT S | TREET | | | |
| SHOLEKI | TEATH CARE/STORET V | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COM | (X5) MPLETE DATE |
| D 344 | Continued From page | e 41 | D 344 | | | |
| | revealed: -He had pain in backHe was often out of g -He did not know the his gabapentin. | gabapentin. dosage for quantity order for | | | | |
| | on the medication bot -If she identified a dis notified. -She had not clarified PCP because she ha | evealed: red Resident #1's eMAR and the instructions ttle. crepancy the PCP should be the gabapentin with the | | | | |
| | discrepancy. | | | | | |
| | PCP on 02/15/23 at 4 -Resident #1 was dial his feet and legsShe ordered Resider -The last order she has heet (POS) signed or -She was not aware F gabapentin 300mg 2 times dailyShe was not oppose administered three times should be clarified an prior to administration -She was in the facilit able to contact her visit | betic and had nerve pain in Int #1 gabapentin. Ind was the physician's order In 02/08/23. Resident #1 had an order for Icapsules (600mg) three Ind to gabapentin being Ines daily, but the order Id should match the eMAR In of the medication. In y weekly, and staff were In a text and fax 24/7. | | | | |
| | on 02/16/23 at 11:46a -She administered Re | esident #1's medications and tructions on the medication e eMAR. | | | | |

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| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: _ | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|------------------------------|---|---------------|
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT KERNER | STREET SVILLE, NC 272 | 84 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 344 | Continued From page | ÷ 42 | D 344 | | |
| | eMAR and the medical | en the medication and PCP regarding the t #1's gabapentin on the ation instructions. | | | |
| | 02/16/23 at 1:43pm re-She expected medic orderedIf medication instruct current orders, the ordered the PCP. | ecutive Director (ED) on evealed: ations to be administered as ions did not match the der should be clarified with umentation to show the | | | |
| | Attempted telephone interview with Resident #1's VA PCP on 02/16/23 at 12:02pm was unsuccessful. Attempted telephone interview with Resident #1's VA pharmacy on 02/16/23 at 4:58pm was unsuccessful. | | | | |
| | | | | | |
| D 358 | 10A NCAC 13F .1004 Administration | e(a) Medication | D 358 | | |
| | (a) An adult care horn preparation and admit prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures. | ed prescribing practitioner in the resident's record; and on and the facility's policies | | | |
| | This Rule is not met | as evidenced by: | | | |

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| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---------------------|---|-----------------|
| | | | A. BUILDING: _ | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| | | 250 PITT S | STREET | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 43 | D 358 | | |
| | TYPE A2 VIOLATION | | | | |
| | Based on observation reviews, the facility far medications as ordered (Residents #1, #3, and medication used to rea a B-12 supplement, and supplement, multivital medications (#1); and medication and a dental The findings are: Review of the facility's policy (undated) reveaulther medications three time medications three time medication to a resided to a | ns, interviews, and record iled to administer ed for 3 of 3 residents d #6) including errors with a educe decrease blood sugar, pain medication, an iron min, and an anti-reflux inhaler #(6), a nerve pain mentia medication (#3). Is medication administration aled: (MA) shall check es before giving the ent. Director (RCD) shall ication administration thly to ensure that | | | |
| | the guidelines of the p -Staff identified as not procedures shall rece | nistered as ordered within colicies and procedures. It following policies and cive corrective action which tional training; (2) verbal g up to termination. | | | |
| | -The RCD shall make unannounced observe medication to ensure | e quarterly random ations of staff administering staff are administering d and within the guidelines | | | |
| | 07/20/22 revealed: -Diagnoses included oneuropathy, stroke, h | t #1's current FL2 dated diabetes mellitus type II, ypertension, vitamin B astro-esophageal reflux | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 44 of 149

| OF CORRECTION | IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|---|--|---|
| | | A. BUILDING: | - | | |
| | | B WING | | | R |
| | HAL034107 | B. WING | | 02 | /17/2023 |
| ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| | 250 PITT | STREET | | | |
| HEATH CARE/STOREY V | ILLA KERNER | RSVILLE, NC 27284 | Į | | |
| (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| Continued From page | 2 44 | D 358 | | | |
| -Medication orders in sugar (FSBS) twice d | cluded fingerstick blood aily. | | | | |
| a. Review of Residen revealed: -There was a physicia the Veteran's Adminis (VA PCP) for Novolog day with meals (short decrease and control was less than 100 or -There was also an or Novolog 5 units four t FSBS was 450 or gre notify provider if not lot-There was a physicia medication orders day facility's Primary Care 01/25/23 for Novolog subcutaneously three Hold for FSBS less the was not eating a meals -There was a physicia and the state of t | an's order dated 12/15/22 by stration primary care provider inject 3 units three times a acting insulin used to blood sugar). Hold if FSBS resident not eating. Indeed dated 12/15/22 for imes a day as needed if ater. Recheck in 1 hour, ower. In's progress note with ted and signed by the e Provider (PCP) on flexpen inject 6 units times a day with meals. It imes a day with meals. It imes a day with resident l. In's order dated 02/02/23 for | | | | |
| three times a day with less than 100 and/or raches than 100 and/or raches than 100 and/or resid Novolog flexpen 2 un times a day with mea than 100 and/or resid Review of Resident # 01/31/23 revealed: -Resident #1 was see department on 01/31/due to hypoglycemia. | n meals. Hold if FSBS was resident was not eating. an's order dated 02/08/23 for its subcutaneously three lls. Hold if FSBS was less ent was not eating. 1's hospital visit report dated en in the emergency 23 for altered mental status | | | | |
| | SUMMARY STA (EACH DEFICIENCY REGULATORY OR IN REGULATORY OR IN Continued From page depression, insomnia -Medication orders insugar (FSBS) twice duals -There was no order in FL2. a. Review of Residen revealed: -There was a physicia the Veteran's Adminis (VA PCP) for Novolog day with meals (short decrease and control was less than 100 or -There was also an or Novolog 5 units four tr FSBS was 450 or gre notify provider if not lo -There was a physicia medication orders da facility's Primary Care 01/25/23 for Novolog subcutaneously three Hold for FSBS less th was not eating a mea -There was a physicia Novolog flexpen inject three times a day with less than 100 and/or -There was a physicia Novolog flexpen 2 un times a day with mea than 100 and/or resid Review of Resident # 01/31/23 revealed: -Resident #1 was see department on 01/31/ due to hypoglycemia. | ROVIDER OR SUPPLIER HEATH CARE/STOREY VILLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 depression, insomnia and anxiety. -Medication orders included fingerstick blood sugar (FSBS) twice daily. -There was no order for Novolog listed on the FL2. a. Review of Resident #1's physician's orders revealed: -There was a physician's order dated 12/15/22 by the Veteran's Administration primary care provider (VA PCP) for Novolog inject 3 units three times a day with meals (short acting insulin used to decrease and control blood sugar). Hold if FSBS was less than 100 or resident not eating. -There was also an order dated 12/15/22 for Novolog 5 units four times a day as needed if FSBS was 450 or greater. Recheck in 1 hour, notify provider if not lower. -There was a physician's progress note with medication orders dated and signed by the facility's Primary Care Provider (PCP) on 01/25/23 for Novolog flexpen inject 6 units subcutaneously three times a day with meals. Hold for FSBS less than 100 or if the resident was not eating a meal. -There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating. -There was a physician's order dated 02/08/23 for Novolog flexpen 2 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating. -There was a physician's order dated 02/08/23 for Novolog flexpen 2 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating. | ROVIDER OR SUPPLIER BEATH CARE/STOREY VILLA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 depression, insomnia and anxiety. -Medication orders included fingerstick blood sugar (FSBS) twice daily. -There was no order for Novolog listed on the FL2. a. 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Hold if FSBS was less than 100 and/or resident was not eating. -There was a physician's order dated 02/08/23 for Novolog flexpen 2 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating. -There was a physician's order dated 02/08/23 for Novolog flexpen 2 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating. Review of Resident #1's hospital visit report dated 01/31/23 revealed: -Resident #1 was seen in the emergency department on 01/31/23 for altered mental status due to hypoglycemia. | RECONDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY OROSS-REFERENCED TO THE DEFICIENCY OR LSC IDENTIFYING INFORMATION) DEFICIENCY OROSS-REFERENCED TO THE DEFICIENCY OR CROSS-REFERENCED TO THE DEFICIENCY OR CROSS-R | STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC. 27284 SUMMARY STATEMENT OF DERICENDIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 44 depression, insomina and anxiety. Medication orders included fingerstick blood sugar (FSBS) twice daily. -There was a physician's order dated 12/15/22 by the Veteran's Administration primary care provider (VA PCP) for Novolog inject 3 units three times a day with meals (short acting insulin used to decrease and control blood sugar), Hold if FSBS was less than 100 or resident not eating, -There was a physician's progress note with medication orders dated and signed by the facility's Primary Care Provider (PCP) on 01/25/23 for Novolog fiexpen inject 6 units subcutaneously three times a day with meals. Hold for FSBS less than 100 or if the resident was not eating a meal. -There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating, -There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating, -There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating, -There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating, -There was a physician's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating, -There was a physican's order dated 02/02/23 for Novolog flexpen inject 4 units subcutaneously three times a day with meals. Hold if FSBS was less than 100 and/or resident was not eating. |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C A. BUILDING: | | (X3) DATE COMF | SURVEY | |
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| | | HAL034107 | B. WING | | 02 | /17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| CHIII ED I | HEATH CARE/STOREV | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY \ | VILLA KERNEF | RSVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE | TION SHOULD BE ITHE APPROPRIATE | (X5) COMPLETE DATE |
| | upon arrival at the factives 40Staff reported Resid when his blood sugar had not eaten within diarrhea in the past 4 | | | | | |
| | used to medically in i a person's blood sug Review of an order d #1's facility's PCP rev | e staff to "read the insulin | | | | |
| | (eMAR) revealed: -There was an entry at bedtime scheduled 4:30pm and 8:00pmThere was an entry subcutaneously 3 timinstructions to hold in and/or the resident wadministration at 7:30There was documen was checked 58 out -There was documen FSBS that were less through 12/31/22There was documen administered Novolog than 100 for 5 of 10 centre -On 12/08/22 at 7:30. Novolog was documen units should have be | for FSBS before meals and dat 7:30am, 11:30am, for Novolog flexpen 6 units less a day with meals with sulin for FSBS less than 100 less not eating scheduled for foam, 11:30am and 4:30pm. Itation Resident #1's FSBS of 93 opportunities. Itation Resident #1 had 10 than 100 from 12/01/22 less of the first part of the fir | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 46 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---------------------|---|-----------------|--|
| | | HAL034107 | B. WING | | R 02/17/2023 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STAT | E, ZIP CODE | | |
| 250 PITT STREET | | | | | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER: | SVILLE, NC 2728 | 34 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | |
| D 358 | Continued From page | ÷ 46 | D 358 | | | |
| | Novolog was docume units should have bee -On 12/11/22 at 7:30a Novolog was docume units should have bee -On 12/22/22 at 7:30a Novolog was docume units should have bee -On 12/26/22 at 4:30p Novolog was docume units should have bee -There was no documnot withheld per the FReview of Resident # revealed: -There was an entry from at bedtime scheduled 4:30pm and 8:00pm. -There was an entry from subcutaneously 3 time instructions to hold in and/or the resident was administration at 7:30a -There was document was checked 68 out of -Th | ented as administered, and 0 en administered. Im, FSBS was 85, 6 units of ented as administered, and 0 en administered. Im, FSBS was 85, 6 units of ented as administered, and 0 en administered. Im, FSBS was 85, 6 units of ented as administered, and 0 en administered. Im, FSBS was 94, 6 units of ented as administered, and 0 en administered. Im, FSBS was 94, 6 units of ented as administered, and 0 en administered. Important to the company of the co | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 47 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|-------------------------------|---|------------------------|
| 74101 1244 | or contraction | is Ervin is an incident in the misera. | A. BUILDING: | | OOMI EETEB |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| | | | | | 1 02/11/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | E, ZIP CODE | |
| SHULER | HEATH CARE/STOREY V | ILLA 250 PITT | | - | |
| | T | KERNER | SVILLE, NC 2728 | 44 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE COMPLETE |
| D 358 | Continued From page | e 47 | D 358 | | |
| D 358 | units should have bee-On 01/31/23 at 7:30a Novolog was docume units should have bee-There was no documnot withheld per the Feview of Resident #from 02/01/23 to 02/1-There was an entry fat bedtime scheduled 4:30pm and 8:00pm. There was an entry f subcutaneously 3 timinstructions to hold in and/or the resident wadministration at 7:30 from 02/01/23 through -There was an entry f subcutaneously three Hold for FSBS less the through 02/10/23. There was an entry f subcutaneously three Hold for FSBS less the through 02/14/23. There was documen was checked 29 out of There was documen FSBS that were less through 02/15/23. There was documen administered Novolog | en administered. am, FSBS was 80, 6 units of ented as administered, and 0 en administered. mentation why Novolog was PCP's instructions. 1's February 2023 eMAR 7/23 revealed: for FSBS before meals and at 7:30am, 11:30am, for Novolog flexpen 6 units es a day with meals with sulin for FSBS less than 100 as not eating, scheduled for lam, 11:30am and 4:30pm in 02/02/23. For Novolog flexpen 4 units etimes a day with meals runn 100 from 02/03/23 For Novolog flexpen 2 units etimes a day with meals runn 100 from 02/11/23 Itation Resident #1's FSBS of 42 opportunities. Itation Resident #1 was g when his FSBS less than | D 358 | | |
| | Novolog was docume units should have been -On 02/06/23 at 11:30 of Novolog was documents. | am, FSBS was 90, 6 units of ented as administered, and 0 | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 48 of 149

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (V2) MULTIPLE | CONSTRUCTION | (X3) DATE S | IIDVEV |
|-------------------|---|--|------------------|--|-------------|------------------|
| | OF CORRECTION | IDENTIFICATION NUMBER: | | | COMPL | |
| | | | A. BUILDING: _ | | | |
| | | | | | F | ≀ |
| | | HAL034107 | B. WING | | 02/1 | 7/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE. ZIP CODE | | |
| | | 250 PITT | | , | | |
| SHULER I | HEATH CARE/STOREY V | /II Ι Δ | SVILLE, NC 272 | 28.4 | | |
| | OUR MAR DV OT | | | | | |
| (X4) ID PREFIX | | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD | | (X5) COMPLETE |
| TAG | , | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPR | | DATE |
| | | | | DEFICIENCY) | | |
| D 358 | Continued From page | 18 | D 358 | | | |
| D 330 | Continued From page | = 40 | D 330 | | | |
| | -There was no docum | nentation why Novolog was | | | | |
| | not withheld per the F | PCP's instructions. | | | | |
| | | | | | | |
| | | nt #1 on 02/15/23 at 8:44am | | | | |
| | revealed: | | | | | |
| | | S was low, in the 40's. | | | | |
| | | low he felt like he was | | | | |
| | going to pass out. | able to recall the exact date), | | | | |
| | U (| al for a low blood sugar. | | | | |
| | | | | | | |
| | -A day or two before the hospital visit, he started feeling bad, but he did not tell staff. -He started feeling light-headed, a little dizzy and | | | | | |
| | | | | | | |
| | sometimes dazed. | ili-ileaded, a little dizzy alid | | | | |
| | | he hospital, the MA from a | | | | |
| | _ | his facility and checked his | | | | |
| | FSBS and administer | | | | | |
| | | m the insulin, he started to | | | | |
| | _ | nd been feeling, and he | | | | |
| | thought that he was g | • | | | | |
| | | at was happening to him, but | | | | |
| | he knew that he did n | | | | | |
| | | vas "acting different" and | | | | |
| | running into the walls | | | | | |
| | wheelchair. | | | | | |
| | -He was unable to res | spond when asked a | | | | |
| | question. | | | | | |
| | | n a fog and was unable to | | | | |
| | comprehend anything | | | | | |
| | _ | in the 40's and the MA sent | | | | |
| | him to the hospital. | | | | | |
| | T | as given something to bring | | | | |
| | his blood sugar up. | | | | | |
| | | nd often refused insulin | | | | |
| | when his FSBS was i | n tne 120's. | | | | |
| | Tolonhone interview | with Posidont #1!s facility!s | | | | |
| | | with Resident #1's facility's | | | | |
| | PCP on 02/15/23 at 4 | sugars sometimes dropped | | | | |
| | | she gave instructions to hold | | | | |
| | low, willow was willy s | one gave monucuons to noid | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 49 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|--|-----------------|
| | | | A. BUILDING | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHIII ER I | HEATH CARE/STOREY V | 11 Ι Δ 250 PITT S | STREET | | |
| OHOLLIN | ILATTI GARE/GTORET V | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE COMPLETE |
| D 358 | Continued From page | ÷ 49 | D 358 | | |
| D 330 | Novolog insulin for FS-She was not aware to administering Novolog 100. -After the incident on discussion with the Oreinforcing the import #1's Novolog when FS-It was dangerous for to be in the 40's. -A low blood sugar covision and passing our unresponsiveness. | SBS less than 100. he facility staff were g when FSBS was less than 01/31/23, she had serious ffice Manager and the MA ance of holding Resident SBS was less than 100. Resident #1's blood sugar auld cause dizzy, blurred at and even would read instructions and | <i>D</i> 330 | | |
| | (MA) (initials on the e Resident #1's insulin 3:30pm revealed: -She worked as a MA 2023 until she quit on -Although she was titl checked off for clinical training by a nurse. -The Administrator wher off and told she to the residents. -The Administrator pu system, but she was a administering medical -When she worked, so to administer medicate facility. -On 01/31/23, she call her facility to administ medications, which in | ed a MA she had not been all skills and medication aide no was not a nurse checked administer medications to administer medications to ther name in the eMAR not comfortable tions. The usually asked other MAs ions to the residents in her alled another MA to come to the resident #1's | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 50 of 149

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | E SURVEY PLETED |
|--|---|--|----------------------|--|--------------------------------|------------------------|
| | | | A. BUILDING: | | | |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | E. ZIP CODE | • | |
| | | | T STREET | -, | | |
| SHULER | HEATH CARE/STOREY V | 'ILLA | RSVILLE, NC 2728 | 4 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| CORRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | COMPLETE DATE |
| D 358 | Continued From page | e 50 | D 358 | | | |
| | administered his Nov | olog | | | | |
| | | were on the eMAR for | | | | |
| | _ | nt #1's insulin and checking | | | | |
| | | er that administered the | | | | |
| | insulin. | | | | | |
| | -She did not know how to read the eMAR and she | | | | | |
| | did not know Resider | nt #1's orders for insulin. | | | | |
| -Some time, after the MA administered Resident #1's insulin, the resident started to act delirious and confused; he backed his motorized | | | | | | |
| | | | | | | |
| | | | | | | |
| | wheelchair into the walls and he appeared sluggishShe called the MA to come back to her facility. | | | | | |
| | | | | | | |
| | | | | | | |
| | | MA came to her facility and | | | | |
| | _ | nt #1's FSBS; it was in the | | | | |
| | 40's. -The MA called the A | dministrator and 011 | | | | |
| | | cs arrived, they checked | | | | |
| | - | and it was still in the 40's. | | | | |
| | -She heard one of the | | | | | |
| | | tered too much insulin. | | | | |
| | -Resident #1 was tak | | | | | |
| | Telephone interview with a second previous MA | | | | | |
| | | esident #1's insulin on | | | | |
| | 01/31/23) on 02/16/23 | 3 at 3:03pm revealed: | | | | |
| | -She usually administ | tered medications for the MA | | | | |
| | that worked in Reside | ent #1's facility because the | | | | |
| | MA was inexperience medications. | d and afraid to administer | | | | |
| | | ecked Resident #1's FSBS. | | | | |
| | | e resident's FSBS was less | | | | |
| | than 100 he should n | ot get any insulin. | | | | |
| | -If her initials were on | the eMAR administering | | | | |
| | Resident #1's insulin medication. | , then she administered the | | | | |
| | | xplain why she administered | | | | |
| | | g when his FSBS was less | | | | |
| | | , 01/29/23 and 01/30/23 and | | | | |
| | | g in the resident being | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 51 of 149

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | | , , , | E SURVEY PLETED |
|--------------------------|--|---|------------------------------|--|--------------------------------|--------------------------|
| | | | B. WING | | | R |
| | | HAL034107 | B. WING | | 02 | 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E, ZIP CODE | | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT | STREET | | | |
| SHULEK | HEATH CARE/STORET V | KERNER | SVILLE, NC 2728 | 4 | | |
| (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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | hospitalized on 01/31 | /23. | D 358 | | | |
| | on 02/16/23 at 11:46a -On the day Resident (01/31/23), the MA fro to come to the facility -The MA told her Res and was running into -When she got to Res checked the resident' -The MA told her that Novolog 6 units and I | #1 was sent to the hospital om another facility called her where Resident #1 resided. ident #1 was not doing good | | | | |
| | Manager on 02/17/23 -She had seen on the administered Resider be held for FSBS less -Back in January 202 date), she made the AMA in the facility was insulin when his blood insulin, but nothing was insulin, but nothing was insulin when his PCP was giving Resident #1 in less than 100The PCP voiced her MAs not following held Resident #1's Novolo in the hospital with hy | e eMAR that MAs sometimes at #1's insulin when it should is than 100. 3 (unable to recall the exact Administrator aware that the administering Resident #1's disugar was too low for as done. ent to the hospital on as upset about the MAs sulin when his FSBS was discontentment with the | | | | |
| | | 7/23 at 10:57am revealed: s in another facility and the | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 52 of 149

| DIVISION | n Health Service Regu | ialion | 1 | | | |
|-------------------|--------------------------|--|------------------|---------------------------------|-------------|------------------|
| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE S | |
| AND PLAN C | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPL | ETED |
| | | | | | - | , |
| | | HAI 024407 | B. WING | | F 02/4 | |
| | | HAL034107 | 1 | | 02/1 | 7/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| | | 250 PITT 9 | STREET | | | |
| SHULER I | HEATH CARE/STOREY V | ILLA KERNERS | VILLE, NC 272 | 284 | | |
| ()(4) ID | SLIMMADV STA | ATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRECTION | N. | (V5) |
| (X4) ID PREFIX | | Y MUST BE PRECEDED BY FULL | ID PREFIX | (EACH CORRECTIVE ACTION SHOULD | | (X5) COMPLETE |
| TAG | REGULATORY OR L | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPE | RIATE | DATE |
| | | | | DEFICIENCY) | | |
| D 358 | Continued From page | 52 | D 358 | | | |
| 2 000 | Continued i form page | , 02 | | | | |
| | Resident #1 resided. | | | | | |
| | -The MA said she adr | ministered Resident #1's | | | | |
| | insulin when his FSBS | S was less than 100. | | | | |
| | -There were two MAs | with Resident #1, both said | | | | |
| | they had given the res | sident orange juice with | | | | |
| | sugar but Resident #7 | 1 still appeared delirious. | | | | |
| | -She checked Reside | nt #1's FSBS and it was 57. | | | | |
| | -She did not investiga | ate or ask the MA why she | | | | |
| | administered Resider | nt #1's insulin when there | | | | |
| | were instructions on t | he order to hold the | | | | |
| | resident's insulin for F | SBS less than 100. | | | | |
| | | | | | | |
| | Interview with the ED | on 02/16/23 at 1:43pm | | | | |
| | revealed: | · | | | | |
| | -She was aware Resi | dent #1 had been sent to | | | | |
| | the hospital for hypog | | | | | |
| | | staff administered Novolog | | | | |
| | | SBS was less than 100. | | | | |
| | | daily called "care suite"; the | | | | |
| | report showed medica | | | | | |
| | medication and "waiti | | | | | |
| | | Manager was to review the | | | | |
| | • | entify missed medications, | | | | |
| | | nedication errors and when | | | | |
| | a resident was out of | | | | | |
| | | nager identified errors she | | | | |
| | | fy the Administrator of the | | | | |
| | errors. | ., a.o / tariiii iloa ator or a io | | | | |
| | | ould follow through with the | | | | |
| | | hey understood the PCP's | | | | |
| | orders. | and to to to | | | | |
| | | f the previous Administrator | | | | |
| | had been made aware | • | | | | |
| | | nt #1's Novolog when for | | | | |
| | FSBS less than 100. | TIL # 1 3 INOVOIDE WHELL TO | | | | |
| | | provious Administrator had | | | | |
| | | e previous Administrator had ter medications that had not | | | | |
| | | | | | | |
| | been trained or check | ked oπ by the facility's | | | | |
| | contracted nurse. | | 1 | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 53 of 149

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---------------------|---|-----------------|
| AND FLAN | OF CORRECTION | IDENTIFICATION NOWIBER. | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT | | | |
| | T | KERNERS | SVILLE, NC 272 | 84 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | 53 | D 358 | | |
| | | interview with Resident #1's ion primary care provider 3 at 12:02pm was | | | |
| | Refer to interview with the facility's Executive Director (ED) on 02/16/23 at 2:01pm. | | | | |
| | Refer to interview with 3:44pm. | n the Owner on 02/17/23 at | | | |
| | 07/20/22 revealed: -Diagnoses included of the control of the contr | dtime (long acting insulin I control blood sugar). | | | |
| | the veteran's primary lantus 25 units subcu acting insulin used to sugar). -There was a physicia medication orders dar facility's primary care for lantus 25 units sub-There was a physicia | an's order dated 12/15/22 by care provider (VA PCP) for taneously at bedtime (long decrease and control blood an's progress note with ted and signed by the provider (PCP) on 01/25/23 ocutaneously twice a day. an's order dated 02/08/23 for subcutaneously twice a day. | | | |
| | (eMAR) revealed: -There was an entry f 25 units subcutaneou for administration at 8 -There was documen | administration record for lantus (glargine solostar) sly twice a day scheduled | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 54 of 149

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PTTS STREET KERNERSVILLE, NC 27284 CALCIDITECTION | | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE (A. BUILDING: | (X3) DATE SURVEY COMPLETED | |
|--|------------|---|---|---------------------------------|---|-------------|
| SHULER HEATH CARE/STOREY VILLA (X4] ID PREFIX (EACH OPER/CIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 54 8:00 am on 12/12/22, 12/13/22 and 12/17/22. - There was documentation or instructions with the lantus order on the eMAR to withhold Resident #1's lantus. - There was no documentation with staff initials or reason why lantus was not administered or withheld on 12/01/22 at 8:00 pm. Review of Resident #1's January 2023 eMAR revealed: - There was a nentry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00 am on 01/11/23; 01/20/23; and on 01/12/23. - There was documentation lantus was "withheld per DR/RN orders." - There was documentation on instructions with staff initials or reason why lantus was not administered at 8:00 pm on 01/10/23; at 8:00 am on 01/11/23; 01/20/23; and on 01/22/23. - There was documentation lantus was "withheld per DR/RN orders." - There was documentation for the administration of lantus at 8:00 am on 02/05/23 and at 8:00 am on 02/05/23 and at 8:00 am on 02/05/23 and at 8:00 am on 02/07/23. - There was no documentation or instructions with | | | HAL034107 | B. WING | | 1 |
| (A4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 54 8:00 am on 12/12/22, 12/13/22 and 12/17/22. -There was documentation or instructions with the lantus order on the eMAR to withhold Resident #1's lantus. -There was no documentation with staff initials or reason why lantus was not administered or withheld on 12/101/22 at 8:00 pm. Review of Resident #1's January 2023 eMAR revealed: -There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00 am on 01/12/23. -There was documentation lantus was "withheld per DR/RN orders." -There was no documentation of instructions with the lantus or reason why lantus was not administered or withheld on 12/101/23; at 8:00 pm on 01/10/23. -There was documentation of instructions with the lantus or reason with lantus was more reason with lantus was reason with lantus was reason with lantus was reason with lantus was lantus was reason with lantus was lantus wa | NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STAT | E, ZIP CODE | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG D 358 Continued From page 54 8:00am on 12/12/22, 12/13/22 and 12/17/22There was documentation lantus was "withheld per DR/RN orders." -There was no documentation with staff initials or reason why lantus was not administered or withheld on 12/01/22 at 8:00pm. Review of Resident #1's January 2023 eMAR revealed: -There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pmThere was documentation with staff circled initials indicating lantus was not administered at 8:00pm on 01/10/23; at 8:00am on 01/12/23There was documentation lantus was "withheld per DR/RN orders." -There was documentation in thus was "withheld per DR/RN orders." -There was documentation in a 8:00am on 01/12/23There was no documentation for the administration of lantus at 8:00am on 02/05/23 and at 8:00pm on 02/07/23There was no documentation or instructions with | CHIII ED I | UEATU CADE/STODEV V | 250 PITT | STREET | | |
| PREFIX TAG REGULATORY OR LSC (DENTIFYING INFORMATION) D 358 Continued From page 54 8:00am on 12/12/22, 12/13/22 and 12/17/22There was documentation lantus was "withheld per Dr/RN orders." -There was no documentation with staff initials or reason why lantus was not administered or withheld on 12/01/22 at 8:00pm. Review of Resident #1's January 2023 eMAR revealed: -There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pmThere was not documentation with staff circled initials indicating lantus was not administered at 8:00pm on 01/10/23; at 8:00am on 01/11/23; -There was documentation lantus was "withheld per Dr/RN orders." -There was documentation for the administration of lantus at 8:00am on 02/05/23 and at 8:00pm on 02/07/23There was no documentation or instructions with | SHULEK | HEATH CARE/STORET V | KERNERS | SVILLE, NC 2728 | 34 | |
| 8:00am on 12/12/22, 12/13/22 and 12/17/22. -There was documentation lantus was "withheld per DR/RN orders." -There was no documentation or instructions with the lantus order on the eMAR to withhold Resident #1's lantus. -There was no documentation with staff initials or reason why lantus was not administered or withheld on 12/01/22 at 8:00pm. Review of Resident #1's January 2023 eMAR revealed: -There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pm. -There was documentation with staff circled initials indicating lantus was not administered at 8:00pm on 01/10/23; at 8:00am on 01/11/23; 01/20/23; and on 01/22/23. -There was documentation for the administration of lantus at 8:00am on 02/05/23 and at 8:00pm on 02/07/23. -There was no documentation or instructions with | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE COMPLETE |
| -There was documentation lantus was "withheld per DR/RN orders." -There was no documentation or instructions with the lantus order on the eMAR to withhold Resident #1's lantus. -There was no documentation with staff initials or reason why lantus was not administered or withheld on 12/01/22 at 8:00pm. Review of Resident #1's January 2023 eMAR revealed: -There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00pm and 8:00pm. -There was documentation with staff circled initials indicating lantus was not administered at 8:00pm on 01/10/23; at 8:00am on 01/11/23; 01/20/23; and on 01/22/23. -There was documentation lantus was "withheld per DR/RN orders." -There was no documentation for the administration of lantus at 8:00am on 02/05/23 and at 8:00pm on 02/07/23. -There was no documentation or instructions with | D 358 | Continued From page | : 54 | D 358 | | |
| the lantus orders on the eMAR to withhold Resident #1's lantus. Review of Resident #1's February 2023 eMAR from 02/01/23 to 02/17/23 revealed: -There was an entry for lantus (glargine solostar) 25 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pmThere was documentation with staff circled initials indicating lantus was not administered at 8:00am on 02/08/23; at 8:00am on 02/10/23; and at 8:00am on 02/15/23There was documentation lantus was "withheld per DR/RN orders." | | -There was document per DR/RN orders." -There was no document the lantus order on the Resident #1's lantusThere was no document the lantus order on the Resident #1's lantusThere was no document the lantus of Resident #1's lantus was withheld on 12/01/22 Review of Resident #1's subcutaneou for administration at 81-There was document initials indicating lantusThere was document lantus orders." -There was no document lantus orders." -There was no document lantus orders on the lantus orders. Review of Resident #1's lantus. | tation lantus was "withheld tentation or instructions with te eMAR to withhold tentation with staff initials or sont administered or at 8:00pm. 1's January 2023 eMAR or lantus (glargine solostar) sily twice a day scheduled 1:00am and 8:00pm. tation with staff circled at at 8:00am on 01/11/23; 22/23. tation lantus was "withheld tentation for the aus at 8:00am on 02/05/23 07/23. tentation or instructions with the eMAR to withhold 1's February 2023 eMAR 7/23 revealed: or lantus (glargine solostar) sily twice a day scheduled 1:00am and 8:00pm. tation with staff circled as was not administered at at 8:00am on 02/10/23; and 3. | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 55 of 149

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|---------------------|---|-------------------------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED | |
| | | | D WING | | R | |
| | | HAL034107 | B. WING | | 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT | | | | |
| | T | | SVILLE, NC 272 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE COMPLETE | |
| D 358 | Continued From page | e 55 | D 358 | | | |
| | withhold Resident #1 | 's lantus. | | | | |
| | Observation of Reside hand at the facility on revealed: -Lantus was available -The pharmacy instruct of administer 25 units -There were no instruct of the pharmacy instruct of administer of the was administered times per dayHe was not sure if the lantusHe sometimes refused staff did not administed -He refused insulin welless because he was | ent #1's medications on 02/16/23 at 2:21pm e for administration. ctions on the container were of lantus twice a day. actions to hold lantus. Int #1 on 02/15/23 at 8:44am It insulin most days two It insulin was Novolog or ed insulin, and sometimes | | | | |
| | facility's contracted pl 8:43am revealed: -The pharmacy did no #1's medications and -Resident #1's medications pharmacy usually for | ation orders were sent to the profile for printing eMARs. ot received any orders to | | | | |
| | #1's lantus twice daily -If the resident's blood she withheld the lantu -There were times wh | evealed: he administered Resident /. d sugar was less than 100 | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 56 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE C A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|---------------------|---|-----------|--------------------------|
| | | | | | | R |
| | | HAL034107 | B. WING | | 02 | /17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | E, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT | | | | |
| | | | SVILLE, NC 2728 | | | |
| (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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 56 | D 358 | | | |
| | dropping. | | | | | |
| | PCP on 02/15/23 at 4 -Resident #1 had two resident's insulinShe had parameters blood sugars less tha parameters to hold th -Lantus was a long ac administered when th than 100She was not aware f lantus when the resid than 100She was in the facilit by telephone; if the fa to implement the orde contacted her to ensu the medications as or | on the Novolog to hold for n 100 but did not have e lantus. Cting insulin and should be blood sugars were less acility staff were holding ent's blood sugars were less by weekly and available 24/7 acility staff were not sure how er, they should have ure they were administering dered. | | | | |
| | on 02/16/23 at 11:46a -When she administe medications, if the res | red Resident #1's sident's blood sugar was | | | | |
| | his blood sugars were -She took that to mea | ers to hold Novolog when e less than 100. In she should hold all the | | | | |
| | than 100. | ed the PCP to ensure lantus | | | | |
| | Telephone interview v Administrator on 02/1 -She did not review e aware staff were with | with the previous 7/23 at 10:57am revealed: MARs and she was not holding the resident's lantus. should contact the PCP if | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 57 of 149

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---------------------|---|-------------------------------|--|
| | | | A. DOILDING. | | | |
| | | HAL034107 | B. WING | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULFR I | HEATH CARE/STOREY V | 250 PITT | | | | |
| OHOLLIKI | ILATII GARLIGIORET V | KERNERS | SVILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE | |
| D 358 | Continued From page | e 57 | D 358 | | | |
| | medications. | | | | | |
| | Manager on 02/17/23 -She was responsible exception reports to it documented a medical refusals and residents. She had not realized lantus when Resident less than 100If the MAs were not sthey should contact the Interview with the ED revealed: -If there were no instrict then the medication storderedThe MA should not with the CP order was clear. | e for reviewing the eMAR dentify when staff ation was not available, s out of the facility. I the MAs were withholding t #1's blood sugars were sure how administer lantus | | | | |
| | · · · · · · · · · · · · · · · · · · · | ion primary care provider | | | | |
| | Attempted telephone VA pharmacy on 02/1 unsuccessful. | interview with Resident #1's 6/23 at 4:58pm was | | | | |
| | Refer to interview witl Director (ED) on 02/1 | h the facility's Executive 6/23 at 2:01pm. | | | | |
| | Refer to interview with 3:44pm. | h the Owner on 02/17/23 at | | | | |
| | c. Review of Residen 07/20/22 revealed the | t #1's current FL2 dated ere was an order for | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 58 of 149

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY |
|--|--|--|---------------------|--|------------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | /II Ι Δ 250 PITT S | STREET | | |
| 011022111 | | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF | D BE COMPLETE |
| D 358 | Continued From page | e 58 | D 358 | | |
| | | blet three times daily (used | | | |
| | Review of Resident #1's physician's orders revealed: | | | | |
| | -There was a physicia the Veteran's Adminis (VA PCP) for ibuprofe times daily as need fo food). | an's order dated 12/15/22 by stration primary care provider en 400mg 1 tablet three or severe pain (take with | | | |
| -There was a physician's progress note with medication orders dated and signed by the facility's PCP on 01/25/23 for ibuprofen 800mg | | | | | |
| | take 1 tablet three times daily. -There was a physician's order dated 02/08/23 for ibuprofen 800mg take 1 tablet three times daily. -There was a new physician's order dated | | | | |
| | | | | | |
| | 02/08/23 to add ibupr hours as needed for p | rofen 400mg tablet every 12 pain. | | | |
| | | 1's physician progress note lled Resident #1 had severe ogical headaches. | | | |
| | (eMAR) revealed: | administration record | | | |
| | three times daily as n | for ibuprofen 400mg 1 tablet needed for severe pain. for ibuprofen 800mg 1 tablet | | | |
| | _ | eduled for administration at | | | |
| | -There was documen | tation with staff circled profen 800mg was not | | | |
| | through 12/31/23 on t | <u> </u> | | | |
| | times). | 2/27/22, and 12/30/22 (2 | | | |
| | -There was documen stock." | tation ibuprofen was "out of | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 59 of 149

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | E SURVEY PLETED |
|--------------------------|---|--|---------------------|---|--------------------------------|--------------------------|
| 7.11.2.1.2.11.1 | | .52.1111.071.1011.1101.1221.11 | A. BUILDING: | | | |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STATE | , ZIP CODE | | |
| | | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER: | SVILLE, NC 27284 | 1 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC' | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 59 | D 358 | | | |
| | revealed: -There was no entry fithree times daily as nothere was an entry fithree times daily schesion and there was document initials indicating ibup administered 6 times 01/31/23 on the follow 01/04/23, 01/06/23 (201/09/23) -There was document stock - waiting on VA Review of Resident #from 02/01/23 to 02/11 -There was no entry fithree times daily as nothere times daily as nothere times daily schesion and the follow times indicating ibup administered 7 times 02/15/23 on the follow times), 02/03/22, 02/01 -There was document initials indicating ibup administered 7 times 02/15/23 on the follow times), 02/03/22, 02/01 -There was document stock - waiting on VA -There was an entry fithere was an | tation with staff circled rofen 800mg was not from 01/01/23 through ving dates: 01/02/23, 2 times), 01/07/23 and tation ibuprofen was "out of the control of | | | | |
| | administration. | filled and a quantity of 100 | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 60 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C | | | E SURVEY PLETED | |
|---|--|---|---------------------|---|--------------------|------------------------|
| | | | A. BUILDING: | | | |
| | | HAL034107 | B. WING | ····· | 02 | R 2 /17/2023 |
| NAME OF D | ROVIDER OR SUPPLIER | etdeet A | DDRESS, CITY, STATE | = ZIR CODE | • | |
| NAIVIE OF F | ROVIDER OR SUFFLIER | | STREET | E, ZIF GODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA | SVILLE, NC 2728 | 4 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CO | RRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | COMPLETE DATE |
| D 358 | Continued From page | e 60 | D 358 | | | |
| | tablets were dispense instructions to admini daily as needed (prn) -There were no other available for administ | ster 1 tablet three times for severe pain. bottles of ibuprofen | | | | |
| | revealed: -He was always in pa -When he complained aide (MA) gave him it -Sometimes, ibuprofe had no ibuprofenIf he had no ibuprofe borrow the medication -The MA told him 2 to was out of his pain m -Sometimes, he had it -When the ibuprofen | en was not available and he en sometimes the MA would in from another resident. is 3 days per week that he edication. buprofen to take for pain. was available it helped with him to sleep, but when he | | | | |
| | worker at the VA from placed on 02/16/23 at Resident #1's ibupro dispensed on the follour -On 11/08/22, for a quage -O 02/06/23, for a quage -O 02/06/23, for a quage -Two and one-half we contacted him regard medications not being -He told the staff that medication orders in the medications had not be to the facility. -Last week, he got an RCD; and he told her | fen 400mg was filled and bwing dates: uantity of 100 tablets. uantity of 100 tablets. uantity of 100 tablets. uantity of a staff at the facility ing Resident #1's | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 61 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | , , | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|---|-------------------------------|--|
| | | | A. BUILDING | | | |
| | | HAL034107 | B. WING | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | 250 PITT S | | | | |
| KERNEF | | | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | |
| D 358 | Continued From page | e 61 | D 358 | | | |
| D 358 | -The staff were able to by email or fax to him -As of today's date, he requested orders from -This issue with the faproblem with this facilimedicationsThe problem was the communicate and foll medications to VA research was seen the VA PCP so when the facility had to send the orders to the -The pharmacy was in #1's medications had -This process could staysTo refill Resident #1's advised the MA nume immediately upon reconsected to refill immediately upon reconsected the refill the facility time to take the medication ran outline with a medication ran outline with a medication w | neck and find out why tions were not dispensed. o send the requested orders the still had not received the in the staff or the RCD. dility was a systematic dity regarding Resident #1's of facility's failure to ow through with getting didents. In by the facility's PCP and of the resident got new orders of the orders to the VA PCP. Dispersive the orders, then of VA pharmacy. In another state so Resident to be mailed to the facility. Ometimes take several of medications of the medication. I the medication of the medication in of the resident got new orders of the medication. I the medication of the medication in o | D 358 | | | |
| | closet for the medicat -Resident #1 should r | ion. not be out of ibuprofen. | | | | |

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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 50.2510. | | |
| HAL034107 | | B. WING | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | |
| CUIII ED I | JEATH CARE/STOREY V | 250 PITT S | TREET | | |
| SHULEKI | HEATH CARE/STOREY V | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 62 | D 358 | | |
| | PCP on 02/15/23 at 4 -She ordered Resider the resident was alway pain, especially in his -Resident #1 was dial and also had back pa -She was not aware to ibuprofen as orderedShe recently added in needed because Resident #1 got his repharmacySometimes it took up resident's medications -She had observed the the overstock closet to medication was out of | nt #1's ibuprofen because ays complaining of being in back. betic and he had nerve pain in from a previous injury. he resident was not getting buprofen 400mg twice as ident #1 was still sident Care Director (RCD) am revealed: medications from the VA to to 10 days to have the s refilled. at some MAs did not check before documenting the | | | |
| | | | | | |
| | aware Resident #1's i | ibuprofen was out of stock. | | | |
| | | art before marking on the | | | |
| | eMAR a medication w | | | | |
| | -If the medication was | s not available the MA | | | |
| | | armacy to reorder the | | | |
| | medicationThe Office Manager | was responsible for | | | |
| | _ | ite" system daily to see | | | |
| | _ | nented a medication was out | | | |

Division of Health Service Regulation

of stock.

STATE FORM 6899 IGS911 If continuation sheet 63 of 149

| DIVISION | n nealth Service Negu | iation | | | | |
|---|-------------------------|------------------------------------|----------------------------|---------------------------------|------------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | |
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
| | | | _ | | | |
| | | | | | R | |
| HAL034107 | | HAL034107 | B. WING | | 02/17/2023 | |
| | | | • | | - | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | | |
| 01111 ED 1 | IFATU CARE/OTOREV V | 250 PITT S | TREET | | | |
| SHULEKI | HEATH CARE/STOREY V | KERNERS | VILLE, NC 272 | 284 | | |
| ()(1) ID | SLIMMADV ST | ATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRECTION | J (VE) | |
| (X4) ID PREFIX | | Y MUST BE PRECEDED BY FULL | ID PREFIX | (EACH CORRECTIVE ACTION SHOULD | (- / | |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPR | | |
| | | | | DEFICIENCY) | | |
| | | | | | | |
| D 358 | Continued From page | e 63 | D 358 | | | |
| | The Office Manager | should follow-up with the | | | | |
| | | • | | | | |
| | _ | ntacted the pharmacy about | | | | |
| | a medication not bein | g available. | | | | |
| | | | | | | |
| | | vith the previous Office | | | | |
| | Manager on 02/17/23 | • | | | | |
| | -She was responsible | for reviewing the eMAR | | | | |
| | exception reports to id | dentify when staff | | | | |
| | documented a medica | ation was not available. | | | | |
| | -She had made the pi | revious Administrator aware | | | | |
| | · | been out of medications | | | | |
| | longer than 10 days. | | | | | |
| | -She was not sure if s | the had noticed the | | | | |
| | | | | | | |
| | | It it was not likely it was out. | | | | |
| | | k the overstock closet | | | | |
| | before documenting a | a medication was not | | | | |
| | available. | | | | | |
| | | | | | | |
| | | on 02/16/23 at 1:43pm | | | | |
| | revealed: | | | | | |
| | -She expected medic | ations to be administered as | | | | |
| | ordered. | | | | | |
| | -If medication was no | t available and the MA could | | | | |
| | | n from the pharmacy, then | | | | |
| | _ | nd the Administrator should | | | | |
| | be notified. | na trio / tarriirilotrator criodia | | | | |
| | | umentation to show the | | | | |
| | | | | | | |
| | · | cted and the response. | | | | |
| | | check the overstock closet | | | | |
| | petore assuming the i | medication was out of stock. | | | | |
| | A | | | | | |
| | | interview with Resident #1's | | | | |
| | | ion primary care provider | | | | |
| | (VA PCP) on 02/16/23 | 3 at 12:02pm was | | | | |
| | unsuccessful. | | | | | |
| | | | | | | |
| | Attempted telephone | interview with Resident #1's | | | | |
| | VA pharmacy on 02/1 | | | | | |
| | unsuccessful. | • | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 64 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: _ | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|-------------------------------|---|-----------------|
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER | HEATH CARE/STOREY V | ILLA 250 PITT | | • | |
| | OLUMBA DV OT | | SVILLE, NC 272 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | e 64 | D 358 | | |
| | Refer to interview with Director (ED) on 02/1 | n the facility's Executive 6/23 at 2:01pm. | | | |
| | Refer to interview with 3:44pm. | n the Owner on 02/17/23 at | | | |
| | d. Review of Resident #1's current FL2 dated 07/20/22 revealed diagnoses included vitamin B deficiency. | | | | |
| | 12/07/22 revealed and | 1's physician's order dated d order cyanocobalamin ncg one tablet once daily ficiency). | | | |
| | (PCP) electronically s 01/25/23 revealed Re | 1's primary care provider igned medication list dated sident #1's current vitamin B-12 2,000mcg | | | |
| | (POS) dated 02/08/23 | 1's physician's order sheet 3 revealed and order for g 2 tablets (2,000mcg) once | | | |
| | | sident #1 complained of eated early in the morning | | | |
| | results dated 11/30/22 -Resident #1 had a vi normal range for vitar | 1's vitamin B-12 laboratory 2 revealed: tamin B-12 value of 116 (the nin B-12 was 188 to 914). n B-12 value was considered | | | |
| | Review of Resident # | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 65 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED | |
|--|---|--|---------------------|--|---------------------------------|--------------------------|
| | | | 7. BOILDING: | | | R |
| | | HAL034107 | B. WING | | 02 | 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | ZIP CODE | | |
| | | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER | RSVILLE, NC 27284 | į. | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | take 2 tablets =2000r | for vitamin B-12 1,000mcg, ncg once daily scheduled for | D 358 | | | |
| | circled indicating beir with reason being "ou | Dam. tation with staff initials ng B12 was not administered ut of stock - waiting on VA" ies from 12/07/22 through | | | | |
| | revealed: -There was an entry the tablets =2000mcg on administration at 8:00There was documen initials indicating vitar administered and the | tation with staff circled min B-12 was not reason "out of stock - of 31 opportunities from | | | | |
| | from 02/01/23 throug -There was an entry tablets =2000mcg on administration at 8:00 -There was documen initials indicating vitar administered and the | for vitamin B-12 1,000mcg 2 ce daily scheduled for Dam. tation with staff circled min B-12 was not reason "out of stock - of 15 opportunities from | | | | |
| | hand at the facility on revealed: -Vitamin B-12 was av -There were 2 tablets bubble package. | railable for administration. remaining in a 3-tablet | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 66 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---------------------|--|----|--------------------------|
| | | | 7. BOILBING. | | R | |
| | | HAL034107 | B. WING | | 1 | //2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | TREET | | | |
| | | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 66 | D 358 | | | |
| | dispensed on 02/15/2 | 3 (first day of survey). | | | | |
| | Telephone interview worker at the Veteran a return telephone ca 12:40pm revealed: -Vitamin B-12 had nedispensed by the VA plus as hard to say where every dispensed by the pharm and the same of the same and the same are same | with Resident #1's social 's Administration (VA) from Il placed on 02/16/23 at ver been filled and pharmacy. nen or if the order was nacy. nt #1 on 02/15/23 at 8:44am primary care providers PCP and the PCP at the VA. This medications ordered. The had been ordered d thought maybe that was vitamin B-12. with a pharmacist at the narmacy on 02/16/23 at nacy did not fill and dispense tions. The Executive Director (red the pharmacy to fill a lent #1's B-12 vitamin. The order dated 12/07/23 for Il yesterday (02/15/23) B-12 had not been filled | | | | |
| | for eMAR documenta administration of med -Resident #1's medica dispensed by the VA | were usually for profile only tion and instructions for lications. ations were usually pharmacy. | | | | |
| | Interview with a medic | cation aide (MA) on | | | | l |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 67 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---------------------|--|-------------|
| ANDILAN | or connection | IDENTIFICATION NOWIBER. | A. BUILDING: _ | | COMIT LETED |
| | | | B WING | | R |
| | HAL034107 | | | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | VILLA 250 PITT | STREET | | |
| KERNER | | | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 67 | D 358 | | |
| D 358 | 02/16/23 at 9:19am re-When she worked at was not available for Administrator or the s-She recalled that she couple of weeks ago have vitamin B-12 av-Prior to 02/15/23, Revitamin B-12 available Telephone interview week PCP on 02/15/23 at 4-She ordered Resided December 2022 because 12 level. She was not aware to not being administered if the facility was unamedication after one where know. Resident #1's medicallity's contracted platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level countered platake from 12/07/22 (duntil today's date (02/B-12. A low B-12 level cou | evealed: It the facility if a medication administration she told the supervisor. It told the Administrator a that Resident #1 did not ailable for administration. It is for administration. It is for administration. It is for administration. It is facility's It is facility is It is facility | D 358 | | |
| | B-12 available. | on 02/16/23 at 3:03pm revealed: -She was aware Resident #1 did not have vitamin B-12 availableShe last worked at the facility on 02/01/23 and | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 68 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|---------------------|---|--------|--------------------------|
| | | | | | R | |
| HAL034107 | | B. WING | | 1 | 7/2023 | |
| NAME OF F | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA 250 PITT S | TREET | | | |
| | | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 68 | D 358 | | | |
| D 330 | Resident #1 did not her for administration. -She made the Admir Care Director (RCD)Resident #1 got his repharmacy and it some get the medications, I months to get medications and the head of the head not made Revitamin B-12 was not linterview with the Reson 02/16/23 at 11:46ata-Resident #1 did not I for administration pricates and the head of the h | ave vitamin B-12 available distrator and the Resident aware in January 2023. Interest took up to 10 days to but it did not take two but it did not available for administration. But it did not take two but it did not filled but it did not take two but it did not filled but it did not take two but it did not filled but it did not | D 336 | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 69 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | |
|---|-------------------------|--------------------------------|------------------|--|----------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STA | ATE, ZIP CODE | |
| 01111 ED 1 | IEATH CAREGOTOREY | 250 PITT | STREET | | |
| SHULER | HEATH CARE/STOREY V | KERNER: | SVILLE, NC 272 | 284 | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECT | ION (X5) |
| PREFIX | • | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOU | LD BE COMPLETE |
| TAG | REGULATORY OR I | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPRO DEFICIENCY) | PRIATE DATE |
| | | | | , | |
| D 358 | Continued From page | e 69 | D 358 | | |
| | Telephone interview v | with the previous | | | |
| | - | 7/23 at 10:57am revealed: | | | |
| | | hat some of Resident #1's | | | |
| | medications were not | | | | |
| | | Manager was responsible | | | |
| | | e the medications were in | | | |
| | the facility and on the | | | | |
| | -The Office Manager | was to review reports from | | | |
| | the eMAR system da | ily to identify when staff | | | |
| | documented on Resid | dent #1's eMAR "waiting on | | | |
| | VA pharmacy." | | | | |
| | _ | was then supposed to | | | |
| | | acy to identify what the | | | |
| | | dent #1's medications. | | | |
| | | e VA pharmacy up to 10 | | | |
| | | ation because they mailed | | | |
| | | tions, but it should not take | | | |
| | 3 months. | | | | |
| | Telenhone interview v | with the previous Office | | | |
| | Manager on 02/17/23 | | | | |
| | <u> </u> | e for reviewing the eMAR | | | |
| | exception reports to i | | | | |
| | | ation was not available, | | | |
| | refusals and resident | | | | |
| | -She did not review th | ne reports daily, but weekly. | | | |
| | -When she checked t | he eMAR exceptions and | | | |
| | saw "waiting on the V | 'A", she called the MA to find | | | |
| | out if the MA had che | cked with the VA pharmacy | | | |
| | to see why the medic | ation was not available. | | | |
| | | d his medications from the | | | |
| | • | metimes it took days to get | | | |
| | the resident's medica | | | | |
| | | to contact the VA pharmacy | | | |
| | - | r follow-up to find out what | | | |
| | | dispense medications. | | | |
| | | s multiple times to not wait | | | |
| | | edications were completely | | | |
| | out before they reord | | | | |
| | -vvnen kesident #1 g | ot a new order; the MA or | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 70 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | | | (X3) DATE SURVEY | |
|---|--|--|---------------------|---|-------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | DRESS, CITY, STA | TE ZID CODE | |
| INAIVIE OF P | NOVIDER OR SUPPLIER | | | IE, ZIF CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | VILLE, NC 272 | 98.4 | |
| | | | TVILLE, NC 272 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 70 | D 358 | | |
| D 358 | the Office Manager st PCP at the VA for appraction of the PCP at the VA has then should send the The VA pharmacy fill #1's the medications The facility's pharma order on the eMAR. She was not aware Finad not been filled an since 12/07/22. Interview with the Execution of the PCP office of the National PCP of the PCP ordered The PCP or O2/16/23 at PCP o | hould fax the order to the proval. ad to approve the order and order to the VA pharmacy. ed and dispensed Resident to the facility. cy printed the medication Resident #1's vitamin B-12 ad the medications obtained ecutive Director (ED) on evealed: et's medications with a 3-day 2 //A pharmacy would dispense ing-up with the social worker Resident #1's medications ed. had been over 2 months ad vitamin B-12. 2/15/23), she did not know ave the vitamin B-12 interview with Resident #1's n primary care provider (VA 12:02pm was unsuccessful. interview with Resident #1's 6/23 at 4:58pm was | D 358 | | |
| | Director (ED) on 02/1 | | | | |

Division of Health Service Regulation

3:44pm.

STATE FORM 6899 IGS911 If continuation sheet 71 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | | |
|---|--|--|---------------------|--|-------------|--|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED | |
| | | | 1 | | R | |
| | | HAL034107 | B. WING | | 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| | | 250 PITT : | STREET | | | |
| SHULER I | HEATH CARE/STOREY V | ILLA | SVILLE, NC 272 | 284 | | |
| (V4) ID | SLIMMARY ST | ATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRECTIO | N (VE) | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE | |
| D 358 | Continued From page | 2 71 | D 358 | | | |
| | e. Review of Residen 07/20/22 revealed dia deficiency. | t #1's current FL2 dated agnoses included iron | | | | |
| | 12/07/22 revealed an | 1's physician's order dated d order ferrous sulfate tablet twice daily (used to | | | | |
| | Review of Resident #1's primary care provider (PCP) electronically signed medication list dated 01/25/23 revealed Resident #1's current medications included ferrous sulfate 325mg 1 tablet twice a day with orange juice. | | | | | |
| | | 1's physician's order sheet 3 revealed ferrous sulfate daily. | | | | |
| | (eMAR) revealed: -There was an entry f tablet twice daily sche 8:00am and 8:00pmThere was documen initials indicating ferro administered for 13 of 12/07/22 through 12/3 documented as "out of -There were two date | administration record for ferrous sulfate 325mg 1 reduled for administration at tation with staff circled rous sulfate 325mg was not f 49 opportunities from 31/22, with reason of stock - waiting on VA". s (12/07/22 at 8:00pm and with no documentation why | | | | |
| | revealed: -There was an entry f | #1's January 2023 eMAR for ferrous sulfate 325mg 1 eduled for administration at | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 72 of 149

| DIVISION | of Health Service Regu | liation | | | | |
|-------------------|---------------------------|------------------------------|-------------------|---------------------------------|--------------|----------|
| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SU | JRVEY |
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | | | COMPLE | TED |
| | | | 7 50.25 | | | |
| | | | | | R | |
| | | HAL034107 | B. WING | | 02/17 | 7/2023 |
| | | | • | | - | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | TE, ZIP CODE | | |
| CUIII ED I | JEATH CARE/STOREV V | Z50 PITT | STREET | | | |
| SHULEKI | HEATH CARE/STOREY V | KERNER | SVILLE, NC 272 | 284 | | |
| (V4) ID | SHMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | N. | (X5) |
| (X4) ID PREFIX | | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD | | COMPLETE |
| TAG | REGULATORY OR I | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPE | RIATE | DATE |
| | | | | DEFICIENCY) | | |
| D 050 | 0 " 15 | | D 050 | | | |
| D 358 | Continued From page | e /2 | D 358 | | | |
| | -There was documen | tation with staff circled | | | | |
| | | ous sulfate 325mg was not | | | | |
| | _ | | | | | |
| | | f 62 opportunities from | | | | |
| | 01/01/23 through 01/3 | | | | | |
| | documented as "out o | of stock - waiting on VA". | | | | |
| | | | | | | |
| | Review of Resident # | 1's February 2023 eMAR | | | | |
| | revealed: | | | | | |
| | -There was an entry f | for ferrous sulfate 325mg 1 | | | | |
| | tablet twice daily sche | eduled for administration at | | | | |
| | 8:00am and 8:00pm. | | | | | |
| | · · | tation with staff circled | | | | |
| | initials indicating ferro | ous sulfate 325mg was not | | | | |
| | | f 29 opportunities from | | | | |
| | 02/01/23 through 02/ | • • | | | | |
| | _ | | | | | |
| | | of stock - waiting on VA". | | | | |
| | | tes (02/05/23 at 8:00am, | | | | |
| | | and 02/07/23 at 8:00pm) with | | | | |
| | no documentation wh | ny ferrous sulfate was not | | | | |
| | administered. | | | | | |
| | | | | | | |
| | Observation of Resid | ent #1's medications on | | | | |
| | hand at the facility on | 02/16/23 at 2:21pm | | | | |
| | revealed: | · | | | | |
| | -Ferrous sulfate 325n | ng was available for | | | | |
| | administration. | ing true aramazio tel | | | | |
| | | l included instructions | | | | |
| | | | | | | |
| | ferrous sulfate was fil | | | | | |
| | dispensed on 02/15/2 | 23 with 5 tablets remaining. | | | | |
| | _ , , | | | | | |
| | | with Resident #1's social | | | | |
| | | Administration (VA) from a | | | | |
| | return telephone call | placed on 02/16/23 at | | | | |
| | 12:40pm revealed: | | | | | |
| | -Ferrous sulfate had i | never been filled and | | | | |
| | dispensed by the VA | | | | | |
| | | harmacy did not receive the | | | | |
| | order. | namiacy did not receive the | | | | |
| | oluci. | | | | | |
| | Intomious with Decide | ont #1 on 00/15/00 at 0:44a | | | | |
| | Interview with Reside | ent #1 on 02/15/23 at 8:44am | 1 | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 73 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE | | |
|---|--|---|------------------|---|-------------|------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMF | PLETED |
| | | | | | | R |
| | | HAL034107 | B. WING | | 02 | /17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| | | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | /ILLA | SVILLE, NC 272 | 284 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CO | RRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | COMPLETE DATE |
| D 358 | Continued From page | e 73 | D 358 | | | |
| | medications for himHe was not aware of -He did not know he sulfate and did not know he sulfate and did not know to treatHe was cold a lot an associated with being medication was order. Interview with a medi 02/16/23 at 9:19am reshe recalled a couple Administrator aware have ferrous sulfate a -The Administrator with for finding out why the available for administrator who she only worked at the she administered Research and the she adminis | g cold, he thought maybe the red to help with that. cation aide (MA) on evealed: le of weeks ago making the that Resident #1 did not available for administration. ould have been responsible e medication was not tration. the facility on Thursdays, and sident #1's medications. lest week, ferrous sulfate was | | | | |
| | facility's contracted p 8:43am revealed: -Generally, the pharm Resident #1's medica -Yesterday (02/15/23 (ED) at the facility as 3-day supply of Resid -The pharmacy had a Resident #1's ferrous (02/15/23) the pharm any of the resident's -Resident #1's medic profile only for eMAR |), the Executive Director ked the pharmacy to fill a dent #1's ferrous sulfate. In order dated 12/07/23 for sulfate, but until yesterday acy had never dispensed medications. In ation orders were usually adocumentation and histration of medications. | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 74 of 149

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSYLLE, NC 27284 ((24) ID PREED (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 COntinued From page 74 dispensed by the VA pharmacy. Telephone interview with Resident #1's facility's PCP on 02/15/23 at 4'.15pm revealed: -She ordered Resident #1's ferous sulfate on 12/07/22 due to the resident's iron deficiencyShe was not aware the resident was not being administered ferous sulfateIf the facility was unable to obtain Resident #1's medication after one week they should have let her knowResident #1's medications were filled and dispensed by the VA pharmacy. Telephone interview with a previous MA on 02/16/23 at 3'.03pm revealed: -She expected Resident #1's medications to be administered as ordered. Telephone interview with a previous MA on 02/16/23 at 3'.03pm revealed: -She was aware Resident #1 did not have ferrous sulfate varied as ordered. Telephone interview with a previous MA on 02/16/23 at 3'.03pm revealed: -She was aware Resident #1 did not have ferrous sulfate varied by the VA pharmacyThe medication was on the eMAR, but the medication was not in the facility. | | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' | CONSTRUCTION | (X3) DATE SU COMPLE | |
|---|-----------|--|---|-----------------|---|------------------------|----------|
| MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | A. BOILDING. | | _P | |
| SHULER HEATH CARE/STOREY VILLA (X4) ID PREFIX (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 74 (dispensed by the VA pharmacy. Telephone interview with Resident #1's facility's PCP on 02/15/23 at 4:15pm revealed: -She ordered Resident #1's ferrous sulfate on 12/07/22 due to the resident was not being administered ferrous sulfateIf the facility was unable to obtain Resident #1's medications were filled and dispensed by the VA pharmacy. -Resident #1's medications were filled and dispensed by the VA pharmacyShe expected Resident #1's medications to be administered as ordered. Telephone interview with a previous MA on 02/16/23 at 3:03pm revealed: -She was aware Resident #1's medicationThe medication was on the eMAR, but the | | | HAL034107 | B. WING | | 1 | /2023 |
| CALL CARESTOREY VILLA SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCES PROVIDER'S PLAN OF CORRECTION CACH CORRECTION SHOULD BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE | NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| CX4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DI PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE | SHULER | HEATH CARE/STOREY V | ILLA | | | | |
| PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 74 dispensed by the VA pharmacy. Telephone interview with Resident #1's facility's PCP on 02/15/23 at 4:15pm revealed: -She ordered Resident #1's ferous sulfate on 12/07/22 due to the resident's iron deficiencyShe was not aware the resident was not being administered ferrous sulfateIf the facility was unable to obtain Resident #1's medication after one week they should have let her knowResident #1's medications were filled and dispensed by the VA pharmacyShe expected Resident #1's medications to be administered as ordered. Telephone interview with a previous MA on 02/16/23 at 3:03pm revealed: -She was aware Resident #1 did not have ferrous sulfate awailable for administrationThe medication was on the eMAR, but the | | T | KERNERS | VILLE, NC 272 | | | |
| dispensed by the VA pharmacy. Telephone interview with Resident #1's facility's PCP on 02/15/23 at 4:15pm revealed: -She ordered Resident #1's ferrous sulfate on 12/07/22 due to the resident's iron deficiencyShe was not aware the resident was not being administered ferrous sulfateIf the facility was unable to obtain Resident #1's medication after one week they should have let her knowResident #1's medications were filled and dispensed by the VA pharmacyShe expected Resident #1's medications to be administered as ordered. Telephone interview with a previous MA on 02/16/23 at 3:03pm revealed: -She was aware Resident #1 did not have ferrous sulfate available for administrationThe medication was on the eMAR, but the | PREFIX | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE | COMPLETE |
| Telephone interview with Resident #1's facility's PCP on 02/15/23 at 4:15pm revealed: -She ordered Resident #1's ferrous sulfate on 12/07/22 due to the resident's iron deficiencyShe was not aware the resident was not being administered ferrous sulfateIf the facility was unable to obtain Resident #1's medication after one week they should have let her knowResident #1's medications were filled and dispensed by the VA pharmacyShe expected Resident #1's medications to be administered as ordered. Telephone interview with a previous MA on 02/16/23 at 3:03pm revealed: -She was aware Resident #1 did not have ferrous sulfate available for administrationThe medication was on the eMAR, but the | D 358 | Continued From page | e 74 | D 358 | | | |
| PCP on 02/15/23 at 4:15pm revealed: -She ordered Resident #1's ferrous sulfate on 12/07/22 due to the resident's iron deficiencyShe was not aware the resident was not being administered ferrous sulfateIf the facility was unable to obtain Resident #1's medication after one week they should have let her knowResident #1's medications were filled and dispensed by the VA pharmacyShe expected Resident #1's medications to be administered as ordered. Telephone interview with a previous MA on 02/16/23 at 3:03pm revealed: -She was aware Resident #1 did not have ferrous sulfate available for administrationThe medication was on the eMAR, but the | | dispensed by the VA | pharmacy. | | | | |
| -She made the Administrator and the Resident Care Director (RCD) aware in January 2023Resident #1 received his medications from the VA pharmacy and it sometimes took up to 10 days to get the medications; it did not take two months to get medicationsShe had not made Resident #1's PCP aware the ferrous sulfate was not available for administration. Interview with the RCD on 02/16/23 at 11:46am revealed: -Resident #1 did not have ferrous sulfate available for administration prior to 02/15/23Yesterday (02/15/23), the ED paid for and had the local pharmacy fill and dispense a 3-day | | Telephone interview of PCP on 02/15/23 at 4 -She ordered Resider 12/07/22 due to the resider 12/07/22 due to the resident 4 dispensed ferrous administered ferrous and the ferrous sulfate was not in the ferrous and the ferr | with Resident #1's facility's ::15pm revealed: nt #1's ferrous sulfate on esident's iron deficiency. he resident was not being sulfate. able to obtain Resident #1's week they should have let ations were filled and pharmacy. ent #1's medications to be red. with a previous MA on evealed: dent #1 did not have ferrous dministration. on the eMAR, but the n the facility. nistrator and the Resident aware in January 2023. d his medications from the ometimes took up to 10 eations; it did not take two ations. desident #1's PCP aware the out available for D on 02/16/23 at 11:46am have ferrous sulfate ration prior to 02/15/23. h, the ED paid for and had | | | | |

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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SHULER HEATH CARE/STOREY VILLA 250 PITT STREET KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCES (PAG) DEFICIENCY MIST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 75 sulfate filled for 3-days only. -She noticed last month that Resident #1 did not have ferrous sulfate available for administration. -The order for the ferrous sulfate awailable for administration. -The order for the ferrous sulfate was written by the facility's PCP on 120/1722. -Resident #1's medications came from the VA pharmacy. -The PCP at the VA. -The medication via mail to the facility. -It sometimes took 10 days to receive Resident #1's medications on the facility. -The way the resident #1 still did not have ferrous sulfate. Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed: -She was not aware that some of Resident #1's medications were in the facility and on the medications were in the MAR system daily and to identify when staff documented on Resident #1's embedications were in the facility and to identify when staff documented on Resident #1's embedications were was supposed to contact the VA pharmacy.' -The Office Manager was supposed to contact the VA pharmacy.' -The Office Manager was supposed to contact the VA pharmacy.' -The Office Manager was supposed to contact the VA pharmacy.' -The Office Manager was supposed to contact the VA pharmacy.' -The Office Manager was supposed to contact the VA pharmacy to identify what the holdup was with resident #1's medications. | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE S | | |
|--|---|--|--|------------------|--|-------|----------|
| NAME OF PROVIDER OR SUPPLIER SHULER HEATH CARE/STOREY VILLA 250 PTT STREET KERNERSVILLE, NC 27224 D 358 Continued From page 75 sulfate filled for 3-days onlyShe noticed last month that Resident #1 did not have ferrous sulfate available for administrationThe order for the ferrous sulfate available for administration by the facility's PCP on 12/07/22Resident #1's medications came from the VA pharmacyThe PCP at the VAThe PCP at the VAThe PCP at the VA had to approve the order; and the PCP sent the order to the VA pharmacyShe did not know why it had been almost 3 months and Resident #1 still did not have ferrous sulfate. Telephone interview with the previous Administration on 02/17/23 at 10:57 am revealed: -She was not aware that some of Resident #1's medications were not in the facilityThe previous Office Manager was responsible for checking to ensure the medications were in the facility and the medication are in the facility on the medication and the previous and the PCP sent the Office Manager was responsible for checking to ensure the medications were in the facility and the medication and and provide the Manager was to review reports from the AMR system daily and to identify when that facility and the medication and was not review reports from the eMAR system daily and to identify when staff documented on Resident #1's medications. The Office Manager was upposed to contact the VA pharmacy. -The Office Manager was supposed to contact the VA pharmacy to identify what the holdup was with Resident #1's medications. | AND PLAN | OF CORRECTION | IDENTIFICATION NOMBER. | A. BUILDING: _ | | COMPL | EIED |
| SHULER HEATH CARE/STOREY VILLA SUMMARY STATEMENT OF DEFICIENCIES Legal DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE CORPUS CROSS- | | | HAL034107 | B. WING | | | |
| CARL DRAW DRAW CARRESTOREY VILLA CARRESTORE VILLA CA | NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| CAN ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCISM. STEP PRECEDED BY FULL TAG PREFIX TAG CONTRICT TA | 0 | IEATU OAREOTOREV.V | 250 PITT S | STREET | | | |
| TAG TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 75 sulfate filled for 3-days onlyShe noticed last month that Resident #1 did not have ferrous sulfate available for administrationThe order for the Ferrous sulfate was written by the facility's PCP on 12/07/22Resident #1's medications came from the VA pharmacyWhen the facility's PCP wrote an order; the MA or the Office Manager were responsible for order in the VA pharmacy would fill and dispense the medication via mail to the facilityIt sometimes took 10 days to receive Resident #1's medicationsShe did not know why it had been almost 3 months and Resident #1 still did not have ferrous sulfate. Telephone interview with the previous Administrator on 02/17723 at 10.57am revealed: -She was not aware that some of Resident #1's medications were not in the facilityThe previous Office Manager was responsible for checking to ensure the medication warThe Office Manager was to review reports from the eMAR system daily and to Identify when staff documented on Resident #1's medications were in the facility and on the medication scartThe Office Manager was supposed to contact the VA pharmacy to identify what the holdup was with Resident #1's medications. | SHULER | HEATH CARE/STUREY V | KERNERS | VILLE, NC 272 | 284 | | |
| sulfate filled for 3-days only. -She noticed last month that Resident #1 did not have ferrous sulfate available for administration. -The order for the ferrous sulfate was written by the facility's PCP on 12/07/22. -Resident #1's medications came from the VA pharmacy. -When the facility's PCP wrote an order, the MA or the Office Manager were responsible for faxing the order to the PCP at the VA, and the PCP sent the order to the VA pharmacy. -The PCP at the VA had to approve the order; and the PCP sent the order to the VA pharmacy. -The VA pharmacy would fill and dispense the medication via mail to the facility. -It sometimes took 10 days to receive Resident #1's medications. -She did not know why it had been almost 3 months and Resident #1 still did not have ferrous sulfate. Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed: -She was not aware that some of Resident #1's medications were not in the facility. -The previous Office Manager was responsible for checking to ensure the medications were in the facility and on the medication cart. -The Office Manager was to review reports from the eMAR system daily and to identify when staff documented on Resident #1's eMAR "waiting on VA pharmacy." -The Office Manager was supposed to contact the VA pharmacy." -The Office Manager was supposed to contact the VA pharmacy." -The Office Manager was supposed to contact the VA pharmacy." | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI | BE | COMPLETE |
| -Sometimes it took the VA pharmacy up to 10 days to send a medication because they mailed Resident #1's medications, but it should not take from December 2022 to get the medications. Telephone interview with the previous Office | D 358 | sulfate filled for 3-day -She noticed last mor have ferrous sulfate a -The order for the ferr the facility's PCP on -Resident #1's medica pharmacyWhen the facility's Po or the Office Managet the order to the PCP -The PCP at the VA h the PCP sent the orde -The VA pharmacy wo medication via mail to -It sometimes took 10 #1's medicationsShe did not know wh months and Resident sulfate. Telephone interview w Administrator on 02/1 -She was not aware t medications were not -The previous Office I for checking to ensure the facility and on the -The Office Manager the eMAR system dai documented on Resid VA pharmacy." -The Office Manager the VA pharmacy to ic with Resident #1's me -Sometimes it took th days to send a medic Resident #1's medica from December 2022 | rs only. In that Resident #1 did not available for administration. In the rous sulfate was written by 12/07/22. In ations came from the VA CP wrote an order, the MA rewer responsible for faxing at the VA. In ad to approve the order; and the responsible for faxing at the VA. In ad to approve the order; and the responsible for faxing at the VA. In additional dispense the order to the VA pharmacy. In the facility. In additional dispense the order to the facility. In additional dispense the facility was responsible to the medications were in the facility. In additional dispense the facility was responsible to the medication was to review reports from the facility was responsible to the medication was supposed to contact dentify what the holdup was responsible to the facility | D 358 | | | |

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| STATEMENT | Γ OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY |
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | | _ | | |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF B | | OTDEETAD | DDEGG OITY OTA | TE 710 000E | |
| NAME OF PI | ROVIDER OR SUPPLIER | | DRESS, CITY, STA | II E, ZIP CODE | |
| SHULER I | SHULER HEATH CARE/STOREY VILLA | | | | |
| | | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | (-/ |
| PREFIX | | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD | |
| TAG | REGULATORY OR L | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | MATE |
| | | | | | |
| D 358 | Continued From page | e 76 | D 358 | | |
| | Manager on 02/17/23 at 6:03pm revealed: | | | | |
| | | | | | |
| | | for reviewing the eMAR | | | |
| | exception reports to it | | | | |
| | | ation was not available, | | | |
| | refusals and resident | | | | |
| | | ne reports daily, but weekly. | | | |
| | -When she checked t | he eMAR exceptions and | | | |
| | | 'A", she called the MA to find | | | |
| | if the MA had checked | d with the VA pharmacy to | | | |
| | see why the medication | on was not dispensed. | | | |
| | -For the VA, the VA P | CP and VA pharmacy should | | | |
| | be notified. | | | | |
| | -She told the Adminis | trator, Resident #1 did not | | | |
| | have ferrous sulfate la | ast month. | | | |
| | -Resident #1 received | d his medications from the | | | |
| | | netimes it took days to get | | | |
| | the resident's medica | | | | |
| | | d in Resident #1's facility | | | |
| | | ne VA pharmacy directly to | | | |
| | | what was taking so long to | | | |
| | dispense the ferrous | | | | |
| | | old the MAs to not wait until | | | |
| | | itions were completely out | | | |
| | | I medications, because it | | | |
| | took the VA pharmacy | | | | |
| | medications. | ,5.19 to disposito | | | |
| | | ot a new order; the order | | | |
| | _ | PCP at the VA for approval. | | | |
| | | CP at the VA sent the order | | | |
| | | be filled and dispensed to | | | |
| | Resident #1 at the fac | | | | |
| | | • | | | |
| | -The facility's local ph | * * | | | |
| | medication order on t | | | | |
| | | Resident #1's ferrous sulfate | | | |
| | had not been filled an | | | | |
| | obtained since 12/07/ | 722. | | | |
| | latamia | a sustinua Dima atau (CD) | | | |
| | | ecutive Director (ED) on | | | |
| | 02/16/23 at 1:43pm re | evealed: | | | |

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-She filled a 3-day supply of Resident #1's ferrous

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| ANDILAN | or dorace more | IDENTIFICATION NOISIBER. | A. BUILDING: _ | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT | | | |
| | | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 77 | D 358 | | |
| | sulfate in hopes the V the medicationsThe RCD was follow at the VA to find why had not been dispens -Prior to yesterday (0: Resident #1 did not h available for administ -Currently, the facility AdministratorThe previous Admini responsible for makin medications available Attempted telephone Veteran Administratio PCP) on 02/16/23 at | ing-up with the social worker Resident #1's medications sed. 2/15/23), she did not know ave the ferrous sulfate ration. did not have an strator would have been ag sure residents had a for administration. interview with Resident #1's in primary care provider (VA 12:02pm was unsuccessful. | | | |
| | Refer to interview with the facility's Executive Director (ED) on 02/16/23 at 2:01pm. | | | | |
| | Refer to interview with 3:44pm. | h the Owner on 02/17/23 at | | | |
| | | #1's current FL2 dated edication orders did not multivitamin. | | | |
| | 12/28/22 revealed an | 1's physician's order dated d order multivitamin 1 tablet reat nutritional deficiencies). | | | |
| | (PCP) electronically s 01/25/23 revealed Re | 1's primary care provider signed medication list dated esident #1's current multivitamin 1 tablet once | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| | | 250 PITT | STREET | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER: | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | = 78 | D 358 | | |
| | | | | | |
| | daily. | | | | |
| | | 1's physician's order sheet 3 revealed an order for once a day. | | | |
| | | n order dated 02/08/23 that to a one-a-day men's 50 | | | |
| | (eMAR) revealed: -There was an entry f daily scheduled for ac -There no documenta administered from 12 | administration record for multivitamin 1 tablet once dministration at 8:00am. | | | |
| | revealed: -There was an entry f daily scheduled for ac -There was documen initials indicating mult administered 11 of 31 through 01/31/23 with of stock - waiting on N -There no documenta | opportunities from 01/01/23 n reason documented as "out VA." ation multivitamin was es (01/01/23 and 01/02/23) | | | |
| | revealed: -There was an entry f daily scheduled for ad | 1's February 2023 eMAR for multivitamin 1 tablet once dministration at 8:00am. tation with staff circled civitamin was not | | | |

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| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | (X3) DATE SURVEY COMPLETED | |
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| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHIII ER I | HEATH CARE/STOREY V | 250 PITT S | STREET | | |
| OHOLLIN | TEATH GARE/GTORET V | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | | D 358 | | |
| | administered 3 of 8 opportunities from 02/01/23 through 02/08/23 with reason documented as "out of stock - waiting on VA". -There no documentation multivitamin was administered from 02/01/23 through 02/08/23. -There was documentation multivitamin was discontinued on 02/08/23. -There was an entry centrum silver men 50 plus | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| scheduled for administration at 8:00amThere was no documentation one-a-day men's 50 plus 400mcg vitamin was administered 02/08/23 through 02/15/23. | | | | | |
| | | | | | |
| | | | | | |
| | Observation of Resident #1's medications on hand at the facility on 02/16/23 at 2:21pm revealed: | | | | |
| | -Centrum silver men's available for administ | • | | | |
| | -Centrum silver was f | | | | |
| | pharmacy on 02/15/2 | 3 for 3 tablets. | | | |
| | -There were 2 tablets -There was no multivi | of centrum silver remaining. | | | |
| | administration. | tariiir available toi | | | |
| | worker at the Veteran | with Resident #1's social Administration (VA) from a placed on 02/16/23 at | | | |
| | -Multivitamin had nev | er been filled and dispensed | | | |
| | by the VA pharmacyIt appeared the orde | r for multivitamin was never | | | |
| | received by the pharr | | | | |
| | Interview with Reside revealed: | nt #1 on 02/15/23 at 8:44am | | | |
| | -Both the facility's PC medications for him. | P and the VA's PCP ordered | | | |
| | -He was not aware he | e was ordered a | | | |
| | multivitaminHe had discussed wi | ith the PCP that sometimes | | | |

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| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DATE SU COMPLET | |
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| | | | 7 50.125 10. | | R | |
| | | HAL034107 | B. WING | | 02/17 | /2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA 250 PITT S | | | | |
| | T | | VILLE, NC 272 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 358 | Continued From page 80 | | D 358 | | | |
| | he was tired and had no energy. | | | | | |
| | Interview with a medio 02/16/23 at 9:19am re- She recalled two were Administrator aware Fivarious medicationsShe was not sure if remedicationsIf she signed on the enot available, then me for administration. Telephone interview versical facility's contracted place and the enoty of a series of the pharmacy usual Resident #1's medical enoty of the facility as 3-day supply of Resident #1's multivitial dispensed the multivitial enoty of the multivitial enoty of the pharmacy had a Resident #1's medical profile only for eMAR instructions for adminative enoty of the value of the pharmacy was profile only for emal enoty of the value of the pharmacy was profile only for emal enoty of the value of the pharmacy was profile only for emal enoty of the value of the pharmacy was profile only for emal enoty of the value of the pharmacy was profile only for emal enoty of the value of the pharmacy was profile only for emal enoty of the value of the pharmacy was profile only for emal enoty of the value o | cation aide (MA) on evealed: eks ago making the previous Resident #1 was out of multivitamin was one of the eMAR the medication was ultivitamin was not available with a pharmacist at the narmacy on 02/16/23 at ly did not fill and dispense tions. It is the pharmacy to fill a lent #1's centrum men's 50 on order dated 02/08/23 for amin, but had not filled and tamin until yesterday. The actions were usually documentation and distration of medications. The actions were usually obarmacy. | | | | |
| | facility's contracted pl 8:43am revealed: -The pharmacy usual Resident #1's medica -Yesterday (02/15/23') (ED) at the facility asl 3-day supply of Residus multivitaminThe pharmacy had a Resident #1's multivitial dispensed the multivitian resident #1's medical profile only for eMAR instructions for admining resident #1's medical dispensed by the VA resident #1's | ly did not fill and dispense tions. In the Executive Director (sed the pharmacy to fill a lent #1's centrum men's 50 on order dated 02/08/23 for amin, but had not filled and tamin until yesterday. In the executive Director (sed the pharmacy at the phar | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 81 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | |
|--|--|--|-------------------|---|------------------|
| AND PLAN C | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF PF | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | ATE, ZIP CODE | |
| | | 250 PITT | STREET | | |
| SHULER F | IEATH CARE/STOREY V | ILLA KERNER | SVILLE, NC 272 | 284 | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRE | CTION (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE COMPLETE |
| D 358 | Continued From page | e 81 | D 358 | | |
| | -She expected Resident #1's medications to be administered as ordered. | | | | |
| | | | | | |
| | Telephone interview v | vith a previous MA on | | | |
| | 02/16/23 at 3:03pm revealed: | | | | |
| | -She was aware Resi | | | | |
| | multivitamin available | | | | |
| | -When she last worked at the facility on 02/01/23, | | | | |
| multivitamin was not available for administrationShe made the Administrator and the Resident Care Director (RCD) aware in January 2023 the | | | | | |
| | | | | | |
| | multivitamin was not available for administration. | | | | |
| | | d his medications from the | | | |
| | VA pharmacy and it s | ometimes took up to 10 | | | |
| | days to get the medic | | | | |
| | | the MAs not to wait until | | | |
| | | tions were completely out | | | |
| | | I, because the VA pharmacy the resident's medication. | | | |
| | • | esident #1's PCP aware the | | | |
| | | available for administration. | | | |
| | _ | D on 02/16/23 at 11:46am | | | |
| | revealed: -Resident #1's multivi | tamin was not available for | | | |
| | administration prior to | | | | |
| | • |), the ED paid for and had | | | |
| | • | l and dispense a 3-day | | | |
| | supply of a one-a-day #1. | multivitamin for Resident | | | |
| | | y the ED had the one-a-day | | | |
| | multivitamin yesterda | • | | | |
| | -She was unable to re | ecall the last time Resident | | | |
| | #1 was administered | | | | |
| | | Itivitamin was written by the | | | |
| | facility's PCP. | -4: | | | |
| | | ations came from the VA. | | | |
| | -When the facility's Penalto be sent to the | CP wrote an order, the order | | | |
| | | ad to approve the order; and | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | , , | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|---|-----------------|
| | | | A. BUILDING: _ | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STAT | E, ZIP CODE | |
| CHILL ED I | UEATU CADE/STODEV V | 250 PITT | STREET | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER | SVILLE, NC 272 | 84 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | 82 | D 358 | | |
| D 358 | the PCP sent the orde- The VA pharmacy we medication via mail to- It sometimes took up Resident #1's medication where the pharmacyShe did not know who been in the facility sin Telephone interview we manager on 02/17/23She was responsible exception reports to it documented a medicate refusals and residentShe did not review the the MA to find if the Material pharmacy to see why administeredThe VA PCP and phase told the Administic have multivitamin and the medicationResident #1 received VA pharmacy and son the resident's medicationsIt sometimes took up medications from the -When Resident #1 g should be sent to the -After approval, the P | er to the VA pharmacy. build fill and dispense the the facility. to 10 days to receive stions via mail from the VA by the multivitamin had not see ordered 12/28/22. with the previous Office at 6:03pm revealed: for reviewing the eMAR dentify when staff ation was not available, out of the facility. The reports daily, but weekly. The eMAR exceptions and faiting on the VA", she called A had checked with the the medication was not armacy should be notified. A trator Resident #1 did not A nothing was done to obtain A his medications from the metimes it took days to get tion in the facility because led Resident #1's A to 10 days to Resident #1's | D 358 | | |
| | medication order on t not dispense Resider | he eMAR and usually did at #1's medications. | | | |

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STATE FORM 6899 IGS911 If continuation sheet 83 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|---------------------|---|---------------|-------------------------|
| | | | A. BOILDING. | | Ь В | |
| | | HAL034107 | B. WING | | R 02/17/20 | 23 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHIII ER I | HEATH CARE/STOREY V | 250 PITT S | | | | |
| OHOLLIN | TIERTI GAREJOTORET V | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE CC | (X5) DMPLETE DATE |
| D 358 | Continued From page | e 83 | D 358 | | | |
| | revealed: -She filled a 3-day su centrum silver men's hopes the VA pharma medication soonThe RCD was in the the social worker at the | 50 plus multivitamin in acy would dispense the process of following-up with the VA to find why Resident not been dispensed. Strator no longer worked at the Administrator's put why Resident #1's available for administration. A documentation to show the documentation to show the down wave the multivitamin ration. Interview with Resident #1's in primary care provider (VA 12:02pm was unsuccessful. Interview with Resident #1's 6/23 at 4:58pm was In the facility's Executive 6/23 at 2:01pm. In the Owner on 02/17/23 at the the facility's current FL2 dated agnoses included | | | | |

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| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE (A. BUILDING: | | (X3) DATE COME | SURVEY PLETED |
|--------------------------|---|---|---------------------------------|--|-------------------|--------------------------|
| | | | A. BOILDING. | | | Б |
| | | HAL034107 | B. WING | | 02 | R / 17/2023 |
| NAME OF D | ROVIDER OR SUPPLIER | ςτρεετ Λ | DDRESS, CITY, STATI | = 7IP CODE | | |
| NAME OF T | NOVIDEN ON 3011 EIEN | | STREET | L, ZII GODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA | SVILLE, NC 2728 | 4 | | |
| (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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 84 | D 358 | | | |
| | 01/25/23 revealed: -Resident #1 complai care provider (PCP) t symptoms of GERDThere was an order prelease 1 tablet every treat gastroesophage Review of Resident # (POS) dated 02/08/23 pantoprazole 40mg 1 Review of Resident # medication administrative revealed: -There was an entry f tablet every morning at 7:00amThere was documen initials indicating pant administered 2 of 6 o | pantoprazole 40mg, delayed morning for GERD (used to al reflux disease). 11's physician's order sheet a revealed an order for tablet every morning. 11's January 2023 electronic ation record (eMAR) 15 ro pantoprazole 40mg 1 scheduled for administration tation with staff circled toprazole 40mg was not poortunities from 01/26/23 in reason documented as "out | | | | |
| | Review of Resident #1's February 2023 eMAR revealed: -There was an entry for pantoprazole 40mg 1 tablet every morning scheduled for administration at 7:00am. | | | | | |
| | -There was documen initials indicating pant administered 6 of 15 through 02/15/23 with of stock - waiting on \ | tation with staff circled toprazole 40mg was not opportunities from 02/01/23 n reason documented as "out VA." | | | | |
| | | was not administered as | | | | |
| | Observation of Resident | ent #1's medications on | | | | |

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| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|--|-------------------------------|
| AND FLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STA | ATE, ZIP CODE | |
| CUIII ED I | HEATH CARE/STOREY V | 250 PITT | STREET | | |
| SHULEK | TEATH CARE/STORET V | KERNER | SVILLE, NC 272 | 284 | |
| (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 COMPLETE |
| D 358 | Continued From page | e 85 | D 358 | | |
| D 358 | administrationPantoprazole 40mg with the facility's pharmacyThere were 2 tablets remaining. Telephone interview worker at the Veteran return telephone call 12:40pm revealed: -Pantoprazole had ned dispensed by the VA 1-lt appears the order of facilityTwo and one-half we contacted him regard medications not being 1-lt told the staff that medication orders in of medications had not be to the facilityThere was lack of confacility with the VA pring and pharmacy. Interview with Reside revealed: -He had some uncomentation of the staff that revealed: -He had some uncomentation of the staff that with the value of the staff that redications had not be to the facilityThere was lack of confacility with the VA pring and pharmacy. | cole 40mg available for was filled and dispensed by y on 02/15/23 for 3 tablets. of pantoprazole 40mg with Resident #1's social Administration (VA) from a placed on 02/16/23 at ever been filled and pharmacy. was not sent from the eeks ago a staff at the facility ing Resident #1's g available. he needed to see the order to check why the been dispensed and mailed emmunication from the mary care provider (PCP) ont #1 on 02/15/23 at 8:44am affortableness in his stomach. id she was going to give him mach. e was administered the | D 358 | | |
| | medication because he medicationsHe was still having the stomach and it had no | ne same issues with his | | | |
| | Telephone interview v | vith a pharmacist at the | | | |

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| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: | | (X3) DATE SURVEY COMPLETED |
|---------------|---------------------------------------|---|---|--|-------------------------------|
| , | | .52 | A. BUILDING: _ | | 33 22.23 |
| | | | D MINO | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STAT | E, ZIP CODE | |
| | | 250 PITT | STREET | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER | SVILLE, NC 2728 | 84 | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECT | CTION (X5) |
| PRÉFIX TAG | • | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | |
| D 358 | Continued From page | e 86 | D 358 | | |
| | facility's contracted pl | narmacy on 02/16/23 at | | | |
| | 8:43am revealed: | • | | | |
| | -The pharmacy usual | ly did not fill and dispense | | | |
| | Resident #1's medica | | | | |
| | | , the Executive Director | | | |
| | ` , | ked the pharmacy to fill a | | | |
| | | lent #1's pantoprazole 40mg | | | |
| | 1 tablet every morning | g. n order dated 01/25/23 for | | | |
| | | razole 40mg, but had not | | | |
| | filled and dispensed t | | | | |
| | yesterday. | | | | |
| | | ation orders were usually | | | |
| | profile only for eMAR | documentation and | | | |
| | | istration of medications. | | | |
| | -Resident #1's medica | • | | | |
| | dispensed by the VA | pharmacy. | | | |
| | | vith Resident #1's facility's | | | |
| | PCP on 02/15/23 at 4 | :15pm revealed: nt #1's pantoprazole 40mg 1 | | | |
| | tablet every morning | | | | |
| | complaining about ref | | | | |
| | | he resident was not being | | | |
| | | azole 40mg as ordered. | | | |
| | -She was at the facilit | y weekly, and the facility | | | |
| | | er and her office 24/7, the | | | |
| | - | ve made her aware they | | | |
| | were not administerin | | | | |
| | • | able to obtain Resident #1's | | | |
| | the medication after of let her know. | one week they should have | | | |
| | | ent #1's medications to be | | | |
| | administered as order | | | | |
| | Interview with a medi | cation aide (MA) on | | | |
| | 02/16/23 at 9:19am re | | | | |
| | | ne observed Resident #1 | | | |
| | | were not available for | | | |
| | administration. | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 87 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE COMF | SURVEY PLETED | |
|---|--|--|---------------------|--|-----------------------------------|--------------------------|
| | | | A. BOILDING. | | | _ |
| | | HAL034107 | B. WING | | l l | R / 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT : | STREET | | | |
| SHOLLIN | ILAIII CARL/STORLT V | KERNERS | SVILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED TO DEFICIENCED TO TO DEFICIENCED TO TO TO THE PROVIDENCE TO THE PR | ΓΙΟΝ SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 87 | D 358 | | | |
| 2 000 | -Pantoprazole was or was not available for | ne of the medications that administration. iistrator and the Resident upervisor) aware the | 2 333 | | | |
| | 02/16/23 at 3:03pm re -She was aware Resi administered pantopr -She had made the A Resident Care Directe 2023 that Resident # not available for admi -Resident #1 received VA pharmacy and it s days to get the medic -She had not made R | dent #1 was not azole 40mg. dministrator and the or (RCD) aware in January I's pantoprazole 40mg was nistration. I his medications from the ometimes took up to 10 | | | | |
| | revealed: -Pantoprazole was no prior to 02/15/23Yesterday (02/15/23) the local pharmacy fil supply of pantoprazolShe did not know who pantoprazole 40mg fil yesterday and for onlyShe was unable to reflect was administeredResident #1's medical pharmacyWhen the facility's Penad to be sent to the -The PCP at the VA has the PCP sent the order. | led and dispensed y 3-days. ecall the last time Resident pantoprazole. ations came from the VA CP wrote an order, the order PCP at the VA. ad to approve the order; and er to the VA pharmacy. buld fill and dispense the | | | | |

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| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | | | E SURVEY PLETED |
|--------------------------|--|---|-------------------------------|---|-----------|--------------------------|
| | | | | | | R |
| | | HAL034107 | B. WING | | 02 | 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E, ZIP CODE | | |
| SHIII ER I | HEATH CARE/STOREY V | 250 PITT | STREET | | | |
| SHOLLIN | TILATTI CANE/STONET V | KERNEF | RSVILLE, NC 2728 | 4 | | |
| (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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 88 | D 358 | | | |
| | Resident #1's medical pharmacyShe had checked, bushow why Resident # not available for admits | | | | | |
| | Manager on 02/17/23 -She was responsible eMAR exception repord documented a medical waiting on the VA or purchased to saw "out of stock - was the MA to find if the Material pharmacy to see why administeredShe told the Adminis | e for reviewing Resident #1's ports to identify when staff ation was out of stock or obarmacy. The eMAR exceptions and faiting on the VA", she called the medication was not trator Resident #1 did not | | | | |
| | and nothing was done -Resident #1 received VA pharmacy and sor the resident's medica the VA pharmacy mai medications. | d his medications from the metimes it took days to get tion in the facility because led Resident #1's | | | | |
| | -The reason it took so medications was beca came from the facility sent to the PCP at the -After approval, the P the VA pharmacy to b Resident #1 at the fac -The order should als local pharmacy to be -Because the medica | o long to get Resident #1's ause when a new order 's PCP; the order had to be e VA for approval. CP at the VA sent to order to e filled and dispensed to cility. o be sent to the facility's printed on the eMAR. tion was on the eMAR, it r got the order did not follow | | | | |

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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 | |
|--|--|---|---|---|---------------------------------|--------------------------|
| | | HAL034107 | B. WING | | 02 | R :/ 17/2023 |
| | ROVIDER OR SUPPLIER | ILLA 250 PITT | DDRESS, CITY, STATE STREET SVILLE, NC 27284 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | -Resident #1's medicate local pharmacy be the VA pharmacy. Telephone interview of Administrator on 02/1. The Office Manager checking "care suites documented "waiting. The Office Manager contacting the pharmamedication was not documented "maiting. The Office Manager contacting the pharmamedication was not documented "waiting. The Office Manager showing contacting the pharmamedication was not documented "maiting. The God Manager showing contacting the pharmamedication was not documented. The resident showing contacting the pharmamedication was not documented. The RCP. -She did not recall be #1 had several medication available for administ. Interview with the Execution of the Secondary Se | eations were not dispense by ecause they were free from with the previous 7/23 at 10:57am revealed: was responsible for "daily to see when the MAs on VA or pharmacy." was responsible for acy to determine why the dispensed. umentation by the Office intact with the pharmacy and ras not dispensed. Manager should notify the ding made aware Resident ations that were not ration. Ecutive Director (ED) on evealed: pply of Resident #1's in hopes the VA pharmacy inedication soon. process of following-up with he VA to find why Resident not been dispensed. 2/15/23), she did not know ave the pantoprazole 40mg ration. interview with Resident #1's at 12:02pm was interview with Resident #1's | D 358 | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | | A. BUILDING: _ | A. BUILDING: | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| euu en i | IFATU CADE/STODEV V | 250 PITT | STREET | | |
| SHULER | HEATH CARE/STOREY V | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | 90 | D 358 | | |
| | Refer to interview with Director (ED) on 02/1 | n the facility's Executive 6/23 at 2:01pm. | | | |
| | Refer to interview with 3:44pm. | n the Owner on 02/17/23 at | | | |
| | 11/02/22 revealed: -Diagnoses included of hypertension and highter aerosol inhaler (a combronchial dilator to trepulmonary disease) in Review of Resident # orders dated 02/08/23 160-4.5 aerosol inhalo | for Symbicort 160-4.5 Inbination ingredient eat chronic obstructive Inhale 2 puffs twice a day. 6's signed physician's B revealed Symbicort er 2 puffs twice a day for | | | |
| | was ordered. Observation of medic | ulmonary disease (COPD) ation administration on evealed Resident #6 was | | | |
| | | nedications, one inhaler, and Symbicort 160-4.5 aerosol | | | |
| | on 02/17/23 at 8:10ar | s on hand for administration n revealed there was no or administration to Resident | | | |
| | on 02/17/23 at 8:10ar -The RCD was passir facility's staff shortage -Resident #6's Symbi medication cart to adı | ng medications due to the e. cort 160-4.5 was not on the | | | |

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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 | |
|---|--|--|---------------------|---|-------------------------------|-------------------------|
| | | | | | R | |
| | | HAL034107 | B. WING | | 02/17/20 | 023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA 250 PITT S | STREET | | | |
| | | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE C | (X5) OMPLETE DATE |
| D 358 | and it should be comi pharmacy today (12/1-She would administer inhaler as soon as it with pharmacy. Review of Resident # medication administration administration at 8:00 -Symbicort 160-4.5 in administration at 8:00 -Symbicort 160-4.5 in not administered 5 tin documented for the rebeginning on 02/15/2:02/16/23 at 8:00am a 8:00am. Second interview with 9:40am revealed: -Resident #6's Symbicome from the contratodayThe medication aides medications not on cyabout one week supp -She was filling in on morning and ordered contracted pharmacy | rell. ne Symbicort 160-4.5 inhaler ng from the contracted 7/23) around 9:00am. r the Symbicort 160-4.5 vas delivered from the 6's February 2023 electronic ation record (eMAR) or Symbicort 160-4.5 inhaler r COPD. haler was scheduled for am and 8:00pm. haler was documented as nes with out of stock reason not administered 3 at 8:00am and 8:00pm, on nd 8:00pm, and 02/17/23 at at the RCD on 02/17/23 at cort 160-4.5 inhaler did not oted pharmacy in the order as (MAs) routinely ordered orde fill when there was | D 358 | DEFICIENCY | | |
| | around 9:15amThe medication was at 9:20am. Interview with Reside 10:20am revealed: | not in the pharmacy delivery nt #6 on 02/17/23 at | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 92 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C | | | E SURVEY PLETED | |
|---|--|---|----------------------|---|--------------------------------|--------------------------|
| | | | A. BUILDING: | | | _ |
| | | HAL034107 | B. WING | | 0: | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | | 250 PIT | T STREET | • | | |
| SHULER | HEATH CARE/STOREY V | 'ILLA KERNEI | RSVILLE, NC 27284 | Į | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY DEFICIENCY CROSS - REFERENCED TO THE DEFICIENCY DEFICIENCY CROSS - REFERENCED TO THE DEFICIENCY CROSS - REFERENCED - | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From page | 92 | D 358 | | | |
| | COPD. -He was short of breavery far if he did not he Symbicort 160-4.5 inlisitting on the front pobreathing). -Sometimes he used because he thought in the had been out of the inhaler for a few days insurance was the horotect of the phone interview of the contracted pharmacy revealed: -Resident #6's Symbinate refilled last on 01/09/20-17. | with a pharmacist at the on 02/17/23 at 12:55pm cort 160-4.5 inhaler was 23 for a 30 days supply. working on a refill request 3) and Symbicort 160-4.5 it in medication delivered to | | | | |
| | care provider (PCP) of revealed: -The facility had not it was out of his Symbiotic-He had COPD and the with his breathingIf he did not take his experience shortness resulting in interruptionThe facility should be as ordered and not rule. Interview with the fact (ED) on 02/17/23 at 20-Resident #6 sometimes. | Symbicort inhaler he could of breath and wheezing ons of daily activities. The administering medications unning out of medications. | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 93 of 149

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|--|------------------------|
| AIND PLAIN (| J. CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | |
| | | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page 93 | | D 358 | | |
| | -The MAs were support medications as ordered residents ran out of m | osed to administered ed and reorder before nedication. | | | |
| | Director (ED) on 02/1 | h the facility's Executive 6/23 at 2:01pm. | | | |
| | Refer to interview with 3:44pm. | h the Owner on 02/17/23 at | | | |
| | 11/22/22 revealed dia | nt #3's current FL-2 dated ignoses included multiple 2 diabetes, bipolar disorder, ck pain. | | | |
| | a. Review of Resident #3's readmission orders signed by the resident's Primary Care Provider (PCP) dated 12/28/22, after a hospitalization for acute cystitis, revealed there was an order for gabapentin (used to treat neuropathy pain) 800mg 4 times a day. | | | | |
| | visit to his neurology revealed an order for | gabapentin 800mg take 2 nes daily, at supper and | | | |
| | 02/08/23 signed by th | 3 physician's orders dated ne PCP revealed gabapentin 2 tablets twice a day with neurology". | | | |
| | for administration on revealed: -Resident #3's medical contracted pharmacy cards with the medical | ations were from the provider in multidose bingo | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 94 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---------------------|--|-----------------|
| | | | A. BUILDING | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | |
| CHILL ED I | UEATU CARE/STOREV.V | 250 PITT \$ | STREET | | |
| SHULER | HEATH CARE/STOREY V | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 358 | multidose bubble so to cards for each time of a cards for each time of the multidose bingo cards withough 02/23/23. There were 2 gabape packaged in the morn the multidose bingo cards and the multidose bingo cards for a card for a ca | multidose bubbles. many medications ning and evening to fit in one here were 2 multidose bingo f administration. cards were packed on one th two cards dated 02/10/23 2 cards dated 02/18/23 entin 800mg tablets ing multidose bubbles on ards and 2 gabapentin ged in the evening multidose ose bingo cards for each 02/23/23. 3's January 2023 electronic ation record (eMAR) or Gabapentin 800mg with blets (1600mg) twice a day e for painful feet, but was extration at 8:00am and was documented as um and 8:00pm daily from except documented for 01/12/23 (out of facility), y), 01/18/23 (refused), 1/23/23 (refused), 01/26/27 efused), and 01/30/23 | D 358 | | |
| | ` | 12 doses administered at ave been administered at | | | |
| | from 02/01/23 to 02/1 -There was an entry four directions to take 2 ta | 3's February 2023 eMAR 5/23 revealed: or gabapentin 800mg with blets (1600mg) twice a day | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 95 of 149

PRINTED: 03/06/2023 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ` ' | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|--|--------------------------------|--------------------------|
| | | | A. BUILDING: | A. BUILDING. | | |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STATE | E, ZIP CODE | | |
| | | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER: | SVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | 8:00pm that was disc -Gabapentin 800mg vadministered at 8:00a 02/01/23 to 02/08/23, refused at 8:00am on 02/08/23 (refused), ar were 6 doses adminishave been administer -There was a second take 2 tablets (1600m administration at 8:00a -Gabapentin 800mg vadministered at 8:00a 02/15/23, except doce (refused), 02/12/23 (refused), 02/14/23 (out) (out of facility); there was one of the second of gabapa administration for Reservealed there were refused of 02/17/23 to 02/800mg tablets package multidose bubbles on and 2 gabapentin 800 multidose bubbles. Telephone interview validated of 01/05/23 2 tablets (1200mg) 2 bedtime, for painful feroz/08/23 from the reserverse. | stration at 8:00am and ontinued on 02/08/23. Was documented as an and 8:00pm daily from except documented for 02/04/23 (refused), and 02/09/23 (refused); there stered at 8:00am and should red at 5:00pm as ordered. entry for gabapentin 800mg and twice a day scheduled for tam and 8:00pm daily. Was documented as an daily from 02/09/23 to the function of facility) and 02/15/23 arefused), 02/13/23 (out of a of facility) and 02/15/23 are been administered at ave been administered at ave been administered at averaged in the morning the multidose bingo cards of gabapentin 800mg tablets 23/23 with 2 gabapentin god in the evening with a pharmacist at the provider on 02/16/23 at macy received Resident #3's for gabapentin 800mg take times daily, at supper and the tand the order dated ident's PCP. | D 358 | | | |
| | | artment at the contracted e order dated 01/05/23 for | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 96 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|---|------------------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| 01111 ED 1 | IEATH CAREGOTOREY | 250 PITT S | STREET | | |
| SHULER | HEATH CARE/STOREY V | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | e 96 | D 358 | | |
| D 358 | gabapentin 800mg tatimes daily, at supper feet in the eMAR syst the medication admine eMAR (entered as 8:15:00pm). -The gabapentin 800mg as received along the neurology", but the orpharmacy entered the 800mg 2 tablets (160mg 2 tablets (160mg 2 tablets) the scheduled adminimed 8:00pm the same. -The facility was resperedication orders en pharmacy staff and confide the scheduled adminimed administer. -The pharmacy preperedication orders en pharmacy staff and confide the empharmacy prependication orders and instead and the order endication order the scheduled administer. -The pharmacy prependication and the order endication order endication orders and the empharmacy prependication orders and the order endication or t | ke 2 tablets (1200mg) 2 r and bedtime, for painful tem correctly, but scheduled histration incorrectly on the 00am but should have been mg order dated 02/08/23 he PCP note "managed by rder entry staff at the at order only as gabapentin 0mg) twice a day and kept histration at 8:00am and honsible to review the tered on the eMAR by the honsult the pharmacy for any hor releasing the orders to for medication aides (MA) to hackaged Resident #3's hablets (1600mg) in the hibbles on the multidose high of 105/23 through 02/23/17 herry at the pharmacy. Here is a tablet in the series of the ser | D 358 | | |
| | administering gabape neurology. | and the facility should be entin as ordered by | | | |
| | neurologyResident #3 had mentioned to her that he was not receiving gabapentin as he thought he was supposed to be receiving. | | | | |
| | 02/15/23 at 4:50pm re | with Resident #3's PCP on evealed: entin was managed by his | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 97 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | I ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|---|-----------------|
| ANDILAN | SI CONNECTION | IDENTIFICATION NOWIDEN. | A. BUILDING: _ | | COWII LETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHIII ER I | HEATH CARE/STOREY V | 250 PITT : | | | |
| KERNE | | | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | 97 | D 358 | | |
| | neurologistShe signed the lates noted gabapentin was Telephone interview waide (MA) on 02/16/2-She did not see physician's orders where facilityResident #3 occasio medicationsShe administered medications according the pharmacy in the cards assuming the pharmacy in the cards as a card and the cards are card as a card and the cards are card as a card and the cards are card and the cards are card as a card and the cards are card and the cards are card and the cards are card and the card and the cards are card and the card and the card are card and the card and the card are card and the card are card and the card are card and the card | t physician's order, but had sordered by his neurologist. with a previous medication 3 at 3:30pm revealed: sician's orders or enter any ten she was working at the mally refused morning edications as pre-packaged the residents' multidose bingo charmacy had packaged the to the physician's orders. Tread closely the directions AR screen of the computer. Sesident #3's gabapentin ckaged at 8:00am was histered at 5:00pm instead | | | |
| | on 02/16/23 at 3:50pr -She depended on the residents' medication cards correctlyShe did not know Ref 1600mg dose pre-part supposed to be admit of 8:00am. Interview with the Ref on 02/16/23 at 4:50pr -She had been back at December 2022 after -There was currently auditing the residents medications sent in medications. | e pharmacy to pre-package s in the multidose bingo esident #3's gabapentin ckaged at 8:00am was nistered at 5:00pm instead sident Care Director (RCD) m revealed: | | | |

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STATE FORM 6899 IGS911 If continuation sheet 98 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|--|-----------------------------------|--------------------------|
| | | | A. BOILDING. | | | 5 |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | ZIP CODE | | |
| CHILL ED | HEATH CARE/STOREY V | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | KERNER KERNER | SVILLE, NC 27284 | L | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From page | 98 | D 358 | | | |
| | (02/06/23). -The previous Admini responsibility for proceeding the orders to the releasing medication eMAR for medication. Telephone interview whealth provider (MHP revealed: -The facility staff had gabapentin not admining Resident #3. -She looked at the eN routine visit with the readministration refusal administration of as new control of the c | essing physicians' orders, ne contracted pharmacy and orders to show up on the administration. with Resident #3's mental) on 03/17/23 at 3:10pm not told her about histered as ordered for MARs when she had a esidents related to so r frequency of leeded (prn) medications. documentation to help | | | | |
| | revealed: -He refused his gaba; -The facility was not a ordered by his neurol he felt like his pain was relephone interview was neurology clinic on 02 message left previous -The neurologist had 2 tablets (1600mg) two bedtime on Resident foot painThe neurologist experience. | nt #3 on 02/17/23 at 3:20pm pentin sometimes. administering gabapentin as ogist, so he did not take it if as under control. with a nurse at Resident #3's 2/20/23 at 9:48am from a | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 99 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C A. BUILDING: | (X2) MULTIPLE CONSTRUCTION A BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|--|-------------------------------|--------------------------|
| | | | A. BOILDING. | | | Б |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E. ZIP CODE | - | |
| | | 250 PITT | STREET | , | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER | SVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | 99 | D 358 | | | |
| | nighttime nerve relate | ed foot pain. | | | | |
| | Refer to interview witl Director (ED) on 02/1 | n the facility's Executive 6/23 at 2:01pm. | | | | |
| | Refer to interview with 3:44pm. | n the Owner on 02/17/23 at | | | | |
| | signed by the residen (PCP) dated 12/28/22 acute cystitis, reveale | t #3's readmission orders t's primary care provider 2, after a hospitalization for the there was an order for reat memory loss) 10mg | | | | |
| | visit to his neurology revealed an order for | 3's physician's orders from a clinic dated 01/05/23 memantine 28mg ER ne capsule daily for memory. | | | | |
| | #3's encounter at his 01/05/23 revealed Re | sit summary from Resident neurology clinic dated sident #3's current memantine 28mg ER once | | | | |
| | 02/08/23 signed by th #3's memantine 10mg | 3 physician's orders dated are PCP revealed Resident g twice a day and once a day were ordered. | | | | |
| | contracted pharmacy 2:40pm revealed: -The contracted pharmacy Resident #3 dated 12 twice a day. -The contracted pharmacy | with a pharmacist at the provider on 02/16/23 at macy had an order for /28/22 for memantine 10mg macy received Resident #3's for memantine 28mg XR is facility. | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 100 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|----------------------------|--|-------------------------------|--------------------------|
| AND FLAN | OF CORRECTION | IDENTIFICATION NOWIBER. | A. BUILDING: _ | | COMPLE | ILD |
| | | | P WING | | R | |
| | | HAL034107 | B. WING | | 02/1 | 7/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT \$ | | | | |
| | | | VILLE, NC 272 | | 1 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 100 | D 358 | | | |
| | -The order entry department of the memantine 28 mg XR eMAR system correct medication administra 8:00pmThere was no order 10mg twice a day available the memantine 28 XF provide once a day domemantine 10mg twice. Telephone interview who neurology clinic on 02 message left previousThe neurologist had XR once a day to repart a dayThere was document contracted pharmacy clinic regarding discottwice a day and replation XR once a dayThe neurologist experience a day. | artment at the contracted e order dated 01/05/23 for one capsule daily in the sty and scheduled the ation on the eMAR for to discontinue memantine stilable at the pharmacy, but a was routinely ordered to osing and replaced one a day. With a nurse at Resident #3's 2/20/23 at 9:48am from a sty revealed: ordered memantine 28mg lace memantine 10mg twice tation the facility or contacted the neurology intinuing memantine 10mg cing with memantine 28mg das ordered. any adverse side effects for additional doses of t period of time but wanted imediately. 3's January 2023 electronic | | | | |
| | 8:00pmThere were 32 doses administered at 8:00a | | | | | |

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administered in January 2023.

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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. | | |
| HAL034107 | | B. WING | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHIII ED I | HEATH CARE/STOREY V | 250 PITT : | STREET | | |
| SHOLLIN | ILAIII CARL/STORET V | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 101 | D 358 | | |
| | -Memantine 10mg was administered at 8:00a 01/31/23 except docu 8:00am on 01/13/23 (withheld per doctor of administered at 8:00a been administered at 8:00a been administered at 8:00p 01/10/23, 01/16/23, 001/26/23 through 01/3 documented as administered at 8:00p 01/10/23, 01/16/23 through 01/3 documented as administered at 8:00pmMemantine 28mg XF as administered at 8:01/31/23 except docu (withheld per doctor of facility). | as documented as an daily from 01/05/23 to amented for refused at out of facility), 01/15/23 order), and 01/16/23 order). There were 20 doses am that should not have as documented as an on 01/07/23, 01/09/23, 1/17/23, 01/21/23, and 03/23. There were 12 doses an istered at 8:00pm and administered. For memantine 28mg XR one and of the documented of the d | | | |
| | Review of Resident #3's February 2023 eMAR revealed: | | | | |
| | -There was an entry for memantine 10mg twice a day for memory impairment scheduled for administration at 8:00am and 8:00pm beginning on 02/01/23 and discontinued on 02/08/23. -Memantine 10mg was documented as administered at 8:00am daily from 02/01/23 to 02/08/23. There were 8 doses documented on the February eMAR administered at 8:00am that should not have been administered. | | | | |
| | | administered. Is documented administered | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|---|----------------------------|--------------------------|
| | | | | | | R |
| | | HAL034107 | B. WING | | | 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E, ZIP CODE | | |
| OUU ED I | UEATU CARE/CTOREV.V | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNEF | RSVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE |
| D 358 | Continued From page | : 102 | D 358 | | | |
| | 02/05/23, and 02/06/2 -Memantine 10mg wa administered at 8:00a 12/16/23Memantine 10mg wa administered at 8:00p 12/16/23In addition, there was 28mg XR capsule one for administration at 8 -Memantine 28mg XR as administered at 8:0 02/15/23, except door administered on 02/0- -There were 12 doses administered at 8:00p the morning multidose administered at 8:00a | as not documented as am from 02/09/23 to as not documented as am from 02/09/23 to as an entry for memantine e capsule daily, scheduled 1:00pm. A capsule was documented 20pm daily from 02/01/23 to cumented as not 4/23 (refused). A capsule was documented as a documented a | | | | |
| | for administration on a revealed: -Resident #3's medical contracted pharmacy cards with the medical morning, noon, aftern packaged in separate -Resident #3 had too scheduled in the morn multidose bubble, so bingo cards for each a -The multidose bingo week supply cards withrough 02/16/23 and through 02/23/23There were one men one memantine 28mg morning multidose bush | ations were from the provider in multidose bingo ations scheduled for oon (5:00pm) and bedtime multidose bubbles. many medications and evening to fit in one there were 2 multidose time of administration. cards were packed on one the two cards dated 02/10/23 2 cards dated 02/18/23 anantine 10mg capsule and | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 103 of 149

PRINTED: 03/06/2023 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C A. BUILDING: | (X2) MULTIPLE CONSTRUCTION A RULL DING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--|--|--------------------------------|--------------------------|
| | | | A. BOILDING. | 7. Boilbine. | | 5 |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | . ZIP CODE | | |
| | | 250 PITT | STREET | , | | |
| SHULER I | HEATH CARE/STOREY V | ILLA KERNEF | RSVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | Continued From page | e 103 | D 358 | | | |
| | the evening multidose bingo cards for each 02/23/23. | e bubbles on the multidose day from 02/16/23 to | | | | |
| | prepackaged multidor telephone interviews contracted pharmacy (MAs), and incomplet February 2023 eMAR if 8 doses of memant morning multidose bumultidose bingo cards memantine 10mg paramultidose bubbles of bingo cards that were administration at 8:00 pre-packaged medica | ckaged in the evening Resident #3's multidose | | | | |
| | contracted pharmacy 2:40pm revealed: -The facility was resp medication orders en pharmacy staff and codiscrepancies prior to appear on the eMAR administerThe pharmacy pre-p memantine 10mg and (scheduled at 8:00pm morning multidose bu bingo cards beginning based on the medicar | tered on the eMAR by the consult the pharmacy for any preleasing the orders to for medication aides (MA) to ackaged Resident #3's dimemantine 28mg XR in on the eMARS) in the abbles on the multidose g 01/05/23 through 02/23/17 tion order entry at the | | | | |
| | pharmacy filling area -The pharmacy pre-p memantine 10mg in t | <u> </u> | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 104 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | |
|---|---|---|---------------------|---|-------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | | | | R |
| | HAL034107 | | B. WING | | 02/17/2023 |
| NAME OF D | | CTDEET ADI | DECC CITY CTA | TE 710 000E | |
| NAME OF P | ROVIDER OR SUPPLIER | | ORESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | VILLE, NC 272 | 10 <i>A</i> | |
| | | | TILLE, NC 272 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 104 | D 358 | | |
| | 01/05/23 through 02/2 medication order entrareaThere was no docum contacted the pharma 10mg included in the memantine 28mg XR 8:00pm and package cards' morning bubble Interview with Reside provider (MHP) on 02-Resident #3 was see primary care provider | 23/17 based on the y at the pharmacy filling nentation the facility had acy to correct the memantine multidose bingo cards or the scheduled on the eMAR for d in the multidose bingo es. Int #3's mental health 1/15/23 at 10:40am revealed: en by the MHP, the facility's (PCP), and a neurologist. red memantine for Resident the facility should be | | | |
| | Telephone interview with a previous medication aide (MA) on 02/16/23 at 3:30pm revealed: -She did not see physician's orders or enter any physician's orders when she was working at the facilityResident #3 occasionally refused his morning medicationsShe administered medications as pre-packaged by the pharmacy in the residents' multidose bingo cards assuming the pharmacy had packaged the medication according to the physician's ordersShe did not routinely read the directions closely displayed on the eMAR screen of the computerShe had not removed any medications from Resident #3's multidose bingo cards prior to administering medicationsShe did not realize Resident #3's memantine 10mg and memantine 28mg XR dose was pre-packaged at 8:00am and memantine 10mg was duplicated at 8:00pm. | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 105 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|---|------------------------|
| AND FLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| CUIII ED I | HEATH CARE/STOREY V | 250 PITT \$ | STREET | | |
| SHOLEKI | TEATH CARE/STORET V | KERNERS | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | | D 358 | | |
| | on 02/16/23 at 3:50pr -She depended on the residents' medication cards correctlyShe had not removed Resident #3's multido administering medica -She did not know whose was supposed to the literal cards on the literal | e pharmacy to pre-package s in the multidose bingo d any medications from use bingo cards prior to tions. at Resident #3's memantine to be. | | | |
| | -There was currently auditing the residents medications sent in methe pharmacy and the | | | | |
| | memantine on the ins multidose bingo cards was not sure all MA s removing the meman administering the othe medications in the mu | therapy documentation of side of Resident #3's is for memantine 10mg, but taff read the note and was tine 10mg prior to the remorning and evening sultidose bubbles. | | | |
| | 02/17/23 at 3:00pm re -The facility had expe Administrators with th had come back to the | rienced turnover in 2 le last 6 month and the ED facility to work as the nterim while the owner tried | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 106 of 149

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | I ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
|--|---|---|--|---|-----------------------------------|--------------------------|
| | | HAL034107 | B. WING | | 0.5 | R 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | - ZIP CODE | 1 02 | |
| | | 250 PITT | STREET | ., ZII GODE | | |
| SHULER H | HEATH CARE/STOREY V | ILLA | SVILLE, NC 2728 | 4 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 358 | couple of weeks ago) previous Administrato and the staff did not hand the pre-packaged memar 28mg XR since 01/05 Telephone interview wooz/17/23 at 3:10pm rescaled as 3:10pm rescaled | k to the facility to work (a , she discovered the r was processing all orders ave access to the orders. sident #3 was receiving time 10mg and memantine /28. with Resident #3's MHP on evealed: MARs when she had a esidents related to s or frequency of eeded (prn) medications. documentation to help fectiveness and help ment to doses was needed at Resident #3's memantine ince neurology ordered that ht #3 on 02/17/23 at 3:20pm tharmacy were supposed to dication orders and ions as ordered. current dose of all his h the facility's Executive 6/23 at 2:01pm. h the Owner on 02/17/23 at | D 358 | | | |

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STATE FORM 6899 IGS911 If continuation sheet 107 of 149

PRINTED: 03/06/2023 FORM APPROVED

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|---------------------|---|---------------|
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT \$ | STREET | | |
| SHOLLK | TEATH CARE/STORET V | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE |
| D 358 | Continued From page | : 107 | D 358 | | |
| | medication the Admin notifiedThe previous Administry overseeing and making available for administryThe RCD was respond providers if medication doses missed. Interview with the Ow revealed: -He expected medical according to the PCPThe MAs and Administry. | istrator and PCP should be strator was responsible for ng sure medications were ration. nsible for notifying the ns were being refused or ner on 02/17/23 at 3:44pm tion orders to be followed instructions. strator should follow d if there was confusion, | | | |
| | ordered for 3 of 3 sam #6) regarding not comorder to hold Novolog less than 100 resulting blood sugars in the 40 experiencing light-head elirious and was sen hypoglycemia, not addresulting in discomfor receiving a B-12 for a in the resident experiel aboratory values (110 could lead to anemia administered an inhal unable to take deep be breath (#6), and a resmedication for nerver pain in the resident's residents at substantiant. | adedness, confusion, at to the hospital with ministered reflux medication at to the stomach, not vitamin deficiency resulting encing nausea, vitamin B-12 b) below normal limits which (#1); a resident not er resulting in the resident preaths and feeling short of | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 108 of 149

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY |
|--------------------------|--|--|---------------------|--|------------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED |
| | | | | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | |
| | | 250 PITT S | | | |
| SHULER I | HEATH CARE/STOREY V | ΉΙΙΔ | VILLE, NC 272 | 284 | |
| 0/10/15 | STIMMADV ST. | ATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRECTION | 1 0/5 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE COMPLETE |
| D 358 | Continued From page | e 108 | D 358 | | |
| | The facility provided a accordance with G.S. | a plan of protection in 131D-34 on 02/16/23. | | | |
| | | DATE FOR THE TYPE A2 NOT EXCEED MARCH 19, | | | |
| D 367 | 10A NCAC 13F .1004 Administration | l(j) Medication | D 367 | | |
| | (j) The resident's merecord (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for ad or treatment; (5) reason or justifical medications or treatmed ocumenting the result (6) date and time of a (7) documentation of medications or treatmomission, including reference (8) name or initials of the medication or treasignature equivalent to | any omission of nents and the reason for the efusals; and, the person administering atment. If initials are used, a to those initials is to be ntained with the medication | | | |
| | interviews the facility medication administra | ns, record reviews, and | | | |

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STATE FORM 6899 IGS911 If continuation sheet 109 of 149

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|---|-------------------------------|
| | | | 7 50.12510. | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHIII ER I | HEATH CARE/STOREY V | 250 PITT S | TREET | | |
| OHOLLIN | TEATH GARLOTORET V | KERNERS | VILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 367 | Continued From page | e 109 | D 367 | | |
| | to vitamin B-12, ferror and pantoprazole. | us sulfate, a multivitamin, | | | |
| | The findings are: | | | | |
| | stroke, hypertension, anemia, gastro-esoph vitamin D deficiency, insomnia and anxiety -There was no order a. Review of Residen dated 12/07/22 revea cyanocobalamin (vita tablet once daily (use Review of Resident # (PCP) electronically s 01/25/23 revealed Resident Review of Resident Review of Resident # (PCP) electronically s 01/25/23 revealed Resident R | diabetes mellitus type II, vitamin B deficiency nageal reflux disease, moderate depression, . for vitamin B-12. t #1's physician's order led and order min B-12) 2,000mcg one d to treat B-12 deficiency). t's primary care provider signed medication list dated esident #1's current | | | |
| | once a day. Review of Resident # (POS) dated 02/08/23 | vitamin B-12 2,000mcg 1's physician's order sheet 3 revealed and order for g 2 tablets (2,000mcg) once | | | |
| | (eMAR) revealed: -There was an entry f take 2 tablets =2000r administration at 8:00 -There was documen circled indicating vital | administration record for vitamin B-12 1,000mcg, ncg once daily scheduled for bam. tation with staff initials | | | |

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of stock - waiting on Veteran's Administration

STATE FORM 6899 IGS911 If continuation sheet 110 of 149

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|--|-------------------------------|
| | | | A. BOILDING | | |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STATE | E, ZIP CODE | |
| SHIII FR | HEATH CARE/STOREY V | 250 PITT | STREET | | |
| OHOLLIN | TILATTI OAKE/OTOKET V | KERNER | SVILLE, NC 2728 | 34 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROFIDERICENCY) | D BE COMPLETE |
| D 367 | Continued From page | e 110 | D 367 | | |
| | through 12/31/22. -Vitamin B-12 was do | ortunities from 12/07/22 cumented as administered n from 12/07/22 through | | | |
| | revealed: -There was an entry f tablets =2000mcg one administration at 8:00 -There was document initials that vitamin B-with the reason docur waiting on VA" for 17 01/01/23 through 01/3 -Vitamin B-12 was do | tation with staff circled 12 was not administered mented as "out of stock - of 31 opportunities from | | | |
| | 02/02/23 to 02/15/23 -There was an entry f tablets =2000mcg one administration at 8:00 -There was document initials that vitamin B- and the reason docur waiting on VA" for 6 of through 02/15/23. | for vitamin B-12 1,000mcg 2 ce daily scheduled for lam. Itation with staff circled 12 was not administered mented as "out of stock - If 15 opportunities 02/01/23 cumented as administered | | | |
| | hand at the facility on revealed: -Vitamin B-12 was av -There were 2 tablets bubble package. -The medication label | ent #1's medications on 02/16/23 at 2:21pm ailable for administration. remaining in a 3-tablet I instructions listed vitamin tablets were dispensed on | | | |

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STATE FORM 6899 IGS911 If continuation sheet 111 of 149

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|---|----------------------------|---|-------------------------------|
| | | 1141 00 4407 | B. WING | | R |
| | | HAL034107 | B. WIINO | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA ZEDNERS | | 204 | |
| | OLIMAN DV OT | | VILLE, NC 272 | | 011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE COMPLETE |
| D 367 | Continued From page | 2 111 | D 367 | | |
| | 02/15/23. | | | | |
| | worker from the VA fron 02/16/23 at 12:40p -Vitamin B-12 had ne VA pharmacy -He did not see an ord | ver been dispensed from the | | | |
| | revealed he was adm | inistered medications, but was administered vitamin | | | |
| | facility's contracted ph 8:43am revealed: -Generally, the pharm Resident #1's medica -Yesterday (02/15/23) (ED) at the facility ask 3-day supply of Resid -The pharmacy had a vitamin B-12, but unti Resident #1's vitamin and dispensed by the -Resident #1's medica dispensed by the VA | y, the Executive Director ked the pharmacy to fill a lent #1's B-12 vitamin. n order dated 12/07/23 for I yesterday (02/15/23) B-12 had not been filled pharmacy. ations were usually pharmacy. | | | |
| | PCP on 02/15/23 at 4 -She ordered Resider December 2022 beca B-12 levelShe was not aware to not being administere -If the facility was una medication after one of her know. | nt #1 vitamin B12 back in use the resident had a low he resident currently was | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 112 of 149

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED |
|--------------------------|---|--|----------------------------------|--|--------------------------------|--------------------------|
| | | | A. BOILDING. | | | _ |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | . ZIP CODE | | |
| | | | STREET | , | | |
| SHULER | HEATH CARE/STOREY V | ILLA | RSVILLE, NC 27284 | 1 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| | December 7, 2022 (duntil today's date to g | , but it should not take from ate she wrote the order) et the vitamin B-12. ent #1's medications to be | | | | |
| | medication aide (MA) revealed: -She was aware Resinot available since 12-Some MAs documer administered the med-She had not made R | nted on the eMAR as if they | | | | |
| | on 02/16/23 at 11:46a -Yesterday (02/15/23 (ED) paid for and fille B-12 for a three-day s -She did not know wh B-12 for 3 days onlyShe noticed last mor have his vitamin B-12 -She had contacted the to find out whyShe had not followed to find out why the me |), the Executive Director d Resident #1's vitamin supply. by the ED filled the vitamin onth that Resident #1 did not d available for administration. The Social Worker at the VA d-up with the Social Worker dedication was not received. Cocument they administered | | | | |
| | Manager on 02/17/23 -She was responsible exception reports to i | e for reviewing the eMAR dentify when staff ation was not available, out of the facility. | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 113 of 149

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 113 exceptions and saw "waiting on the VA", she called the MA to find if the MA had checked with the pharmacy to see why the medication was not administeredShe was not aware Resident #1's vitamin B-12 had not been filled and the medication not obtained since 12/07/22. Interview with the ED on 02/16/23 at 1:43pm revealed: -She filled Resident #1's medications with a 3-day supply of vitamin B-12 -She had hoped the VA pharmacy would dispense the medicationShe did not realize it had been over 2 months since the PCP ordered vitamin B-12Prior to yesterday (02/15/23), she did not know Resident #1 did not have the vitamin B-12 available. Attempted telephone interview with Resident #1's VA PCP on 02/16/23 at 1:202pm was unsuccessful. | (X3) DATE SURVEY COMPLETED |
|---|-------------------------------|
| SHULER HEATH CARE/STOREY VILLA 250 PITT STREET KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 113 exceptions and saw "waiting on the VA", she called the MA to find if the MA had checked with the pharmacy to see why the medication was not administeredShe was not aware Resident #1's vitamin B-12 had not been filled and the medication not obtained since 12/07/22. Interview with the ED on 02/16/23 at 1:43pm revealed: -She filled Resident #1's medications with a 3-day supply of vitamin B-12 -She had hoped the VA pharmacy would dispense the medicationShe did not realize it had been over 2 months since the PCP ordered vitamin B-12Prior to yesterday (02/15/23), she did not know Resident #1 did not have the vitamin B-12 available. Attempted telephone interview with Resident #1's VA PCP on 02/16/23 at 1:2:02pm was | R 02/17/2023 |
| SHULER HEATH CARE/STOREY VILLA KERNERSVILLE, NC 27284 | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 113 exceptions and saw "waiting on the VA", she called the MA to find if the MA had checked with the pharmacy to see why the medication was not administeredShe was not aware Resident #1's vitamin B-12 had not been filled and the medication not obtained since 12/07/22. Interview with the ED on 02/16/23 at 1:43pm revealed: -She filled Resident #1's medications with a 3-day supply of vitamin B-12 -She had hoped the VA pharmacy would dispense the medicationShe did not realize it had been over 2 months since the PCP ordered vitamin B-12Prior to yesterday (02/15/23), she did not know Resident #1 did not have the vitamin B-12 available. Attempted telephone interview with Resident #1's VA PCP on 02/16/23 at 12:02pm was | |
| PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 367 Continued From page 113 exceptions and saw "waiting on the VA", she called the MA to find if the MA had checked with the pharmacy to see why the medication was not administered. -She was not aware Resident #1's vitamin B-12 had not been filled and the medication not obtained since 12/07/22. Interview with the ED on 02/16/23 at 1:43pm revealed: -She filled Resident #1's medications with a 3-day supply of vitamin B-12 -She had hoped the VA pharmacy would dispense the medicationShe did not realize it had been over 2 months since the PCP ordered vitamin B-12Prior to yesterday (02/15/23), she did not know Resident #1 did not have the vitamin B-12 available. Attempted telephone interview with Resident #1's VA PCP on 02/16/23 at 12:02pm was | |
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| Attempted telephone interview with Resident #1's VA pharmacy on 02/16/23 at 4:58pm was unsuccessful. b. Review of Resident #1's current FL2 dated 07/20/22 revealed diagnoses included iron | |
| deficiency. Review of Resident #1's physician's order dated 12/07/22 revealed and order ferrous sulfate 325mg tablet, take 1 twice daily (used to treat iron deficiency). Review of Resident #1's primary care provider (PCP) electronically signed medication list dated | |

Division of Health Service Regulation

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| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | | | E SURVEY IPLETED |
|--------------------------|--|---|-------------------------------|--|--------------------------------|--------------------------|
| | | HAL034107 | B. WING | | 0: | R 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA | T STREET RSVILLE, NC 27284 | ı | | |
| (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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 367 | tablet twice a day with Review of Resident # (POS) dated 02/08/23 325mg 1 tablet twice Review of Resident # electronic medication (eMAR) revealed: -There was an entry tablet twice daily sche 8:00am and 8:00pmThere was documen initials that ferrous su administered for 13 or reason documented a Veteran's Administrat -Ferrous sulfate was administered 33 time 12/31/22. Review of Resident are vealed: -There was an entry tablet twice daily sche 8:00am and 8:00pmThere was document initials that ferrous sulfate twice daily sche 8:00am and 8:00pmThere was document of a document of | ferrous sulfate 325mg 1 in orange juice. 11's physician's order sheet 3 revealed ferrous sulfate daily. 11's December 2022 administration record for ferrous sulfate 325mg 1 eduled for administration at tation with staff circled lfate 325mg was not f 49 opportunities with the as "out of stock - waiting on ion (VA)." documented as so from 12/07/22 through 12't's January 2023 eMAR for ferrous sulfate 325mg 1 eduled for administration at tation with staff circled lfate 325mg was not f 62 opportunities with the as "out of stock - waiting on in f 62 opportunities with the as "out of stock - waiting on in the stock - waiting on in the same of the stock - waiting on in the stock - waiting on in the same of the stock - waiting on in the stock - waiting on in the same of the stock - waiting on in the stock - waiting on | D 367 | | | |
| | from 02/01/23 to 02/1 -There was an entry | 1's February 2023 eMAR 5/23 revealed: for ferrous sulfate 325mg 1 eduled for administration at | | | | |

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| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
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| D 367 | Continued From page | e 115 | D 367 | | |
| | initials that ferrous su administered for 14 or reason documented a VA." -Ferrous sulfate was | f 29 opportunities with the as "out of stock - waiting on | | | |
| | hand at the facility on revealed: -Ferrous sulfate 325n administration. -There were 5 tablets from 6 tablets. -The medication label | | | | |
| | work from the VA fron placed on 02/16/23 at -The VA pharmacy ha for ferrous sulfate. | with Resident #1's social in a return telephone call it 12:40am revealed: ind never received an order inever been dispensed from | | | |
| | revealed: -He was administered not aware of all medic-He did not know that ferrous sulfate and dimedication was used | he had been ordered d not know what the to treat. | | | |
| | | vith a pharmacist at the narmacy on 02/16/23 at | | | |

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| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | HAL034107 | B. WING | | 02/17/2023 |
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| D 367 | Continued From page | e 116 | D 367 | | |
| | Resident #1's medical-Yesterday (02/15/23) (ED) at the facility as 3-day supply of Resident #1's ferrous the pharmacy had ne resident #1's medication-Resident #1's medical profile only for eMAR instructions for admin-Resident #1's medical dispensed by the VA Telephone interview VPCP on 02/15/23 at 4-She ordered Resident 12/07/22 due to the reshe was not aware that the solution of the solution o |), the Executive Director ked the pharmacy to fill a dent #1's ferrous sulfate. In order dated 12/07/23 for sulfate, but until yesterday ver dispensed any of the s. ation orders were usually documentation and distration of medications. Ations were usually pharmacy. With Resident #1's facility's established the serious sulfate on desident's iron deficiency, the resident was not being sulfate. Ent #1's medications to be | | | |
| | aide (MA) on 02/16/2 -She was aware Resi sulfate available for a Administrator and the 2023She noticed that son that ferrous sulfate was | with a previous medication 3 at 3:03pm revealed: ident #1 did not have ferrous dministration and made the RCD aware in January ne MAs signed the eMAR as administered, but the vailable on the medication | | | |
| | on 02/16/23 at 11:46a -Yesterday (02/15/23 |), the ED paid for and had I and dispense a 3-day | | | |

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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NO. 27284 SUMMARY STATEMENT OF DEPICIENCES PRETA 250 PITT STREET KERNERSVILLE, NO. 27284 SUMMARY STATEMENT OF DEPICENCES PRETA 1AQ 250 PITT STREET KERNERSVILLE, NO. 27284 PROVIDERS PLAN OF CONNECTION OF CONNECTION (CACH) CORRECTIVE ACTION STOULD BE PRETA TAG 1AQ 1AQ 1AQ 1AQ 1AQ 1AQ 1AQ 1 | | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | | | E SURVEY PLETED |
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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 250 PTTT STREET KERNERSWILLE, NC 27284 PROVIDERS AND OF CORRECTION (MACH CORRECTIVE AND OF CARRESTORY VILLA PREPARA (MACH CORRECTIVE AND OF CARRESTORY OF CARRESTORY VILLA PREPARA (MACH CORRECTIVE AND OF CARRESTORY OF CARRESTORY VILLA PREPARA PROVIDERS AND OF CORRECTION (MACH CORRECTIVE AND OF CARRESTORY OF CARRESTORY VILLA PREPARA PROVIDERS AND OF CORRECTION (MACH CORRECTIVE AND OF CARRESTORY OF CARRESTORY VILLA PREPARA PROVIDERS AND OF CORRECTION (MACH CORRECTIVE AND OF CARRESTORY OF CARRESTORY OF CARRESTORY) AND OF CONTINUED AND OF CARRESTORY AND OF CONTINUED AND OF CARRESTORY AND OF CARRESTORY AND OF CARRESTORY PROVIDERS AND OF CORRECTION (MACH CORRECTIVE AND OF CARRESTORY (MACH CORRECTIVE AND OF CARRESTORY AND OF CARRESTORY (MACH CORRECTIVE AND OF CARRESTORY (MACH CORRECTIVE AND OF CARRESTORY AND OF CARRESTORY AND OF CARRESTORY PREPARA PROVIDERS AND OF CARRESTORY (MACH CORRECTIVE AND OF CARRESTORY (MACH CARRESTORY (MACH CARRESTORY APPOIL OR AND OF CARRESTORY (MACH CARRE | | | | A. BUILDING: | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284 CALL D | | | | D MINO | | | |
| SHULER HEATH CARE/STOREY VILLA 250 PITT STREET KERNERSVILLE, NC 27224 (A) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG CHOCK PROPERTY TAG CHOCK P | | | HAL034107 | B. WING | | 02 | 2/17/2023 |
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| PREFIX TAG Continued From page 117 She did not know why the ED had the ferrous sulfate illed for 3-days only. She noticed last month (January 2023) that Residant at the medication was available to ensure the documentation and administration. Some MAs documented they administered the medications available to ensure the documentation was accurate. Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed: She was not aware that some of Resident #1's medications available for accuracy. Telephone interview with the previous Administrator on 02/17/23 at 0:03pm revealed: She was not aware that some of Resident #1's medications were not in the facility. Although, there was no system for comparing eMAR with current medications, the Office Manager looked at the eMAR for accuracy. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facility. When she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not available in the facility; the MA should not document on the eMAR the medication was not available in when a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. She did not review the eMARs for MA documentation when a medication was not available for administeration. | SHULER | HEATH CARE/STOREY V | ILLA KERNER | RSVILLE, NC 27284 | Į. | | |
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| usulfate filled for 3-days only. -She noticed last month (January 2023) that Resident #1 did not have ferrous sulfate available for administration. -Some MAs documented they administered the medication in the eMAR when they had not administered ferrous sulfate. -There was no system that compared the eMAR to medications available to ensure the documentation was accurate. Telephone interview with the previous Administrator on 02/17/23 at 10:57am revealed: -She was not aware that some of Resident #1's medications were not in the facilityAlthough, there was no system for comparing eMAR with current medications, the Office Manager looked at the eMARs for accuracy. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facilityWhen she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | -She did not know wh | y the ED had the ferrous | | | | |
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| Administrator on 02/17/23 at 10:57am revealed: -She was not aware that some of Resident #1's medications were not in the facilityAlthough, there was no system for comparing eMAR with current medications, the Office Manager looked at the eMARs for accuracy. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facilityWhen she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not deliveredWhen a medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
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| medications were not in the facility. -Although, there was no system for comparing eMAR with current medications, the Office Manager looked at the eMARs for accuracy. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facility. -When she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not delivered. -When a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. -She did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| -Although, there was no system for comparing eMAR with current medications, the Office Manager looked at the eMARs for accuracy. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facilityWhen she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not deliveredWhen a medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| eMAR with current medications, the Office Manager looked at the eMARs for accuracy. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facilityWhen she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not deliveredWhen a medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| Manager looked at the eMARs for accuracy. Telephone interview with the previous Office Manager on 02/17/23 at 6:03pm revealed: -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facilityWhen she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not deliveredWhen a medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | _ | · · · · · · | | | | |
| Manager on 02/17/23 at 6:03pm revealed: -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facilityWhen she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not deliveredWhen a medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | Manager looked at th | e eMARs for accuracy. | | | | |
| -She was responsible for reviewing the eMAR exception reports to identify when staff documented a medication was not available in the facility. -When she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not delivered. -When a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. -She did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| exception reports to identify when staff documented a medication was not available in the facility. -When she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not delivered. -When a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. -She did not review the eMARs for MA documentation when a medication was not available for administration. | | _ | • | | | | |
| documented a medication was not available in the facility. -When she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not delivered. -When a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. -She did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| the facilityWhen she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not deliveredWhen a medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | · | _ | | | | |
| -When she checked the eMAR exceptions and saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not deliveredWhen a medication was not available in the facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | | ation was not available in | | | | |
| saw "waiting on the VA"; she contacted the MA to find out if the MA had contacted the pharmacy to inquire why the medication was not delivered. -When a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. -She did not review the eMARs for MA documentation when a medication was not available for administration. | | _ | he eMAR excentions and | | | | |
| find out if the MA had contacted the pharmacy to inquire why the medication was not delivered. -When a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. -She did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| inquire why the medication was not delivered. -When a medication was not available in the facility; the MA should not document on the eMAR the medication was administered. -She did not review the eMARs for MA documentation when a medication was not available for administration. | | _ | | | | | |
| facility; the MA should not document on the eMAR the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| the medication was administeredShe did not review the eMARs for MA documentation when a medication was not available for administration. | | | | | | | |
| -She did not review the eMARs for MA documentation when a medication was not available for administration. | | , , | | | | | |
| documentation when a medication was not available for administration. | | | | | | | |
| available for administration. | | | | | | | |
| | | | | | | | |
| Interview with the ED on 00/46/03 at 4:43 pm | | avaliable for administ | rauori. | | | | |
| Interview with the ED on 02/16/23 at 1:43pm | | | on 02/16/23 at 1:43pm | | | | |
| revealed: -She filled a 3-day supply of Resident #1's ferrous | | | nnly of Resident #1's ferrous | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 118 of 149

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE S | |
|--------------------------|--|--|-------------------------|--|-------------|--------------------------|
| ANDILAN | or dorate of the transfer of t | IDENTIFICATION NOMBER. | A. BUILDING: _ | | | |
| | | HAL034107 | B. WING | | 02/1 | 7/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | 250 PITT S KERNERS | STREET VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 367 | the medicationsThe MAs should not administered a medic facility. Attempted telephone VA PCP on 02/16/23 aunsuccessful. Attempted telephone VA pharmacy on 02/1 unsuccessful. c. Review of Resident 07/20/22 revealed medical multivitamin. Review of Resident # 12/28/22 revealed and once a day (used to the period of the p | documented they ation that was not in the interview with Resident #1's at 12:02pm was interview with Resident #1's 6/23 at 4:58pm was interview with Resident #1's current FL2 dated adication orders did not interview with Resident #1's current deficiencies. In the provider in the provider in order dated order sheet in order dated order sheet in order dated order for order dated order for order dated order order dated order in order dated order order dated order in order dated order order dated order in order dated order order order dated order order order dated order order order order dated order ord | D 367 | | | |
| | | or multivitamin 1 tablet once | | | | |

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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY |
|--------------------------|---|--|---------------------|---|------------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED |
| | | | B WING | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STA | TE, ZIP CODE | |
| SHULER H | HEATH CARE/STOREY V | ILLA 250 PITT | | | |
| | | KERNER | SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE COMPLETE |
| D 367 | Continued From page | e 119 | D 367 | | |
| | | dministration at 8:00am. | | | |
| | _ | sumented as administered | | | |
| | 18 times from 01/01/2 | | | | |
| | | Ü | | | |
| | | 1's February 2023 eMAR | | | |
| | from 02/01/23 to 02/1 | | | | |
| | | or multivitamin 1 tablet once dministration at 8:00am. | | | |
| | _ | tation multivitamin was | | | |
| | | s from 01/01/23 through | | | |
| | 01/31/23. | | | | |
| | -There was documen | | | | |
| | | aced with centrum silver | | | |
| | men's 50 plus once d | | | | |
| | once daily scheduled | or centrum silver men's 50 | | | |
| | 8:00am. | Tor darring to date of at | | | |
| | -There was documen | tation centrum silver men's | | | |
| | | ered twice on 02/12/23 and | | | |
| | on 02/13/23; and the | | | | |
| | available for administ | ration. | | | |
| | Observation of Residen | ent #1's medications on | | | |
| | hand at the facility on | 02/16/23 at 2:21pm | | | |
| | revealed: | | | | |
| | | silver men's 50 plus vitamin | | | |
| | available for administ | | | | |
| | -Centrum silver was f pharmacy on 02/15/2 | | | | |
| | | of centrum silver remaining. | | | |
| | | --- | | | |
| | Interview with Reside | nt #1 on 02/15/23 at 8:44am | | | |
| | revealed: | | | | |
| | -He was not aware he multivitamin. | e was ordered a | | | |
| | | th the PCP that sometimes | | | |
| | he was tired and had | | | | |
| | sa ana ma | ···· - ·• <i>3</i>)· | | | |
| | | vith a pharmacist at the | | | |
| | facility's contracted pl | narmacy on 02/16/23 at | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 120 of 149

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---|--|-------------------------------|--|
| | | | | | R | |
| | | HAL034107 | B. WING | | 02/17/2023 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | | |
| | OLIMAN DV OT | | VILLE, NC 272 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | |
| D 367 | Continued From page | e 120 | D 367 | | | |
| | Resident #1's medica -Yesterday (02/15/23) (ED) at the facility ask 3-day supply of Residus multivitamin. -The pharmacy had a Resident #1's multivital dispensed the multivital -Resident #1's medical profile only for eMAR | n, the Executive Director wed the pharmacy to fill a sent #1's centrum men's 50 on order dated 02/08/23 for amin, but had not filled and tamin until yesterday. The action orders were usually documentation and istration of medications. | | | | |
| | PCP on 02/15/23 at 4 -She ordered Resider the nutritional decline -She was not aware t administered the multi | nt #1's multivitamin due to he resident was not being tivitamin as ordered. ent #1's medications to be | | | | |
| | aide (MA) on 02/16/2 -She was aware Resi multivitamin available -She knew that some | for administration. MAs documented they nt #1's multivitamin and the | | | | |
| | on 02/16/23 at 11:46a 02/15/23, multivitamir administration, even t the medications was | n was not available for hough the MAs documented | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 121 of 149

| | OF DEFICIENCIES DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|--|---|-------------------------------|--|
| | | | A. BOILDING. | | R | |
| | | HAL034107 | B. WING | | 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | | |
| | | KERNERS | VILLE, NC 272 | 284 | | |
| (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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE | |
| D 367 | Continued From page | e 121 | D 367 | | | |
| D 367 | Manager on 02/17/23 -She was responsible exception reports to it documented a medicathe facilityIn January 2023, she Resident #1 did not he for administration. Interview with the ED revealed: -Prior to yesterday (0: Resident #1 did not he centrum silver availabted -The facility did not he eMARs with the current instructions to ensure with the constructions to ensure the constructions to ensure the constructions to ensure the construction of the construction | at 6:03pm revealed: In for reviewing the eMAR Identify when staff Identify Identif | D 367 | | | |
| | -Resident #1 complai care provider (PCP) t symptoms of GERD. -There was an order p | pantoprazole 40mg, delayed morning for GERD (used to | | | | |
| | Review of Resident # | 1's physician's order sheet | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 122 of 149

| | OF DEFICIENCIES DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|------------------------|---|-------------------------------|-------|
| | | | 7. BOILBING. | | R | |
| | | HAL034107 | B. WING | | 02/17/2023 | 3 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | TREET VILLE, NC 272 | 994 | | |
| | OUR MADY OT | | , | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMP | PLETE |
| D 367 | Continued From page | e 122 | D 367 | | | |
| | ` , | 3 revealed an order for tablet every morning. | | | | |
| | Review of Resident # medication administrate revealed: | 1's January 2023 electronic ation record (eMAR) | | | | |
| | • | or pantoprazole 40mg 1 scheduled for administration | | | | |
| | -Pantoprazole 40mg v administered 4 times 01/31/23. | was documented as from 01/26/23 through | | | | |
| | Review of Resident # from 02/01/23 to 02/1 | 1's February 2023 eMAR 5/23 revealed: | | | | |
| | | or pantoprazole 40mg 1 scheduled for administration | | | | |
| | -There was document | tation with staff circled | | | | |
| | 6 of 15 opportunities | lOmg was not administered with reason indicated "out of | | | | |
| | stock - waiting on VA. -Pantoprazole 40mg v administered 8 days f 01/31/23. | | | | | |
| | Observation of Reside hand at the facility on revealed: | ent #1's medications on 02/16/23 at 2:21pm | | | | |
| | administration. | zole 40mg available for was filled and dispensed by | | | | |
| | the facility's pharmacy | y on 02/15/23 for 3 tablets. of pantoprazole 40mg | | | | |
| | worker from the Veter | vith Resident #1's social ran's Administration (VA) a on 02/16/23 at 12:40pm | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 123 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|----------------------------|---|-------------------------------|--|
| | | | A. BUILDING: _ | | | |
| | | HAL034107 | B. WING | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| 01111 ED 1 | IF ATU CARE/OTOREY V | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | KERNER: | SVILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE | |
| D 367 | Continued From page | e 123 | D 367 | | | |
| | Resident #1's pantop | d not have an order for razole 40mg. spensed pantoprazole | | | | |
| | Interview with Reside revealed: | nt #1 on 02/15/23 at 8:44am | | | | |
| | -He did not know if he medication because he medications. | e was administered the ne did not know his | | | | |
| | -He some stomach is | sues that had not improved. | | | | |
| | | vith a pharmacist at the narmacy on 02/16/23 at | | | | |
| | | ly did not fill and dispense tions. | | | | |
| | (ED) at the facility as |), the Executive Director ked the pharmacy to fill a lent #1's pantoprazole 40mg | | | | |
| | -The pharmacy had a Resident #1's pantop filled and dispensed t | n order dated 01/25/23 for razole 40mg but had not | | | | |
| | profile only for eMAR | | | | | |
| | -Resident #1's medical dispensed by the VA | | | | | |
| | PCP on 02/15/23 at 4 -She ordered Resider tablet every morning complaining about ref -She was not aware t administered pantopr -She was at the facility | nt #1's pantoprazole 40mg 1 due to the resident | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 124 of 149

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|--|---|-------------------------------|--|
| | | | A. BOILDING | | R | |
| | | HAL034107 | B. WING | | 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | | | | |
| | - | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE | |
| D 367 | Continued From page | : 124 | D 367 | | | |
| | were not administerin | ent #1's medications to be | | | | |
| | aide (MA) on 02/16/23 -She was aware Resi administered pantopri -She was unable to ex- | dent #1 was not azole 40mg. xplain why her, and other y administered pantoprazole | | | | |
| | on 02/16/23 at 11:46a think Resident #1 was | e prior to 02/15/23 there | | | | |
| | Manager on 02/17/23 -She was responsible eMAR exception repord documented a medical waiting on the VA. | for reviewing Resident #1's rts to identify when staff ation was out of stock or e eMAR and compare them and to ensure | | | | |
| | revealed: -Prior to yesterday, she did not have the pante administrationIf a medication was root document the medication. | on 02/16/23 at 1:43pm ne did not know Resident #1 oprazole 40mg available for not available the MA should dication was administered. interview with Resident #1's at 12:02pm was | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 125 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C A. BUILDING: | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|-------------------------------|---|-----------------|
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA | STREET SVILLE, NC 2728 | 4 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 367 | Continued From page | : 125 | D 367 | | |
| | Attempted telephone VA pharmacy on 02/1 unsuccessful. | interview with Resident #1's 6/23 at 4:58pm was | | | |
| D 392 | 10A NCAC 13F .1008 | (a) Controlled Substances | D 392 | | |
| | (a) An adult care hon controlled substances receipt, administration controlled substances maintained with the reand in such an order reconciliation of controlled substances maintained with the reand in such an order reconciliation of controlled substances. This Rule is not met an administration of controlled substances. Type B VIOLATION Based on observation reviews, the facility facility facility facility facility facility. | n, and disposition of s. These records shall be esident's record in the facility that there can be accurate olled substances. as evidenced by: | | | |
| | receipt, disposition, a controlled substances residents (#3 and #5) | nd administration of | | | |
| | The findings are: | | | | |
| | Policies and Procedul revealed: -The purpose was to of administration of co | entation will be kept in the ntrolled drug sign-out | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 126 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|---|------------------|--|------------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NOWIBER. | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | |
| | | 250 PITT \$ | | | |
| SHULER I | HEATH CARE/STOREY V | ILLA | VILLE, NC 272 | 284 | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTIO | N (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 392 | Continued From page | e 126 | D 392 | | |
| | -All controlled substant medication aides (MA medication storage at -Documentation of refrom the pharmacy with a procedure for tract and randomly count at within the community. 1. Review of Residen 11/22/22 revealed dia sclerosis (MS), Type and chronic lower back. a. Review of Residen 11/22/23 and signed procedure in the school of the siden in the school of the schoo | nces will be counted prior to (a) receiving the keys to reas. ceipt of controlled substance ill be maintained. ignee will randomly monitor sking controlled substance all controlled substances (facility). t #3's current FL2 dated ignoses included multiple 2 diabetes, bipolar disorder, | | | |
| | substance used to tre | | | | |
| | disorders) 2mg twice a day as needed (prn). Review of Resident #3's physicians' orders dated 01/05/23 and 02/08/23 revealed clonazepam 2mg one tablet twice a day, routinely, for anxiety was ordered. | | | | |
| | facility's contracted pl 9:15am revealed: -There were 30 tablet dispensed for Reside one tablet twice a day -There were 6 tablets dispensed for Reside one tablet twice a day -There were 30 tablet dispensed for Reside one tablet twice a day | of clonazepam 2mg nt #3 on 12/06/22 labeled / prn. is of clonazepam 2mg nt #3 on 12/28/22 labeled | | | |

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| | OF DEFICIENCIES OF CORRECTION | | | | (3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---------------------|--|--------------------------------|--------------------------|
| | | | A. BOILDING. | | | Б |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| CHILL ED I | JEATH CADE/CTOREY V | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | KERNER | SVILLE, NC 27284 | l . | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 392 | Continued From page | e 127 | D 392 | | | |
| | one tablet twice a day -The pharmacy routing substance count sheet controlled substance assist the facility in tra administrationThere was no docum 2mg returned to the part Review of Resident # Count Sheet (CSCS) dispensed on 11/22/2 -There was no CSCS review for the 30 table dispensed on 11/22/2 -There was no CSCS | ets (CSCS) with each medication bubble pack to acking medication mentation for clonazepam charmacy for credit. 3's Controlled Substance for clonazepam 2mg 22 and 12/06/22 revealed: documentation available for ets of clonazepam 2mg | | | | |
| | (eMAR) revealed: -There was an entry fitablet twice a day pro-Clonazepam 2mg water administered for 5 do 12/21/22Clonazepam 2mg water administered for 3 do 12/30/22 at 8:00pm, at 2 mg one tablet twice of 30 tablets dispensed-There was a beginni 12/28/22 and ending 01/17/23. | administration record for clonazepam 2mg one . as documented as ses from 12/02/22 to | | | | |
| | | epam 2mg signed out on a 12/28/22 for clonazepam | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 128 of 149

| | AND DEAN OF CORRECTION IDENTIFICATION NUMBER | | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|--|---------------------------------|---|-------------------------------|
| | | | _ | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | |
| SHIII ER I | HEATH CARE/STOREY V | 250 PITT S | TREET | | |
| SHOLLIN | TEATH CARE/STORET V | KERNERS | VILLE, NC 272 | 284 | <u> </u> |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE |
| D 392 | Continued From page | 128 | D 392 | | |
| D 392 | 2mg documented on on 12/29/22 at 8:25pr -There was one table; and 12/30/22 (no time administered on the Done tablet signed out eMAR documentation. Review of Resident # revealed: -There was an entry f tablet twice a day prn discontinued on 01/02-Clonazepam 2mg tw documented as admin 01/01/23 to 01/04/23There was a second clonazepam 2mg twice sleep scheduled for a 8:00pm beginning 01/0-On 01/06/23 at 8:00pm documented as admin -On 01/12/23 at 8:00pm documented as reside -On 01/14/23 at 8:00pm documented as reside documented as reside documented as admin -On 01/15/23 at 8:00pm documented as admin -On 01/17/23 at 8:00pm | the December 2022 eMAR n. It signed out on the CSCS Islisted) not documented as December 2022 eMAR (and at 8:00pm corresponding to If or administration). 3's January 2023 eMAR or clonazepam 2mg one Deginning on 01/01/23 and If or a day prn was December 6 day prn was December 6 day for anxiety and deministration at 8:00am and If or 105/23. If or a day for anxiety and deministration at 8:00am and If or 105/23. If or clonazepam 2mg was December 6 day for anxiety and deministration at 8:00am and If or 105/23. If or clonazepam 2mg was December 6 day for anxiety and deministration at 8:00am and If or 105/23. If or clonazepam 2mg was December 6 day for anxiety and deministration at 8:00am and If or 105/23. If or clonazepam 2mg was December 6 day for anxiety and deministered (no Delet was wasted). If or clonazepam 2mg was December 6 day for a day for anxiety and deministered on the eMAR December 6 day for anxiety and deministered on the eMAR December 6 day for anxiety and deministered on the eMAR December 6 day for anxiety and deministered on the eMAR December 6 day for anxiety and deministered on the eMAR December 6 day for anxiety and deministered on the eMAR December 6 day for anxiety and day for anxiety and deministered on the eMAR December 6 day for anxiety and deministered on the eMAR December 6 day for anxiety and day for anxiety and day for anxiety and deministered on the eMAR December 6 day for anxiety and day for anxiety an | D 392 | | |
| | 12/28/22 and ending 01/17/23. | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 129 of 149

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | TE SURVEY MPLETED | |
|--------------------------|--|---|---------------------|--|--------------------------------|--------------------------|--|
| | | | A. BUILDING: | | | | |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STATE | , ZIP CODE | | | |
| | | 250 PITT | STREET | | | | |
| SHULER | HEATH CARE/STOREY V | ILLA KERNER | SVILLE, NC 27284 | 4 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE | |
| D 392 | Continued From page | | D 392 | | | | |
| | tablets dispensed on -On 01/06/23 at 8:00p not signed out on the -On 01/12/23 at 8:00p dose was signed out resident was out of th -On 01/14/23 at 8:00p dose was signed out resident refused (no owas wasted)On 01/15/23 at 8:00p not signed out on the | om, clonazepam 2mg was CSCS. om, clonazepam 2mg, one on the CSCS when the refacility. om, clonazepam 2mg, one on the CSCS when the clocumentation the tablet am, clonazepam 2mg was CSCS. am, clonazepam 2mg, one on the CSCS which sheet for 30 tablets | | | | | |
| | Review of Resident # and revealed: -There was an entry f day for anxiety and sl administration at 8:00-On 02/05/23 at 8:00a documented as administration at 8:00a documented as a -On 02/05/23 at 8:00a documented as administration of 02/11/23 at 8:00a documented as administration of Resident # 2mg dispensed on 01 | or clonazepam 2mg twice a eep scheduled for am and 8:00pm. am, clonazepam 2mg was nistered. om, clonazepam 2mg was dministered. om, clonazepam 2mg was nistered. am, clonazepam 2mg was nistered. am, clonazepam 2mg was nistered. om, clonazepam 2mg was nistered. om, clonazepam 2mg was nistered. om, clonazepam 2mg was nistered. | | | | | |
| | beginning 01/17/23 to | as signed out on the CSCS 0 02/17/23 (9 tablets he count on the bubble | | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 130 of 149

| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING. | (X3) DATE SURVEY COMPLETED |
|---|----------------------------|
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: | |
| HAL034107 B. WING | R 02/17/2023 |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | |
| 250 PITT STREET | |
| SHULER HEATH CARE/STOREY VILLA KERNERSVILLE, NC 27284 | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF COL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE COMPLETE |
| D 392 Continued From page 130 pack). -On 02/05/23 at 8:00am, clonazepam 2mg was not signed out on the CSCSOn 02/05/23 at 8:00pm, clonazepam 2mg was documented as signed out on the CSCSOn 02/06/23 at 8:00pm, clonazepam 2mg was documented as signed out on the CSCSOn 02/11/23 at 8:00am, clonazepam 2mg was documented as signed out on the CSCSOn 02/11/23 at 8:00am, clonazepam 2mg was not signed out on the CSCSOn 02/11/23 at 8:00pm, clonazepam 2mg was not signed out on the CSCS. Observation of Resident #3's medications on hand on 02/17/23 at 9:00am revealed: -There were no clonazepam 2mg tablets on hand for 30 tablets dispensed on 11/22/22There were no clonazepam 2mg tablets on hand for the 6 tablets dispensed on 12/06/22There was one bubble pack of clonazepam 2mg lableded one tablet twice a day dispensed on 01/05/23The bubble pack was labeled for quantity dispensed on 01/05/23 as 60 tablets with 9 tablets remaining. Based on observations, interviews and record reviews, there were 126 clonazepam 2 mg dispensed from 11/22/22 to 01/05/23 with 39 clonazepam 2mg tablets missing and not accounted for according to the CSCS documentation and clonazepam 2mg tablets available for administration. There were 11 doses of clonazepam 2mg incorrectly accounted for compared to the eMAR documentation and doses signed out on the corresponding CSCS. Interview with the Resident Care Director (RCD) on 02/16/23 at 4:50pm revealed: -She had been back at the facility since | |

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| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---------------------|---|-------------------------------|--|
| | | | | | R | |
| | | HAL034107 | B. WING | | 02/17/2023 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| CUIII ED I | HEATH CARE/STOREY V | 250 PITT S | TREET | | | |
| SHULEKI | TEATH CARE/STORET V | KERNERS' | VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | |
| D 392 | Continued From page | e 131 | D 392 | | | |
| | -There was currently auditing the residents inventory compared to controlled substances pharmacyShe had started audincluding Resident #3 and CSCS document and observed errorsThe facility previousl CSCS in the resident -The facility had experimental Administrators 2 time -The previous Adminitersponsibility for proof faxing the orders to the reviewing all CSCS to the previous Adminitersponsibility for proof faxing the orders to the reviewing all CSCS to the previous Adminitersponsibility for proof faxing the orders to the previous Adminitersponsibility for proof faxing the orders to the previous Adminitersponsibility for proof faxing the orders to the previous Adminitersponsibility for proof faxing the orders and overstoc and facility medication-The previous Adminitersponsibility from the factor of the the factor o | no system for routinely controlled drugs on hand to the eMAR and the sent from the contracted diting eMARs, and CSCS, controlled medications ation last week (02/06/23) y had kept all completed serie record for easy access rienced change of se in the last 6 months. strator had assumed essing physicians' orders, the contracted pharmacy, togs and packing slips. strator removed all the the current one from the the from the medication carts the storage areas. strator left abruptly, around the completed organizing the acility; leaving multiple boxes domly pulled paperwork. The graph of the second of th | | | | |
| | | vith Resident #3's mental) on 03/17/23 at 3:10pm | | | | |

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-The facility staff had not told her about any

STATE FORM 6899 IGS911 If continuation sheet 132 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|---------------------|--|-------------|
| | | | 7. BOILDING. | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S | TREET | | |
| | | KERNERS | VILLE, NC 272 | 284 | |
| (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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE |
| D 392 | Continued From page | e 132 | D 392 | | |
| | routine visit with the radministration refusal administration of as nadministration of as nadministration of as nadministration of as nadministration end determine if an adjust for best results. Resident #3 had not anxiety. Interview with Reside revealed: He refused his clonalander end of the point with sleep acting up to help with the had no idea of the requested as needed determine if he received. | MARs when she had a esidents related to s or frequency of eeded (prn) medications. documentation to help fectiveness and help them to doses was needed complained of increased ont #3 on 02/17/23 at 3:20pm zepam sometimes. ded clonazepam sometimes bing at night if his MS was the anxiety. e times he may have | | | |
| | Refer to interview with (ED) on 02/17/23 at 2 | n the Executive Director 1:55pm. | | | |
| | from encounters with provider revealed: -There was an order of clonazepam (a Scheous substance used to tredisorders) 1mg two tires. There was an order of clonazepam 1mg and three times a day, as | duled IV controlled eat anxiety and panic mes a day as needed (prn). dated 01/04/23 to stop start clonazepam 1mg needed. | | | |
| | | vith a pharmacist at the narmacy on 02/17/22 at | | | |

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STATE FORM 6899 IGS911 If continuation sheet 133 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---------------------|--|-------------------------------|--------------------------|
| | | | A. BUILDING: | | | _ |
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AI | ODRESS, CITY, STAT | E, ZIP CODE | | |
| CHILLED I | UEATU CADE/STOREV V | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | KERNER KERNER | SVILLE, NC 2728 | 34 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
| D 392 | Continued From page | e 133 | D 392 | | | |
| | 9:15am for dispensing Resident #3 revealed -There were 30 tablet dispensed on 12/22/2 times a day prnThere were 90 tablet dispensed on 01/04/2 day prnThere were 90 tablet dispensed on 01/30/2 day prnThe pharmacy routing substance count sheet | g of clonazepam 1mg for: s of clonazepam 1mg 22 labeled one tablet two s of clonazepam 1mg 23 labeled one tablet three a s of clonazepam 1mg 23 labeled one tablet three a sely sent controlled ets (CSCS) with each medication bubble pack to | | | | |
| | (eMAR) revealed: -There was an entry f tablet twice a day prn -Clonazepam 1mg wa administered for 6 do 12/28/22Clonazepam 1mg wa administered twice or 7:37pm, on 12/23/22 8:27am, 4:40pm and 5:03pm. Review of Resident # Count Sheet (CSCS) revealed there was no | administration record for clonazepam 1mg one as documented as ses from 12/01/22 to as documented as a 12/22/22 at 5:36pm and administered 3 times (at 8:00pm), and on 12/28/22 at | | | | |
| | 30 tablets. Review of Resident # revealed: | '3's January 2023 eMAR 'or clonazepam 1mg one | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 134 of 149

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE C A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|----------------------|--|----------------------------------|--------------------------|
| | | HAL034107 | B. WING | | 02 | R 2/ 17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| QUIII ED I | HEATH CARE/STOREY \ | | T STREET | | | |
| SHULEK | HEATH CARE/STORET | KERNE | RSVILLE, NC 2728 | 1 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 392 | | | D 392 | | | |
| | | as documented as oses from 01/01/23 to as documented as 16/23 at 8:28am, on 01/10/23 23 at 12:36pm, on 01/29/23 | | | | |
| | 1mg revealed: -There was no CSCS clonazepam 1mg dis tabletsThere were 54 clonadispensed 01/04/23 v | without an accurate edication on hand for | | | | |
| | revealed: -There was an entry tablet three a day prr | as not documented as | | | | |
| | 1mg revealed clonaz on a CSCS dated 01 clonazepam 1mg bin 02/09/23 at 8:28pm, | #3's CSCS for clonazepam epam 1mg was signed out /30/23 with no corresponding go card as follows: on on 02/10/23 at 8:00pm, on and on 02/13/23 at 8:00am. | | | | |
| | on hand for administration on hand for administration of the control on the control on hand for administration of the control of the control on hand for administration of the control on hand for administration of the control on hand for administration of the control of the co | lent #3's clonazepam 1mg ration on 02/17/23 revealed: rard of clonazepam 1mg 22 for 30 tablets with 25 rated on the medication cart g CSCS for sign out. rard of clonazepam 1mg | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 135 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|--|----------------------------|--------------------------|
| | | HAL034107 B. WING | | | R 02/17/2 | 023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, STATE | ZIR CODE | · | |
| | | | STREET | , 000_ | | |
| SHULER I | HEATH CARE/STOREY V | ILLA | SVILLE, NC 2728 | 4 | | |
| (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) | ILD BE | (X5) COMPLETE DATE |
| D 392 | Continued From page | : 135 | D 392 | | | |
| | 30 tablets remaining I the facility's Administr attachedThere were 3 cards or clonazepam 1mg disproverstock that had 2 proverstock that had 145 that had 145 proverstock that had 2 provers | as and record reviews and a 210 clonazepam 1mg Resident # 3 from 12/22/22 cablets on hand and ration on 02/17/23; there nazepam 1mg not CSCS, no documentation or clonazepam 1mg on hand. Int #3 on 02/17/23 at 3:20pm Int | | | | |
| | on 02/16/23 at 4:50pr -She had been back a December 2022 after -The facility had expe as several staff had b reasons including mis documentation, include | n revealed: at the facility since being away for a while. rienced staffing shortages een dismissed for various | | | | |

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STATE FORM 6899 IGS911 If continuation sheet 136 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE | CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|-------------------------|--|-------------------|--|-------------------------------|------------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMI | PLETED |
| | | | | | | R |
| | | HAL034107 | B. WING | | 02 | /17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STA | TE, ZIP CODE | | |
| CUU ED I | JEATH CADE/CTOREY V | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | KERNER | SVILLE, NC 272 | 284 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX | , | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T | | COMPLETE DATE |
| TAG | REGULATORTOR | LSC IDENTIFYING INFORMATION) | TAG | DEFICIENC | | DAIL |
| | | | | | | |
| D 392 | Continued From page | e 136 | D 392 | | | |
| | auditing the residents | s' controlled drugs on hand | | | | |
| | inventory compared t | o the eMAR and the | | | | |
| | controlled substances | s sent from the contracted | | | | |
| | pharmacy. | | | | | |
| | -She had started aud | iting residents' including | | | | |
| | Resident #3's, contro | lled medications and CSCS | | | | |
| | documentation last v | veek (02/06/23) and | | | | |
| | observed errors. | | | | | |
| | | y had kept all completed | | | | |
| | | s' record for easy access. | | | | |
| | -The facility had expe | | | | | |
| | | s in the last 6 months. | | | | |
| | -The previous Admini | | | | | |
| | | essing physicians' orders, | | | | |
| | | ne contracted pharmacy, | | | | |
| | _ | ogs and packing slips. | | | | |
| | I | strator removed all the the current one from the | | | | |
| | · | k from the medication carts | | | | |
| | and facility medication | | | | | |
| | | strator left abruptly, around | | | | |
| | | ot completed organizing the | | | | |
| | | acility; leaving multiple boxes | | | | |
| | • • | domly pulled paperwork. | | | | |
| | | ng to find information and | | | | |
| | sort through all the bo | · | | | | |
| | _ | n system but was left with "a | | | | |
| | mess". | | | | | |
| | -She found some CS | CS documentation in desk | | | | |
| | drawers and some in | stacked papers in the | | | | |
| | Administration office | on the facility's campus. | | | | |
| | | ocate additional missing | | | | |
| | CSCS or pharmacy re | eturn credits for controlled | | | | |
| | substances. | | | | | |
| | Tolonbone interview | with Decident #2's reserted | | | | |
| | | with Resident #3's mental | | | | |
| | revealed: | r) on 03/17/23 at 3:10pm | | | | |
| | | not told her about any | | | | |
| | missing clonazepam | | | | | |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--------------------------|--|-----------------|
| | | | A. BUILDING: _ | | 33 22125 |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STA | TE, ZIP CODE | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT KERNER | STREET SVILLE, NC 272 | 284 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE COMPLETE |
| D 392 | routine visit with the radministration refusal administration of as nadministration of as national strategies. She used the eMAR monitor medication endetermine if an adjust for best results. Refer to interview with (ED) on 02/17/23 at 23. Review of Residen 05/25/22 revealed: -Diagnoses included: -Diagnoses included: -There was an order tablet (0.25mg) twice (a Scheduled IV contiterent anxiety)There was an order that bedtime. Review of Resident # revealed an order dat lorazepam 0.5mg, ½ daily to once daily at the dated 02/08/23 reveatablet (0.25mg) once -There was an order that tablet (0.25mg) once -There was an order that the dated 02/08/23 reveatablet (0.25mg) once -There was an order that the dated of t | MARs when she had a esidents related to as or frequency of seeded (prn) medications. documentation to help are fectiveness and help are the three transfer of the executive Director are the schizoaffective disorder. For lorazepam 0.5mg ½ daily at 8:00am and 3:00pm arolled substance used to a substance used | D 392 | | |
| | Interview with a pharr contracted pharmacy | nacist at the facility's on 02/17/23 at 10:03am | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 138 of 149

| Division of | <u>of Health Service Regu</u> | lation | | | |
|-------------|---|--|-------------------|---|-------------------------------|
| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | | | 71. 501251110. | | |
| | | | D WING | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | FE, ZIP CODE | |
| SHIII ED I | HEATH CARE/STOREY V | 250 PITT | STREET | | |
| SHULEK | TEATH CARE/STORET V | KERNEF | RSVILLE, NC 272 | 84 | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | N (X5) |
| PREFIX | | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD | |
| TAG | REGULATORY OR I | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | NATE DATE |
| | | | | | |
| D 392 | Continued From page | e 138 | D 392 | | |
| | revealed: | | | | |
| | -The pharmacy last re | eceived an order for | | | |
| | lorazepam 0.5mg 1/2 t | ablet (0.25mg) once daily at | | | |
| | 8:00am dated 01/20/2 | 23. | | | |
| | -The pharmacy filled | and dispensed Resident | | | |
| | #5's lorazepam 0.5mg | g ½ tablet (0.25mg) at | | | |
| | 8:00am on the followi | • | | | |
| | -On 01/20/23, for a qu | uantity of 15 tablets (30-day | | | |
| | supply). -On 12/19/22, for a qu | uantity of 15 tablets (30-day | | | |
| | supply). | , , | | | |
| | -On 12/15/22, for a qu | uantity 2 tablets (4-day | | | |
| | supply). | | | | |
| | -On 12/05/22, for a qu (6-day supply). | uantity of 3 tablets for a | | | |
| | -There was no 0.5mg | ½ tablet (0.25mg) | | | |
| | | at 8:00am dispensed in | | | |
| | November 2022. | | | | |
| | -The pharmacy last re | | | | |
| | Resident #5's lorazep 02/03/23. | oam 1mg at bedtime dated | | | |
| | -The pharmacy dispe | nsed Resident #5's | | | |
| | lorazepam 1mg at be | | | | |
| | | ay supply of lorazepam 1mg | | | |
| | was dispensed. | | | | |
| | -On 12/31/23, a 30-da | ay supply of lorazepam 1mg | | | |
| | was dispensed. | | | | |
| | | ay supply of lorazepam 1mg | | | |
| | was dispensed. | | | | |
| | -The pharmacy last re | | | | |
| | | oam 0.5mg 1 tablet every | | | |
| | day prn for anxiety or | | | | |
| | | and dispensed Resident | | | |
| | | g every day prn as follows: | | | |
| | • | armacy filled and dispensed | | | |
| | 30 tablets of lorazena | ım Ω 5mg as needed | | | 1 |

-On 12/06/22, the pharmacy filled and dispensed 30 tablets of lorazepam 0.5mg as needed. -There was no lorazepam 0.5mg once daily prn

dispensed in November 2022.

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|--|----------------------------|---|-----------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPLETED |
| | | HAL034107 | B. WING | | R 02/17/2023 |
| NAME OF D | | | ADDECC CITY CTA | TE 7/D CODE | 02/11/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | 250 PITT | DRESS, CITY, STA STREET | II E, ZIP CODE | |
| SHULER | HEATH CARE/STOREY V | ILLA | SVILLE, NC 272 | 284 | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTIO | N (X5) |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE COMPLETE |
| D 392 | Continued From page | e 139 | D 392 | | |
| | hand on 02/17/23 at 2-There was one bubb card of lorazepam 0.5 handThere were 15 tablet on 01/20/23, and ther-There was one bubb of lorazepam 1mg tablets dispensed on 02/03/2 remainingThere was one bubb card of lorazepam 0.5 tablets dispensed on tablets remainingThere were no more for administration in the | le packaged medication fing ½ tablet (0.25mg) on s (30 half tablets) dispensed were 4 tablets remaining. le packed medication card | | | |
| | (eMAR) revealed: -There was an entry fitablet (0.25mg) in the -Lorazepam 0.5mg ½ morning at 8:00am was administered from 12 for 1 dateOn 12/06/23 at 8:00at tablet (0.25mg) in the documented as the material Review of Resident # Count Sheet (CSCS) tablet (0.25mg) in the of 3 tablets/6 doses do revealed there no lora | administration record for lorazepam 0.5mg ½ morning at 8:00am. tablet (0.25mg) in the | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED | |
|--|---|---|-----------------------------|---|----------------------------------|------------------|
| | | | | | | R |
| | | HAL034107 | B. WING | | 02 | 2/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| SHULER | HEATH CARE/STOREY V | ILLA | STREET RSVILLE, NC 27284 | 1 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE | ION SHOULD BE THE APPROPRIATE | COMPLETE DATE |
| D 392 | Continued From page | e 140 | D 392 | | | |
| | the CSCS on 12/05/2 | 2, 12/06/22, and 12/07/22. | | | | |
| | 0.5mg ½ tablet (0.25i 8:00am 2 tablets/4 do | oses dispensed on 12/15/22 o CSCS documentation o reference for the 2 | | | | |
| | 0.5mg ½ tablet (0.25i 8:00am quantity of 30 12/19/22 revealed the ½ tablet (0.25mg) in t signed out on the CS | 5's CSCS for lorazepam mg) in the morning at 0 tablets dispensed on ere was no lorazepam 0.5mg the morning at 8:00am CS on 12/19/22, 12/20/22, 2/23/22, and 12/28/22. | | | | |
| | revealed: -There was an entry tablet (0.25mg) at 8:0 -There was documen tablet (0.25mg) at 8:0 01/01/23 through 01/3 | for lorazepam 0.5mg ½ 10am. Itation lorazepam 0.5mg ½ 10am was administered from 31/23, except on 01/09/23 10am #5 was documented | | | | |
| | 0.5mg ½ tablet (0.25i 8:00am quantity of 30 01/20/23 revealed the ½ tablet (0.25mg) in t | 5's CSCS for lorazepam mg) in the morning at 0 tablets dispensed on ere was no lorazepam 0.5mg the morning at 8:00am CS on 01/21/23, and on | | | | |
| | and revealed: -There was an entry tablet (0.25mg) in the | 3's February 2023 eMAR for lorazepam 0.5mg ½ morning at 8:00am. vas documentation Resident | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 141 of 149

| DIVISION | n Health Service Regu | ialion | _ | | | |
|---|--|---------------------------------|--------------------------------|---------------------------------|-------------|----------|
| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION (X3 | | (X3) DATE S | |
| AND PLAN C | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPL | ETED |
| | | | 1 | | | |
| | | | D 14/11/2 | | F | |
| | | HAL034107 | B. WING | | 02/1 | 7/2023 |
| NAME OF D | OVIDED OD CUDDUED | CTREET ARE | RESS, CITY, STA | TE 7ID 00DE | | |
| NAME OF PI | ROVIDER OR SUPPLIER | | , , | I E, ZIP CODE | | |
| SHULER HEATH CARE/STOREY VILLA 250 PITT S | | | | | | |
| 0 | | KERNERS | VILLE, NC 272 | 284 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | ١ | (X5) |
| PREFIX | • | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD | | COMPLETE |
| TAG | REGULATORY OR L | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPR | RIATE | DATE |
| | | | | DEFICIENCY) | | |
| D 392 | Continued From page | . 141 | D 392 | | | |
| D 332 | Continued From page | : 141 | D 392 | | | |
| | #5 was out of the faci | lity. | | | | |
| | | tation lorazepam 0.5mg ½ | | | | |
| | | at 8:00am was documented | | | | |
| | | 02/02/23 through 02/16/23. | | | | |
| | as auministered nom | 02/02/23 tillough 02/16/23. | | | | |
| | D i | 51- 0000 f1 | | | | |
| | | 5's CSCS for lorazepam | | | | |
| | 0.5mg ½ tablet (0.25r | | | | | |
| | | tablets dispensed on | | | | |
| | 01/20/23 revealed the | ere was no lorazepam 0.5mg | | | | |
| | 1/2 tablet (0.25mg) in t | he morning at 8:00am | | | | |
| | signed out on the CS | _ | | | | |
| | 3 | | | | | |
| | Based on observation | n of medications on hand, | | | | |
| | | itracted pharmacy, and | | | | |
| | | CSCS documentation, | | | | |
| | | | | | | |
| | | of lorazepam 0.5mg ½ | | | | |
| | , -, - | at 8:00am missing and | | | | |
| | unaccounted for. | | | | | |
| | | | | | | |
| | b. Review of Residen | t #5's December 2022 | | | | |
| | electronic medication | administration record | | | | |
| | (eMAR) revealed: | | | | | |
| | -There was an entry f | or lorazepam 1mg at | | | | |
| | bedtime scheduled at | | | | | |
| | | tation lorazepam 1mg at | | | | |
| | | tered daily at 8:00pm from | | | | |
| | | | | | | |
| | | 31/22 except for 3 dates as | | | | |
| | follows: | 107/00 // | | | | |
| | -On 12/06/22 and 12/ | | | | | |
| | documentation of adn | | | | | |
| | -On 12/17/22, there w | vas staff circled initials with | | | | |
| | documentation the re- | sident was out of the facility. | | | | |
| | | | | | | |
| | Review of Resident # | 5's Controlled Substance | | | | |
| | Count Sheet (CSCS) | for lorazepam 1mg at | | | | |
| | , , | d reference the quantity of | | | | |
| | | on 11/30/22 revealed there | | | | |
| | | | | | | |
| | | ng at bedtime signed out on | | | | |
| | the CSCS from 12/01 | /22 through 12/31/22. | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 142 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|-------------------------|---|-----------------|--|
| 74101 2741 | or contraction | IDEITH IO/HIGH HOMBER. | A. BUILDING: _ | | | |
| | | HAL034107 | B. WING | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | DRESS, CITY, STA | TE, ZIP CODE | | |
| SHULER I | HEATH CARE/STOREY V | ILLA 250 PITT S KERNERS | STREET VILLE, NC 272 | 284 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE | |
| D 392 | revealed: -There was an entry fibedtime scheduled at -There was an entry fibedtime scheduled at -There was documen bedtime was adminis 01/01/23 through 01/3 (01/08/23, 01/14/23, 0 documentation the referenced and there was no documented and revealed: -There was an entry fibedtime scheduled for -There was documented the was adminis 02/02/23 through 02/12/23 with the rearesident was out of the resident was out of the residented and the | for lorazepam 1mg at 8:00pm. for lorazepam 1mg at 8:00pm. for lorazepam 1mg at 8:00pm. for lorazepam 1mg at 8:00pm from 31/23 except for 4 dates 01/30/23, and 01/31/23) with sident was out of the facility. 5's CSCS for lorazepam tity of 30 tablets dispensed lorazepam 1mg at bedtime as signed out on the CSCS sumentation for review that unted for lorazepam 1mg at 1 the CSCS log for 01/01/23, 1/06/23, 01/07/23, 01/13/23, 23. 3's February 2023 eMAR for lorazepam 1mg at 1 the administration at 8:00pm. for lorazepam 1mg at 1 the administration at 8:00pm. for lorazepam 1mg at 1 the administration at 8:00pm. for lorazepam 1mg at 1 the administration at 8:00pm. for lorazepam 1mg at 1 the administration at 8:00pm. for lorazepam 1mg at 1 the administration lorazepam 1 the administratio | D 392 | DEFICIENCY) | | |
| | 1mg at bedtime quan on 02/03/23 revealed was not documented | 5's CSCS for lorazepam tity of 30 tablets dispensed lorazepam 1mg at bedtime as signed out on the CSCS 1/23 and did not match the | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 143 of 149

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|----------------------------|--|-----------------|
| | | | 7 ti 30.25 ii 10. <u> </u> | | R |
| | | HAL034107 | B. WING | | 02/17/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STAT | E, ZIP CODE | |
| QUIII ED I | HEATH CARE/STOREY V | 250 PITT | STREET | | |
| SHULEK | HEATH CARE/STORET V | KERNER | SVILLE, NC 2728 | 34 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY) | JLD BE COMPLETE |
| D 392 | review that reference lorazepam 1mg table 02/03/23 and signed 02/07/23, 02/11/23, a Based on observation interview with the correview of eMARs and there were 41 tablets bedtime missing and c. Review of Residen electronic medication (eMAR) revealed: -There was an entry daily as needed (prn) -There was no documed daily prn was administ 12/31/22. Review of Resident #Count Sheet (CSCS) 0.5mg 1 tablet every dispensed on 12/06/2 CSCS documentation account for the 30 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn dispensed on 12/27/2 documentation availal lorazepam 0.5mg 1 tablet daily prn di | d documentation available for d and accounted for ts at bedtime dispensed on out on CSCS log on and 02/12/23. In of medications on hand, attracted pharmacy, and a CSCS documentation, of lorazepam 1mg at not accounted for. It #5's December 2022 administration record for lorazepam 0.5mg 1 tablet of lorazepam 12/01/22 through Estered from 12/01/22 through Estered from 30 tablets of lorazepam day prn for 30 tablets of lorazepam 0.5mg 1 hased on 12/07/22. Estis CSCS for 30 tablets of lorazepam 0.5mg 1 hased on 12/07/22. Estis CSCS for 30 tablets of lablet every day prn except day pr | D 392 | | |
| | Review of Resident # revealed: | 5's January 2023 eMAR for lorazepam 0.5mg once | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 144 of 149

| HAL034107 B. WING R 02/17 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET | 7/2023 (X5) |
|---|------------------|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | (X5) |
| | |
| | |
| SHULER HEATH CARE/STOREY VILLA KERNERSVILLE, NC 27284 | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | COMPLETE DATE |
| daily prnOn 01/21/23, there was documentation lorazepam 0.5mg was administered. There was no CSCS documentation available for review to reference and account for lorazepam 0.5mg from 01/01/23 through 01/31/23. Review of Resident #5's February 2023 eMAR and revealed: -There was an entry for lorazepam 0.5mg once daily prnThere was an entry for lorazepam 0.5mg once daily prn was administered from 02/01/23 through 02/17/23. Review of Resident #5's CSCS for 30 tablets of lorazepam 0.5mg 1 tablet every day prn dispensed on 12/27/22 revealed there was no CSCS documentation available to account for or reference lorazepam 0.5mg 1 tablet every day prn from 02/01/23 to 02/15/23. Based on observation of medications on hand, interview with the contracted pharmacy, and review of eMARs and CSCS documentation, there were 30 tablets of lorazepam 0.5mg 1 tablet daily prn missing and unaccounted for. Interview with Resident #5 on 02/17/23 at 3:24pm revealed: -He was administered lorazepam by facility staff when he was at the facilityWhen he was out of the facility, he administered his own medicationsHe was administered medications by the MAHe did not know the dosage of his lorazepam and how frequent it was ordered. Telephone interview with Resident #5's mental | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE Co | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---------------------|--|-------------------------------|--------------------------|
| is a second of the second of t | | A. BUILDING. | | | | |
| HAL034107 | | B. WING | | | R 02/17/2023 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREETA | DDRESS, CITY, STATE | , ZIP CODE | | |
| CUIII ED | HEATH CARE/STOREV V | 250 PITT | STREET | | | |
| SHULER | HEATH CARE/STOREY V | KERNER | SVILLE, NC 27284 | 1 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
| D 392 | Continued From page | e 145 | D 392 | | | |
| | health provider (MHP revealed: -The facility staff had Resident #5 had any lorazepamWhen she visited the eMARs, but did not e medications were acc. Interview with a medi 02/16/23 at 9:19am re-When she worked she controlled drugs with aideShe checked the CS the medication cart. | not made her aware missing or unaccounted for facility, she looked at the nsure the controlled counted for. | | | | |
| | O2/17/23 at 1:40pm re-She was not surprise missing controlled dre-When she worked at system for counting of staff person before staff person before staff person before staff count of controlled dre-The previous Administaff might be taking but nothing was done-She had not contacte registry, the local polisuspicions of the MA. | ed that Resident #5 had ugs. If the facility, there was no controlled drugs with another sarting her shift. It ave a system of ensuring the ugs were accurate. Itstrator was aware that some resident's controlled drugs ed the health care personnel ice or told anyone about her | | | | |
| | | osed to count controlled ach shift. | | | | |

Division of Health Service Regulation

STATE FORM 6899 IGS911 If continuation sheet 146 of 149

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|--|--|---------------------------------|-------------------------------|--|
| | | HAL034107 | B. WING | | 02 | R 2/17/2023 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | | |
| euiii ED | HEATH CARE/STOREY \ | 250 PIT | T STREET | | | | |
| SHULEK | HEATH CARE/STORET | KERNEI | RSVILLE, NC 2728 | 1 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE | |
| D 392 | notifiedNo MAs had informed controlled drugs; how that some MAs were drugsShe did not get the establishment of the suspicionsShe was unable to see medications were takent and the see medications were takent of the suspicions was a courated to the see medications were takent of the see medications were supported to see medications where the see medications with the end of the see medications with the seen taking the see medications over doseThe MA no longer were was unable to see medications where the see medications where the see medications where the see medications where the see medications were doseThe MA no longer were was unable to see medications where the see medications where the see medications were takent of the see medications where the see medications were takent of the see medications where the see medications were takent of the see medications where the see medications were takent of the see medications where the see medications were takent of the see medications where the see medications were takent of the see medication | ed her of discrepancies with vever, she had suspected taking residents' controlled opportunity to investigate her say if Resident #5's missing ten by the MA. with the previous Office 3 at 6:03pm revealed: controlled drugs were osed to count off controlled g shifts. In that compared the CSCS sure controlled drugs were tration; matched the CSCS esident Care Director (RCD) in revealed: re were discrepancies with compared to the eMAR. In the previous discrepancy is some staff at the facility may be medication. In ad to be taken from the grout related to a drug orked at the facility. It is any the MA was responsible using lorazepam, but she did sened to the missing cards of foam. In on system for routinely is controlled drugs on hand | D 392 | | | | |

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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 | |
|---|---|--|---|---|-------------------------------|--------------------------|
| | | | 71. 201221110. | | | |
| HAL034107 | | B. WING | | R 02/17/2023 | | |
| NAME OF P | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| SHULFR I | HEATH CARE/STOREY V | 250 PITT S | TREET | | | |
| | | KERNERS | VILLE, NC 272 | | Т | |
| (X4) ID PREFIX TAG | | | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 392 | Continued From page | e 147 | D 392 | | | |
| | controlled substances sent from the contracted pharmacyShe had started auditing eMARs, and CSCS, including Resident #5's controlled medications and CSCS documentation last week (02/06/23) and identified errorsThe facility previously had kept all completed CSCS in the residents' record, but she was unable to find Resident #5's CSCS for November and December 2022The previous Administrator removed all the CSCS; except the current ones from the resident records and placed them in her officeShe also moved the overstock controlled drugs from the medication carts and facility medication storage area to her officeShe was unable to locate additional missing CSCS or pharmacy return credits for controlled substances. Refer to interview with the Executive Director | | | | | |
| | (ED) on 02/17/23 at 2 -The facility's policy h completed CSCS in the store the residents' or medications locked in roomWhen she came back couple of weeks ago) previous Administrated documents from the residents' paperwork | ility's Executive Director 2:55pm revealed: ad always been to file the he residents' records and verstock controlled the facility's medication k to the facility to work (a , she discovered the or had removed all the CSCS | | | | |

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The facility failed to ensure controlled substance

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| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SHULER HEATH CARE/STOREY VILLA KERNERSVILLE, NC 27284 | ĺ | |
|--|-------------------------|--|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET 250 PITT STREET | | |
| SHULER HEATH CARE/STOREY VILLA 250 PITT STREET | R 02/17/2023 | |
| SHIII ER HEATH CARE/STOREY VII I A | | |
| KERNERSVILLE, NC 27284 | | |
| | | |
| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM | (X5) OMPLETE DATE | |
| Continued From page 148 count sheets (CSCS) for 2 residents (#3 and #5) accurately reconciled the administration, receipt, and disposal of controlled substances resulting in missing documentation of as needed clonazepam 1mg resulting in the MHPs inability to properly assess medication effectiveness for anxiety control with 39 tablets unaccounted for (Resident #3);and missing documentation of a resident's lorazepam 0.5mg 1/2 (0.25mg) once daily, 1mg lorazepam 0.5mg 1/2 (0.25mg) once daily, 1mg lorazepam at bedtime and 0.5mg as needed for anxiety with 87 tablets unaccounted for (Resident #5). This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on February 17, 2023 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 3, 2023. | | |

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