	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING		03	8/03/2023
AME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
HE LIVIN	G CENTER OF CONCOF	D	RREN C. COLEMAN	BLVD.		
			RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
		sure Section and the partment of Social Services survey on 02/28/23 to				
D 273 10A NCAC 13F .0		2(b) Health Care	D 273			
( ti		2 Health Care assure referral and follow-up nd acute health care needs				
	facility failed to notify (PCP) for 1 of 5 same order to check finger	as evidenced by: and record reviews, the a primary care provider bled residents related to an stick blood sugars (FSBS) than 65 or greater than				
	The findings are:					
	10/24/22 revealed: -Diagnoses included schizophrenia, osteop	1's current FL2 dated diabetes mellitus type 1, penia, and bipolar disease. ermittently disoriented.				
	dated 10/19/22 revea	neals and at bedtime, notify				
	11/14/22 revealed an fast-acting insulin use 100 units/ml Flex per check FSBS before e	1's physician's order dated order for Novolog (a ed to treat high blood sugar) subcutaneously (SQ) , ach meal and administer SSI) based on the following				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING		03/03/2023	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			5/03/2023
			RREN C. COLEMAN			
THE LIVIN	G CENTER OF CONCO	RD	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pag	e 1	D 273			
	FSBS: 201-250=2un 301-350=6units, 351 FSBS>401=10units a 6:30am, 10:30am, ar	-400=8units, if and call PCP, scheduled for				
	Review of Resident #1's January 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry to check FSBS before meals					
	<ul> <li>There was an entry to check FSBS before means and at bedtime, notify the PCP for FSBS &lt;65 or &gt;450.</li> <li>There was an entry for Novolog 100 unit/ml Flex Pen SQ, check FSBS before each meal and administer SSI based on the following FSBS:</li> </ul>					
	201-250=2units, 251 301-350=6units, 351 FSBS>401=10units a 6:30am, 10:30am, ar	-300=4units, -400=8units, if and call PCP, scheduled for				
	notified on 01/02/23 resident's FSBS was -There was no docur notified on 01/16/23	479. nentation the PCP was				
	resident's FSBS was Review of Resident #	456. #1's February 2023 eMAR				
		to check FSBS before meals y the PCP for FSBS <65 or				
	-There was an entry Pen SQ, check FSBS	for Novolog 100 unit/ml Flex S before each meal and d on the following FSBS:				
	201-250=2units, 251 301-350=6units, 351	-300=4units,				
	6:30am, 10:30am, ar -There was documer					
	6:30am when the res					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING		03	3/03/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN RD, NC 28027	I BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pag	e 2	D 273			
	-There was no documentation the PCP was notified 02/14/23 at 4:30pm when the resident's FSBS was 413. There was no documentation the PCP was notified when the resident's FSBS was 58.					
	Review of Resident #1's January 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry to check FSBS before meals and at bedtime, notify the PCP for FSBS <65 or					
	>450. -There was an entry for Novolog 100 units/ml Flex pen, check FSBS at bedtime and administer					
	-There was no PCP 01/16/23 at 8:00pm Review of Resident # revealed there was n	-400=4units, FSBS I PCP scheduled for 8:00pm. notification of FSBS >401 on of 456. #1's record on 03/01/23 no documentation of any PCP <65 or >401 for the months				
	facility's contracted p 9:36am revealed: -An elevated blood s vomiting, increased t fatigue.	with a Pharmacist at the oharmacy on 03/02/23 at sugar >401 could cause chirst, blurred vision and 65 could cause blurred				
	vision, difficulty conc speech, numbness, a	entration, confusion, slurred and drowsiness.				
	(RN) at Resident #1' 03/01/ at 3:35pm rev -Resident #1 was se	en on 11/09/22.				
	-Resident #1 last her 11/09/22. alth Service Regulation	moglobin A1c was 8.7% on				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL013044	B. WING			03/03/2023	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		03	0/03/2023	
	G CENTER OF CONCO	160 WAF	RREN C. COLEMAN				
	STIMWARY S		RD, NC 28027	PROVIDER'S PLAN C		(25)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From page 3		D 273				
		cations received of Resident 65 or greater than 401 in ry 2023.					
	PCP's office on 03/0 -The Endocrinologist diabetic needs. -There were no notifi #1's FSBS <65 or >4 2023. -The facility should n	with a RN at Resident #1's 3/23 at 9:06am revealed: followed Resident #1 for all cations received of Resident 01 in January and February otify the Endocrinologist of or possible adjustment of					
	less than 65 or great -He called Resident was low but did not o -He did not receive a	evealed: ident #1's PCP if FSBS was er than 401. #1's PCP when his FSBS					
	9:16am revealed: -She knew to call Re was was than 65 or g -She had not needed over two months for	to call the PCP office in					
	revealed: -She knew to call the >401.	MA on 03/02/23 at 9:45am PCP if Resident #1's FSBS for Resident #1's PCP on					
		when his FSBS was 413.					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL013044	B. WING		03	03/03/2023	
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	00	03/2023	
THE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN RD, NC 28027	I BLVD.			
(X4) ID	SUMMARY S		ID	PROVIDER'S PLAN		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET	
D 273	Continued From pag	e 4	D 273				
	response and notified the Resident Assurance Coordinator (RAC). -She did not document when she called the PCP on 02/14/23.						
	on 03/02/23 at 9:55a -She expected the M Resident #1's FSBS greater than 401. -If the MAs left mess expected to call back notify the RAC and/o called back so the R the PCP. -The RACs were res monthly eMAR audit parameters and were RCC. -She did not recall back						
	12:40pm revealed: -He expected staff to the PCP of Resident greater than 401. -He expected staff to PCP had not returne -He expected staff to returned call within 1 -The RACs were res monthly eMAR audit parameters and were RCC.	o call 911 if PCP had not 5 minutes. ponsible for completing s, including FSBS out of e to report any findings to the o document in the eMAR					

STATEMENT	f Health Service Regu OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED		
		HAL013044	B. WING		03	8/03/2023		
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE				
THE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN RD, NC 28027	N BLVD.				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE			CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 5	D 358					
	10A NCAC 13F .1004 Administration		D 358					
	<ul> <li>(a) An adult care hor preparation and adm prescription and non-by staff are in accord (1) orders by a licens which are maintained (2) rules in this Section and procedures.</li> <li>This Rule is not met Based on interviews, facility failed to admir ordered for 1 of 2 sar #1) including a fast-a administered correct</li> <li>The findings are:</li> <li>Review of Resident # 10/24/22 revealed:</li> <li>-Diagnoses included schizophrenia, osteo</li> <li>-Resident #1 was inter the there are there are the there are the there are there are the there are the</li></ul>	sed prescribing practitioner d in the resident's record; and ion and the facility's policies as evidenced by: and record reviews, the hister medications as mpled residents (Resident cting insulin that was not y to treat high blood sugars. 41's current FL2 dated diabetes mellitus type 1, penia, and bipolar disease. ermittently disorientated. 41's physician's order dated order for Novolog (a ed to treat high blood sugar) n subcutaneously (SQ), od sugar (FSBS) before hister sliding scale insulin blowing FSBS: -300=4units,						

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING		03	8/03/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE LIVIN	IG CENTER OF CONCO	RD	RREN C. COLEMAN RD, NC 28027	I BLVD.		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (	OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	O THE APPROPRIATE	COMPLET
D 358	Continued From pag	e 6	D 358			
	Medication Administr revealed: -There was an entry Pen, check FSBS be administer SSI based 201-250=2units, 251 301-350=6units, 351 FSBS>401=10units 6:30am, 10:30am, ar -On 01/14/23 at 6:30 documentation the F 100units/ml six units -On 01/21/23 at 10:3 documentation the F 100units/ml no units -On 01/25/23 at 6:30 documentation the F 100units/ml six units -The FSBS range wa	d on the following FSBS: -300=4units, -400=8units, and call PCP, scheduled for nd 4:30pm. am, there was SBS was 385 and Novolog was administered. 0am, there was SBS was 206 and Novolog was administered. am, there was SBS was 311 and Novolog was administered as 53-479. boumented as administered				
	revealed: -There was an entry Pen, check FSBS be administer SSI based 201-250=2units, 251 301-350=6units, 351 FSBS>401=10units 6:30am, 10:30am, ar -On 02/24/23 at 10:3 documentation the F 100units/ml two units -The FSBS range was	d on the following FSBS: -300=4units, -400=8units, and call PCP, scheduled for nd 4:30pm. 0am, there was SBS was 218 and Novolog was administered as 53-413. ocumented as administered				

(EACH DEFICIENC REGULATORY OR ntinued From page	RD 160 WAR CONCOL ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	A. BUILDING: B. WING DDRESS, CITY, STATE RREN C. COLEMAN RD, NC 28027 ID PREFIX TAG	, ZIP CODE	()
ENTER OF CONCOL SUMMARY ST (EACH DEFICIENC REGULATORY OR Intinued From page	STREET A 160 WAR CONCOL TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IDDRESS, CITY, STATE RREN C. COLEMAN RD, NC 28027 ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	DN (X5)
ENTER OF CONCOL SUMMARY ST (EACH DEFICIENC REGULATORY OR Intinued From page	RD 160 WAR CONCOL ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	RREN C. COLEMAN RD, NC 28027	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
SUMMARY ST (EACH DEFICIENC REGULATORY OR ntinued From page	RD CONCO TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	RD, NC 28027	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI	()
(EACH DEFICIENC REGULATORY OR ntinued From page	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULI	()
ephone interview	e 7		DEFICIENCY)	
•		D 358		
Beam revealed if the creased dose of in the creased dose of in the crease of the creas	thirst, and blurred vision. shift medication aide (MA) on evealed: e for documenting the FSBS t of insulin administered to site insulin was administered e on the eMAR. 30am she did not know she dent #1's physician orders hits to be administered for 0am she did not know she dent #1's physician orders			
36am revealed: e was responsible adings, amount of i sident #1 and the ministered on a de n 01/14/23 at 6:30 correctly read Resi ich did require 8ur lephone interview v 6am revealed: ne had received tra ministration prior to	for documenting the FSBS insulin administered to site where insulin was signated place on the MAR. am he did not know he dent #1's physician orders hits to be administered. with a MA on 03/02/23 at aining on insulin			
proventional and the second seco	erglycemia, head ssure, increased to 22/23 at 9:45am r e was responsible dings, the amoun- sident #1 and the a designated place 01/21/23 at 10:3 prrectly read Resi- ch did require 2ur 3S of 206. 02/25/23 at 10:3 prrectly read Resi- ch did require 2ur 3S of 218. erview with a third 36am revealed: was responsible dings, amount of sident #1 and the ninistered on a de 01/14/23 at 6:30 prrectly read Resi- ch did require 8ur sident #1 and the ninistered on a de 01/14/23 at 6:30 prrectly read Resi- ch did require 8ur ephone interview f 6am revealed: e had received tra- ninistration prior to dications. e was responsible	erglycemia, headache, increased blood ssure, increased thirst, and blurred vision. review with a first shift medication aide (MA) on 02/23 at 9:45am revealed: e was responsible for documenting the FSBS dings, the amount of insulin administered to sident #1 and the site insulin was administered a designated place on the eMAR. 0.01/21/23 at 10:30am she did not know she prectly read Resident #1's physician orders ch did require 2units to be administered for 3S of 206. 0.02/25/23 at 10:30am she did not know she prectly read Resident #1's physician orders ch did require 2units to be administered for 3S of 218. erview with a third shift MA on 03/02/23 at 36am revealed: was responsible for documenting the FSBS dings, amount of insulin administered to sident #1 and the site where insulin was ninistered on a designated place on the MAR. 0.1/14/23 at 6:30am he did not know he prectly read Resident #1's physician orders ch did require 8 units to be administered. ephone interview with a MA on 03/02/23 at 36am revealed: e had received training on insulin ninistration prior to being allowed to administer dications. e was responsible for documenting the FSBS dings, the amount of insulin administered to administered. e was responsible for documenting the FSBS dings, the amount of insulin administered to administered.	erglycemia, headache, increased blood ssure, increased thirst, and blurred vision. rrview with a first shift medication aide (MA) on 22/23 at 9:45am revealed: e was responsible for documenting the FSBS dings, the amount of insulin administered to sident #1 and the site insulin was administered a designated place on the eMAR. 0 01/21/23 at 10:30am she did not know she prrectly read Resident #1's physician orders ch did require 2units to be administered for 3S of 206. 0 02/25/23 at 10:30am she did not know she prrectly read Resident #1's physician orders ch did require 2units to be administered for 3S of 218. rview with a third shift MA on 03/02/23 at 36am revealed: was responsible for documenting the FSBS dings, amount of insulin administered to sident #1 and the site where insulin was ninistered on a designated place on the MAR. 0 1/14/23 at 6:30am he did not know he prrectly read Resident #1's physician orders ch did require 8units to be administered to sident #1 and the site where insulin was ninistered on a designated place on the MAR. 0 1/14/23 at 6:30am he did not know he prrectly read Resident #1's physician orders ch did require 8units to be administered. ephone interview with a MA on 03/02/23 at 6am revealed: e had received training on insulin ninistration prior to being allowed to administer dications. e was responsible for documenting the FSBS dings, the amount of insulin administered to	erglycemia, headache, increased blood ssure, increased thirst, and blurred vision. rview with a first shift medication aide (MA) on 22/23 at 9:45am revealed: e was responsible for documenting the FSBS dings, the amount of insulin administered to ident #1 and the site insulin was administered a designated place on the eMAR. 01/21/23 at 10:30am she did not know she orrectly read Resident #1's physician orders ch did require 2units to be administered for 35 of 206. 02/25/23 at 10:30am she did not know she orrectly read Resident #1's physician orders ch did require 2units to be administered for 35 of 218. rview with a third shift MA on 03/02/23 at 36am revealed: was responsible for documenting the FSBS dings, amount of insulin administered to ident #1 and the site where insulin was ninistered on a designated place on the MAR. 01/14/23 at 6:30am he did not know he orrectly read Resident #1's physician orders ch did require 8units to be administered to ident #1 and the site where insulin was ninistered on a designated place on the MAR. 01/14/23 at 6:30am he did not know he orrectly read Resident #1's physician orders ch did require 8units to be administered. ephone interview with a MA on 03/02/23 at Sam revealed: e had received training on insulin ninistration prior to being allowed to administer dications. e was responsible for documenting the FSBS dings, the amount of insulin administered to ident #1 and the site merceived training on insulin ninistration prior to being allowed to administer dications.

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		HAL013044	B. WING		03	8/03/2023
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN RD, NC 28027	BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From pag	e 8	D 358			
	<ul> <li><sup>358</sup> Continued From page 8</li> <li>Resident #1 and the site insulin was administered on a designated place on the eMAR.</li> <li>On 01/25/23 at 6:30am she he did not know sh incorrectly read Resident #1's physician orders which did require 6units to be administered.</li> <li>Interview with the Resident Care Coordinator (RCC) on 03/02/23 at 9:55am revealed:</li> <li>She expected the MAs to administer medicatio as ordered.</li> <li>She did not know the MAs had administered th incorrect amount of insulin to Resident #1.</li> <li>The Resident Assurance Coordinators (RACs) were responsible for completing monthly eMAR audits, including FSBS and insulin administratio and were to report any findings to the RCC.</li> <li>If a resident had been incorrectly administered medication, she expected the MA to notify the residents Primary Care Provider (PCP) immediately.</li> </ul>					
	1:40pm revealed: -He expected the MA as ordered. -He did not know MA incorrect amount of i -The RCC was response least monthly.	As to administer medications as had administered the nsulin to Resident #1. onsible for eMAR audits at onsible for handling issues				
D 367	10A NCAC 13F .100 Administration	4(j) Medication	D 367			
	(j) The resident's me	4 Medication Administration edication administration e accurate and include the				

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If continuation sheet 9 of 14

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING		03	8/03/2023
AME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE LIVIN	G CENTER OF CONCO	)RD	RREN C. COLEMAN	I BLVD.		
			RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 367	Continued From page	ge 9	D 367			
	(1) resident's name;					
		lication or treatment order;				
	· · /	age or quantity of medication				
	administered;	age of quality of moulouion				
		dministering the medication				
	or treatment;					
	(5) reason or justification for the administration of					
	. , .	ments as needed (PRN) and				
	documenting the res	sulting effect on the resident;				
	(6) date and time of	administration;				
	(7) documentation o	f any omission of				
	medications or treat	ments and the reason for the				
	omission, including	refusals; and,				
	(8) name or initials of	of the person administering				
	the medication or tre	eatment. If initials are used, a				
	•	t to those initials is to be				
		aintained with the medication				
	administration recor	d (MAR).				
	This Rule is not me	t as evidenced by:				
		views and interviews, the				
		ire medication administration				
	•	ete and accurate for 1 of 2				
	residents sampled (	Resident #1) related to not				
		nount of sliding scale insulin				
	(SSI) was administe					
	Review of Resident	#1's current FL2 dated				
	10/24/22 revealed:					
		d diabetes mellitus type 1,				
		openia, and bipolar disease.				
	-Resident #1 was in	termittently disoriented.				
	Review of Resident	#1's physician's order dated				
		n order for Novolog (a				
		sed to treat high blood sugar)				
		en subcutaneously (SQ) check				
		ugar) FSBS at bedtime and				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL013044	B. WING		03	3/03/2023
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		[ 03	03/2023
			RREN C. COLEMAN			
THE LIVIN	G CENTER OF CONCO	RD	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 367	Continued From page 10		D 367			
	301-350=2units, 351 >401=6units and call (PCP) scheduled for	Primary Care Provider				
	Medication Administr revealed:	#1's January 2023 electronic ration Record (eMAR)				
	-There was an entry for Novolog 100 units/ml Flex pen SQ, check FSBS at bedtime and administer SSI based on the following FSBS: 301-350=2units, 351-400=4units, FSBS					
	>401=6units and cal -On 01/03/23, the FS and there was no do	I PCP scheduled for 8:00pm. BBS was documented as 327 cumentation Novolog was				
		was documented as 393 and entation Novolog was				
	there was no docume administered.	was documented as 301 and entation Novolog was				
	there was no docume administered.	was documented as 315 and entation Novolog was				
		was documented as 456 and entation Novolog was				
	and there was no do administered.	was documented as 355 cumentation Novolog was				
	units of Novolog SSI	on the eMAR to document administered for six lovolog was required.				
	revealed:	#1's February 2023 eMAR				
	Flex pen SQ, check	for Novolog 100 units/ml FSBS at bedtime and d on the following FSBS:				

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TATEMENT OF DEFICIENCIEN		/IDER/SUPPLIER/CLIA FIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		040044	B. WING			
		AL013044			0;	3/03/2023
AME OF PROVIDER OR SUP	PLIER		DDRESS, CITY, STATE			
HE LIVING CENTER OF	CONCORD		RREN C. COLEMAN RD, NC 28027			
PREFIX (EACH	MMARY STATEMENT O DEFICIENCY MUST BE ATORY OR LSC IDENTIF	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 367 Continued F	Continued From page 11		D 367			
-On 02/02/2 there was no administered -On 02/12/2 and there was administered -On 02/13/2 there was no administered -On 02/15/2 there was no administered -On 02/17/2 there was no administered -On 02/20/2 there was no administered -On 02/20/2 there was no administered -On 02/23/2 there was no administered -On 02/23/2 there was no administered -On 02/23/2 there was no administered -On 02/25/2 no documer -There was units of Nov occurrences Review of R and Februar documentati 01/03/23, 02 02/23/23 an Telephone ir on 03/02/23 -She was re	<ul> <li>3, FSBS was docu o documentation N</li> <li>3, FSBS was docu as no documentation 1.</li> <li>3, FSBS was docu o documentation N</li> <li>4.</li> <li>5, FSBS was docu o documentation N</li> <li>6.</li> <li>6.</li> <li>7, FSBS was docu o documentation N</li> <li>8, FSBS was docu o documentation N</li> <li>8, FSBS was docu</li> <li>9, FSBS was docu</li> <li>1.</li> <li>3, FSBS of 301, 20</li> <li>1.</li> <li>1.</li> <li>3, FSBS of 301, 20</li> <li>1.</li> <li>1.</li> <li>2.</li> <li>3, FSBS of 301, 20</li> <li>4.</li> <li>4.</li> <li>5.</li> <l< td=""><td>mented as 304 on Novolog was mented as 358 and ovolog was mented as 302 and ovolog was mented as 302 and ovolog was mented as 332 and ovolog was mented as 334 and ovolog was mented as 317 and ovolog was mented as 317 and ovolog was inits were required, its administered. MAR to document ered for eight as required. hotes for January here was no administered on D1/13/23, 01/16/23, D2/17/23, 02/20/23,</td><td></td><td></td><td></td><td></td></l<></ul>	mented as 304 on Novolog was mented as 358 and ovolog was mented as 302 and ovolog was mented as 302 and ovolog was mented as 332 and ovolog was mented as 334 and ovolog was mented as 317 and ovolog was mented as 317 and ovolog was inits were required, its administered. MAR to document ered for eight as required. hotes for January here was no administered on D1/13/23, 01/16/23, D2/17/23, 02/20/23,				

Division of Health Service Regula STATE FORM

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL013044	B. WING			00/00/0000	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	03	03/03/2023		
		160 WAF	RREN C. COLEMAN				
THE LIVIN	G CENTER OF CONCO	RD	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	D BE COMPLE	
D 367	Continued From page 12		D 367				
	administered on a de eMAR. -She knew Resident place to document ne -She did administer N required but did not of administered. -She should have do administered in Reside -She did not notify ar place to document th administered on the of Interview with a third revealed: -He was responsible readings, amount of Resident #1 and the on a designated place -He did administer N required but did not of administered. -He did not notify any place to document th administered on the of -He should have doc administered in Resident -He should have doc administered in Resident Telephone interview f facility's contracted p 9:53am revealed: -The facility was resp pharmacy orders to a -The pharmacy sent facility to review and	esignated place on the #1's eMAR did not have a umber of units administered. Novolog to Resident #1 when document number of units cumented number of units dent #1's care notes. nyone that there was no ie number of units eMAR. MA on 03/02/23 at 10:36am for documenting the FSBS insulin administered to site insulin was administered to site insulin was administered document number of units vone that there was not a ie number of units eMAR. umented the number of units eMAR. umented the number of units dent #1's care notes. with a Pharmacist at the sharmacy on 03/01/23 at ponsible for faxing the add on the eMAR. orders to the facility for the accept. epted orders, the pharmacy					
	-The pharmacy misse eMAR to document t administered. alth Service Regulation	ed adding a place on the he number of units					

STATE FORM

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED 03/03/2023	
		HAL013044	B. WING			
			DDRESS, CITY, STATE	03	03/2023	
	NOVIDER OR OUT FLER		RREN C. COLEMAN			
THE LIVIN	IG CENTER OF CONCO	RD	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC	R'S PLAN OF CORRECTION () RECTIVE ACTION SHOULD BE COM RENCED TO THE APPROPRIATE DJ DEFICIENCY)	
D 367	Continued From page 13		D 367			
	-The facility accepted Resident #1's orders on 11/15/22. -The facility had access to add a place to document units given on the eMAR.					
	Interview with the Resident Care Coordinator (RCC) on 03/02/23 at 9:55am revealed: -She expected the MAs to administer medications as ordered.					
	<ul> <li>-She expected the MAs to document number of units of insulin administered to Resident #1 along with FSBS and site where insulin was administered.</li> <li>-She did not know the MAs were not documenting the number of units given to Resident #1.</li> </ul>					
	-She did not know th document the numbe #1's eMAR.	ere was not a place to er of units given on Resident ve reported there was no				
		ne number of units to ve documented the number I in Resident #1's care notes.				
	-The Resident Assur were responsible for audits, including FSE	ance Coordinator (RACs) completing monthly eMAR 3S and insulin administration / findings to the RCC.				
	1:40pm revealed:	ministrator on 03/02/23 at				
	<ul><li>-He expected the MAs to administer medications as ordered.</li><li>-He did not know MAs were not documenting the</li></ul>					
	number of units SSI -The MAs should ha	administered to Resident #1. ve reported there was no				
	place to document th administered to Resi -The RCC was respo audits.					