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physician assistant or nurse practitioner; (5) failure to pay the costs of services and accommodations by the payment due date according to the resident contract after receiving written notice of warning of discharge for failure to pay; or (6) the discharge is mandated under G.S. 1310-2(a1). This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing diocumentation the safety of other individuals was in danger.		enriannered as do	cumented by a physician.				
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accommodations by the payment due date according to the resident contract after receiving written notice of warning of discharge for failure to pay, or (6) the discharge is mandated under G.S. 1310-2(e1). This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. care and interventions have been put in place for the Resident. Residents given a discharge notice 4/8/23 will be sure to have appropriate notifications and documentation com- pleted including, notification of medi- cal Provider as well as Provider's statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident		(5) failure to new th	e costs of services and		determine if the appropriate	plan of	
written notice of warning of discharge for failure to pay; or (6) the discharge is mandated under G.S. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. In place for the Resident. Residents given a discharge notice 4/8/23 will be sure to have appropriate notifications and documentation completed including, notification of medical Provider as well as Provider's statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident					care and interventions have	been put	
written notice of warning of discharge for failure to pay; or (6) the discharge is mandated under G.S. 1310-2(e1). This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. Residents given a discharge notice 4/8/23 will be sure to have appropriate notifications and documentation of medical Provider as well as Provider's statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident		according to the re-	sident contract after receiving		in place for the Resident.	* 75 77 77 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Residents given a discharge notice 4/8/23 will be sure to have appropriate notifications and documentation completed including, notification of medical Provider as well as Provider's statement of facility's inability to meet the Resident (#8) as evidence by not providing documentation the safety of other individuals was in danger.		written notice of w	amino of discharge for failure				
will be sure to have appropriate notifications and documentation completed including, notification of medical Provider as well as Provider's statement of facility's inability to meet the Resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. will be sure to have appropriate notifications and documentation of medical Provider as well as Provider's statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident					Residents given a discharge	e notice 4/8/23	
notifications and documentation completed including, notification of medical Provider as well as Provider's statement of facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. notifications and documentation of medical Provider as well as Provider's statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident		(6) the discharge is	s mandated under G.S.				
This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. pleted including, notification of medical Provider as well as Provider's statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident							
This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. cal Provider as well as Provider's statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident		10 100 1 10 200 1 10 20 W					
Based on interviews and record reviews the facility failed to issue an appropriate discharge for a resident (#8) as evidence by not providing documentation the safety of other individuals was in danger. statement of facility's inability to meet the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident	•	This Rule is not m	net as evidenced by:				
the Resident's needs; documentation of completion of care coordination meeting completed by ED, Resident meeting completed by ED, Resident		Based on interview	us and record reviews the				
a resident (#8) as evidence by not providing of completion of care coordination documentation the safety of other individuals was in danger. of completion of care coordination meeting completed by ED, Resident		facility failed to iss	we are appropriate discharge for	P.			
discurrentation the safety of other individuals was in danger. meeting completed by ED, Resident		a resident (#8) as	evidence by not providing				
in danger.		documentation the	e safety of other individuals was				
to the late of the					mooting completed by LD,	NOSIGOTIL	
TATE FORM: AM NIGHT OF STREET OF ST	division of H	inalth Carries Deculation	ta .	ost sen torr	TITHE	, (X6) DATE	
TATE FORM Chusa a. Skyd 04/10/23 Reviewed and Acknowledged	ABORATOR	Y DIRECTOR'S OR PRO	DER SUPPLIER REPRESENTATIVE'S SI	GNAIUNE	Adamichatas	4/2/2012	
Chusa a. Sugal 04/10/23 Reviewed and Acknowledged		\sim 1	I linklin	-	- HOUNN VOLKGON	CAMINE	
Thusa a. Theyou of 10/23 Reviewed and Acknowledged	STATE FOR	M ()	A March A	5899	EGNETT / A TALL	If continuation sheet 1 of	
	#14756 No. 17 WAVE	-	vusa a. mya 14	1/10/23	Reviewed and Acknow	reagen	

Division	of Health Service R	egulation			Eman In A rest Int I I'm Mark
	T OF DEFICIENCIES OF CORRECTION	(XT); PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUETIF A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HALOGROTIS	B. WING	and the second s	R-C 62/22/2623
Li-autore dutte D			ompece out	STATE, 2P CODE	
NAME OF P	ROXIDER OR SUPPLIER	A YOUR PLAN AND THE PROPERTY OF THE PROPERTY O	TH NC 41	CDI-979: Sing. Mall. Qualitation	
AUTUM	VILLAGE		RLE, NC 2		
()KA): IDD PREFIX TAKS	(EACH DEFICIENC	WIENERT OF DETICIENCIES Y MUST BE PRECEDED: BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLANTOF CORRECT (EACH CORRECTIME ACTION SHOW CROSS-REFERENCED TO THE AFFIR DEFICIENCY).	LOBE COMPLETE
D 226	Continued From pa	ige 1	D 226	Care Coordinator (RCC), an sible Party/ Guardian to disc	cuss plan
	The findings are:			to attempt to meet the Residenceds and/or reasons that the is unable to meet the Residence.	ne facility
	revealed:	t #6's FL-2 dated 07/25/2022		in addition to the intervention have been attempted. The E	ns that
	and cellulities of per	d COVID-19 virus infection ineum.		ensure that documentation of above occurs.	
	-ine resident was wheelchair and wa bladder.	semi-ambulatory, used a s continent of bowel and		ED will complete a Resident in-service for all staff.	t Rights 4/8/23
	12/28/22 revealed			Life Enrichment Coordinator will review Resident Rights	
	resident and other endangered.	entation the safety of the individuals in the facility was		beginning of the monthly Re Council Meetings to ensure dents are aware of their righ	esident that Resi-
		arge was 01/27/2023.		are comfortable to verbalize concerns.	
	revealed:	t#8's Progress Notes		,	
	January 2023 cost	charge was non-payment of of care.			
	discussed a non-prorior to 01/24/23.	umentation the facility staff ayment issue with the resident			
	-There was no doc danger to others in	umentation Resident #8 was a the facility.	1		
	12.00pm revealed: -Resident #8 was i both non-payment physical altercation another male resid	ssued a discharge notice for and safety issues due to a n in which the resident hit			
	physical altercation	ns with other residents.			

	or Health Service H		AND BALLETTE	PLE CONSTRUCTION	(X3) DATE SURVEY
	TOF DEFICIENCIES OF CORRECTION	(XT): PROMOEN/SUPPLIER/CLIA- IDEN(PIE) CATION: NUMBER	A. BUILDING		COMPLETED
			W BOILDING	et e	
		Ancountries with current sectories	- TABALA		R-G
		HALOSTOTE	E WING		(2/77/2823
NAMEOF	ROMDER OR SUPPLIER	STREETA	DDRESS, CITY	, STATE, ZIP CODE	
		235 NOR	TH NC 41		
ALITUMEN	VILLAGE	BEULAY	HLLE, NC 2	8518	
(204):100	SUMMARY ST	MEMENT OF DESCENCIES	ID:	PROVIDER'S PLAN OF GORREC	
TAG	No.	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIME ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	
D 226	Continued From pa	age 2	D 226		
	knowledge of a rec	cent incident or a history of			
		s involving the resident.			
	Budan dinas alta di	Company (Company)			
	on 02/22/23 at 4:00	Primary Care Provider (PCP)			
		gun receaso. f the resident's discharge from			
	the facility.	t de residents discharge nam	1		
	A Company of the Committee of the Commit	not a danger or threat to		T	
	others.	lingue for corresponding that desirement one.		1	
D 230	10A NCAC 13F .07	702 (f) Discharge Of Residents	D 230	Autumn Village shall provid	le sufficient
				preparation and orientation	to Residents
		702 Discharge Of Residents		to ensure a safe and order from the facility.	ly discharge
		It provide sufficient preparation)		
		residents to ensure a safe and		'ED will assess late a Davidson	4 D:-1-4- 4/0/00
	orderly discharge f	from the facility as evidenced		ED will complete a Resider	it Rights 4/8/23
	by.			in-service for all staff.	
		n the county department of		LEC will need and Decident D	:
		ponsible for placement		LEC will review Resident R	
	services:	and the second second in the s		the beginning of the month Council meetings to ensure	
	(2) explaining to a	ne resident and responsible resentative why the discharge		dents are aware of their Rig	
	is necessary.	resements any the district de		are comfortable to verbalize	
		esident and responsible		concerns.	ally
		resentative about an		concerns.	
	annuminists discha	rge destination; and		ED will ensure that a copy	of a Die 4/8/22
	(4) offering the fol	lowing material to the caregive	r	charge notice presented to	
	with whom the resi	ident is to be placed and		is also sent to the Ombudsi	
		erial as requested prior to or		Adult Home Specialist.	nan anu
	upon discharge of	the resident:		Addit Home Opecialist.	
	(A) a copy of the n	esident's most current FL-2;		ED will reach out to AHS fo	rtechnical AIRI22
	(B) a copy of the n	esident's most current		assistance in situations who	
	assessment and c	are plan;		priate placement is a challe	
		esident's current physician		obtain.	90 10
	arders;	P. D. ade he he he he		VIVIIII.	
	(U) a list of the res	ident's current medications;			
		current medications; resident's vaccinations and			
	II-I a record or the				

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division of Health Sen tratement of Deficiency and Plan of Correction	ES: (Mt): PROVIDENZSUMPLICAZEM	(X2) MULTIPLE A BUILDING _	CONSTRUCTION.	ŀ	LETED:
		B. WING		1	C (2)2023
	HAL631018			in the second se	
AME OF PROVIDER OR SIL	Table 19 Company	ADDRESS CITY, ST	ATE, ZIP CODE		
		RTH NC 41			
WITUMN VILLAGE	BEULA	WELE, NC 285	PROVIDER'S PLAN OF COR	DESTRUK	(X5):
(Applicable) (Applicable)	MARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL BY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS REFERENCED TO THE DERCIENCY):	SHOULDE	COMPLETE
D 230 Continued F	rons page 3	D 230			, r
TB screening	g written notice of the name, address	S			
(D) Benerius	ne number of the following, if not				
and description	the discharge notice required in				
In the second se	Coll and bloom Education				
MAN the remi	onal long term care ombudsman; ar	nei			
APRIL Minus, married	invition and MADCACK MURILLY				
CO) Cite poor	under federal law for persons with				
disabilities.	William Comments				
This Rule i	s mot met as evidenced by:				
Donnell ner ii	Mornious and record reviews the				
SandSilve Cailles	A to issue an appropriate discharge				
· — Reconstructi	for a Resident (36) as exposince by		,		
leaving the	Resident at a hotel without any				
services.					
The finding	s are:				
and the second s	10.	•			
Review of	Resident #6's FL-2 dated 07/25/202				
towardlost.					
When shorten	of admission was 04/30/22.				
-Diagnose	s included COVID-19 virus infection				
الإسلامي المسيد	tion of incommentality		i .		
-The resid	ent was semi-ambulatory, used a				
wheelchai	r and was confinent of bowel and				
bladder.					
	Resident #6's discharge notice date	edi	A.		
Review of	MESIGNIE 40 2 DISCHIEFE HOLD				
12/28/22	is no information on planned				
- I mere wa	is no monimation provided.				
The date	of transferidischarge was 01/27/20	23.			
MANAGE AND LAND					
Review of	Resident #6's Progress Notes				
revealed:	to a fab the amoralisms out				
-The Adm	ninistrator spoke with the resident on				
ma un a inte	manufact his night for post discharge	Ch.		¥	
-The Res	ident fold Administrator that he want	IEG.			

Division of Health Service R	equiation		CONTRACTION OF THE PARTY OF THE	TE SURVEY
STATEMENT OF DEFICIENCIES. AND PLAN OF CORRECTION	(AL): PROVIDENSUPPLIERCLIA. IDENTIFICATION NUMBER	A BUILDING	CO	R-C
	HALO31018	B. WING.		72/28/23
NAME OF PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, ST	ATE. AFCODE	
ARITUMNO VILLAGE	235 MOI	RTH NC 41	M film	
Land Colonia Alexandra	BEULA	ALLE, NC 265		
(September 1997)	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY):	(MS) COMPLETE DATE
D 23G Continued From p	age 4	D 230		
The Administration	rassisted the Resident in			
booking a hotel ro	om for 1/25/23			
The Administrator	r informed the Resident that			
discharge care wi	ould not be available due to			
having a non-pen	nomeni aridress			
interview with the	Long Term Care Ombudismen			
on 02/02/23 at 11:	Obam revealed:			
-The Ombudsmer	n did not receive a discharge			
notice from the fa	citity for the resident.			
Resident #8 state	ed facility staff could not locate	1		
another placemen	nt so they took him to a hotel			
and left him there	without services.			
Interview with the	Administrator on 02/02/23 at			
12:00pm revealed	*			
-Resident #8 was	issued a discharge notice for			
both non-paymen	t and safety issues.			· ·
-Other facilities w	ere contacted but would not			
accept the reside	nt for admission due to his			
non-payment sta	NS.			
-The resident cha	se to be discharged from the		:	
facility to a motel.	Pt.	_		
-She contacted a	home health agency regarding	3		
services for the r	esident, but was informed	liice		
services could no	of be provided because a hotel	193		
not considered to	be a permanent address.			
-She assisted the	resident in booking a hotel			
tooks and brown	ed transportation.			
5 - b - w 1 - w 1 - 1 - 1 - 1 - 1 - 1	Primary Care Provider (PCP)	l .		
on 02/22/23 at 4	Minus semestral		*	
The facility staff	informed her Resident #6 was	1		
involved in a phy	sical altercation where he hit		:	
another recident	finot suce of date).			
-She was aware	of the resident's discharge fro	arri-		
the facility				
-She was not aw	rare that the resident was			
dischanged to a	hediel			
-She had no con	cerns in regard to the resident	(S		

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Division	of Health Service Ro	eculation.			(X3) DATE SURVEY
STATEMEN	OF DEFICIENCIES	(XI) PROVIDERISUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	COMPLETED
AND PLAN	of Correction	DENTIFICATION NUMBER	A BUILDING		
					R-C
		WAL 031018	B. WING		02/22/2023
				AND THE PARTY OF T	
NAMEOFP	ROVIDER OR SUPPLIER		100 00000 0000	STATE, ZIP CODE	
ALCOHOL MINIOR	VILLAGE	235 NOR			
NACE & CHARLES	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	BELLAM	LLE, NC 21		WANG THE RESERVE TO T
(%4): ID PREFIX: TAG	UFACH DEFICIENC	atement of deficiencies Y must be preceded by full SC IDENTIFYING INFORMATION):	PREFIX: TAG	PROVIDER'S PLAN OF CORRECT (EACH CONRECTIVE ACTION SHOW CROSS-REFERENCED TO THE AFTR DEFICIENCY)	ILEO SEE COMPLETE
D 230	Continued From pa	age 5	D 230		
	ability to care for hi	imself		4	
	CHESTLY SILVERS IN THE REAL PROPERTY AND ADDRESS OF THE PERTY A	and the state of t			
m 368	10A NCAC 13F .10	Medication	D 358	Autumn Village shall ensure	
ns cent	Administration			preparation and administrat	
				medications and treatments	
	10A NCAG 13F .10	104 Medication Administration		are according to Provider's	
	(a) An adult care I	home shall assure that the		which are maintained in the	
	preparation and ac	immistration of medications,		Record; according to facility	
	prescription and n	on prescription, and treatments		and procedures; and accordance a.1004.	aing to rule
	by staff are in acco	rdance with:		area . 1004.	
	(1) orders by a no	ensed prescribing practitioner ned in the resident's record, and	N -		
	WITHCH SHE HAMMAN	ection and the facility's policies		A 011 1 1 Di - 1 - (40D	110.000
	and procedures.	DEPENDENCE OF THE PERSON OF POSICIONES		Area Clinical Director (ACD) will per- 4/8/23
	an polonics.			form random med pass obs	ervations
	This Rule is not m	net as evidenced by:		at a minimum of 3 observat month. Observations will be	ions per
	Based on observa	tions, interviews, and record		with the Med Tech for educ	
	reviews the facility	v failed to administer		feedback, as well as the RC	
	medications as on	dered and in accordance with		reedback, as well as the NC	C and ED.
	the facility's policie	s for 3 of 6 residents (#9, #10,		*	
	#11) observed dur	ing the medication passes		RCC will ensure "Do Not C	
	including errors w	in a medication to prevent		is available on each medica	ation cart
	heart attack and s	troke (49), a rapid-acting insulin	it.	for Med Tech use.	
	used to treat diable	eles (#10) and a medication for			
	mild to moderate	pain and inflammation (#11):		ED and RCC will conduct n	
				Med Tech meetings to prov	ride ongoing
	The findings are:			education related to medica	
	The modiration of	rror rate was 11% as evidenced	į	istration including Diabetic	Education
	by the observation	of 3 errors out of 26		and timing of medications.	1
	opportunities duri	ng the 8.00am, 11:30am and		This will have clinical overs	
	12:00pm medicati	om passes om 02/22/23.		ACD for guidance. Med Te	
				re-educated and monitored	
	a. Review of Res	ident #10's current FL-2 dated		that they understand the im	
	09/28/22 revealed	diagnoses included type		of wasting 2 units of insulin	
	diabetes melitus,	anemia, and hypertension.		dialing the ordered dose what istering insulin via an insulin	

Review of Resident #10's physician's orders dated: 11/28/22 revealed:

4/8/23

RCC will pull EMAR compliance

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THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	of Health Service R		(AAAAA AAAA 11 5004	Ad an amount amount to denie Amount	Ersons in amore designed annual
	OF CORRECTION	(M1) PROVIDER/SUPPLIER/SLIA- IDENTIFICATION: NUMBER:	A. BUILDING	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED
		HALGHONS	B. WING_		R-C 02/22/2023
AME OF F	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY	STATE, ZIP CODE	
	WILLAGE	235 NOR			
		FEUAN	LLE, NC 2	518	
(X4): ID PREFOX TAGE	(EACH DEFICIENC)	THE MENT OF DEFICIENCIES WHIST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	PREFIX TAG	PROMIDERS PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ID BE COMPLETE
D 358	Continued From pa	ge 6	D: 358	reports daily, and review for	
	There were an outle	er to check blood sugar and		and compliance of administra	
		alin three times per day before		Reports will be discussed will	th ED daily
		the following sliding scale:		in management meeting for a	any
	200-250 = 2 units;	251-300 = 4 units; 301-350 = 6 units; greater than 400 = 10		needed follow-up.	
		unis, greater than 400 = 10 bry care provider (PCP).		Med Techs will complete wee	ekly MAR
		1-acting insulin used to lower		to cart audits per facility sche	dule to 4/8/23
		ding to the manufacturer, the		ensure accurate and adequa	
		should be primed with a 2 unit		on hand as appropriate. RCC	
	air dose before eac	th use to remove air bubbles		complete weekly cart audits t	
		and needle that may collect to		ensure the cart is neat and o	rderly,
		rorking properly. If not primed		and is stocked with appropria	ite and
		m, too much or too little insulin		accurate medications. Comp	eted cart
		Ince the needle is inserted into		audits will be verified by the	ະບ.
		mob is to be pushed all the a slow count of 5 seconds to			*
		y. Humalog Insulin is to be			
		minutes before a meal.)		1	
	Observation of the 92/22/23 revealed:	11:30am medication pass on			
		od sugar was 362 at 11:06am.			
		de (MA) placed a meedle om			
		en and dialed the dose to 8			
		umalog Insulin into the			
		at 11:06am and withdrew the			
	needle after 2 seco	nds.			
	-The MA did not pri	rne the insulin pen by			
	performing the 2 un	nit air shot to remove any air			
		ke sure the insulin was flowing			
	freely.	ld the insulin pen in the skin			
	after injecting the a	or the insulin perr in the skir cedic and pressing the dose for the full amount of insulin to			
	**************************************	ed Resident #10 was served			

STATEMEN	of Health Service: Ri TOF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/GLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION: NUMBER:	A BUILDING:		COMPLETED
			4		R-C
		HALESTOTS	B. WING		02/72/7023
NAME OF F	ROVIDER OR SUPPLIES	STREET AL	doress, city, s	TATE ZIP CODE	
AL E SPIPE MEANS	WANT MORE	235 NOR	TH NC 41		
AUIUM	VILLAGE	BEULAY	LLE, NC 285	18	
(XA); (D) PREFIX		VIENENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	IDI PREFIX	PROVIDERS: PLAN OF COM (EACH CORRECTIVE ACTION	RECTION (A5), ISHOULD BE COMPLETE
TAGE		SC DEXIFYING INTORMATION)	TAG	CROSS REFERENCED TO THE DEFICIENCY)	APPROPRIATE DATE
D 358	Continued From pa	me 7	D-358		
	rapid-acting insufin				
	specaring insule				
		t#10's February 2023			
		on administration record	1		
	(eMAR) revealed:	are as to the second se			
	-inde was an end	y for Humalog Kwikpen. and inject subcutaneously per			
		times a day before meals at			
•	7:30ann, 11:30ann.	amd 5:00pm.	!		
	-The sliding scale v	was 200-250 = 2 units; 251-300).		
		= 6 units; 351-400 = 8 units; 00 = 10 units and call PCP.			
		od sugar ranged from 66 - 446			
	from 02/01/23 to 0				
	Observation of Res	sident #10's medications on			
	hand on 02/22/23 a	at 1:06pm revealed:			
		alog Kuikpen with an open			
	date of 02/06/23.	n the medication label were to			
	-ine manucions or chark hinori sunse	s and administer per sliding			
		er day before meals.			
	700 VI 1902 WARE WARE WARE	-			
		MA on 02/22/23 at 1:06pm			
	revealed:	thy sure when lunch was			
	-Sine was not exact	it was served around			
	11:30am	THE BUILDING CHAPTER STATES STATES STATES			
	-She usually admir	nistered insulin 30 minutes	I		
		ise that was when it "pops	10		
	up" on the eMAR.	training on the use of insulin		*	
		raining on the use of insuling ago and when she started			
	with this facility in A	Wayst 2022			
		cked off by the facility's	1		
	registered nurse (F				
		hnique for insulin pen use as ial to ordered number of units,			
	hiere secone age of	place injection and hold for 10			

THE RESERVE THE PERSON NAMED IN	of Health Service Re				
	IT OF DEFICIENCIES OF CORRECTION:	(XT) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		PART ASSESSED	6. WING		R-C
		HALOSTOTE	The series		62/72/78/23
NAME OF F	PROVIDER OR SUPPLIER	STREET A	doress city, sta	TE, ZIP COOE	
AUTUM	VILLAGE		TH NG 41		
			MLLE, NC 28518		
(XIA) IDI		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOW	HOULD BE COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	DAT	CROSS-REFERENCED TO THE APP DEFICIENCY)	PROPRIATE
					·
D 358	Continued From pa	ige 5	D-358		
		being taught to do a 2 unit air			
	shot	to the second se	i		
		held tine pen for 10 seconds but said sine did not count out			
	the	RIGHT SERVER SHIPES VARIOUS HIRACE WARRANCE WARRANCE			
	the 10 seconds.				
		dent #10 on 02/22/23 at			
	12:52pm revealed: Her blond sugars v	were checked three times daily	1		
	at about the same t		,		
		ed sliding scale insulin with			
		ecks because she liked to			
	Snack.	A STATE OF THE PARTY OF THE PAR			
	insulin while waiting	symptoms after receiving			
		orns of low blood sugar.			
		_			
	1:39pm revealed:	ead Supervisor on 02/22/23 a			
		ined how to administer insulin			
	using insulin pens l	by the facility's RN. d 5-hour and 10-hour			
	~I he mas received medication training		1		
		dic in-services about every 6	1		
	months.				
		e insulin pens using the 2 unit			
	air shot and to hold	l pen for 10 seconds after sure all of the insulin had "gone			
	injecting to make s	THE SH OLD BE REPORTED THAT BOARD	1		, single
		administer insulin with insulin			
		technique to include			
		nit air shot and to hold in place	Į.		
	for 10 seconds. -She would expect	t insulin to be administered			
		of mealtime or the resident's	3		
	blood				
	sugar could "botto	m out".			
	Indiamaiana taithi tibas A	Monimistrating on 02/22/23 at			

STATEMEN	of Health Service R IT of Deficiencies of Correction	(M1): PROVIDER/SUPPLIER/C(LA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING: _	CONSTRUCTION	R	LETED
		EAGUSTORS	F Marty Valley		1 9274	ALCUL 3
NAMEOF	PROVIDER OR SUPPLIER		Kodress City, St	FATE, ZPCODE		
AUTUM	VILLAGE		rth NC 41 Ville, NC 285			
	my little by a may provi		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PROVIDER'S PLAN OF CORE	CONTRACTOR OF THE PARTY OF THE	(44)
(XA) IED PREFEK TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL ESC DENTIFYING INFORMATION)	PREFIX. TAG	(FACH CORRECTIVE ACTIONS CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETE DATE
D 358	Continued From p	age 9	D 358			4
	1:43pm revealed:		1			
	-The MAs were tra administration usin hired and annually.	ined on proper insuling insuling pens by the RN when	n			
	-The Resident Car	re Coordinator (RCC) did				
	random observatio		27			
		use proper technique for insuli	NI .			
		ng insulin pens to include 2 unit air shot and holding the				
	injection for 10 sec					
	ISSUED BOOK THE STATE		Ŷ			
	02/22/23 at 1:43pr	Area Clinical Director on m revealed: on cart audits quarterly which:				
		g insulin administration.				
		y was rapid-acting insulin				
		tered within 15 minutes of				
		leal was not readly, the MA.				
	should give the res	sident a snack. IAs on proper insulin				
	administration usir	ng insulin pens to include the 2 h hold the pen for 10 seconds.				
	02/22/23 at 3:40pm	w with Resident #10's PCP on n revealed:				
	-The MAs should	use proper technique to ensur	e	-		
		ived accurate doses of				
		not held in long enough, the				
	resident may not n	eceive enough insulin and	ř.		*	
	200	wm enough. Ed her sweets and kept snacks				
		concerned with timing of insuli	n :			
		#10 liked to eat snacks.				
	-The facility should timing of insulin ac	i follow their policy for the iministration				

SGNL11

	NT OF DEFICIENCIES I OF CORRECTION	(Xt)) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING: E WING	CONSTRUCTION	CION	E SURVEY PLETED PLETED
NAME OF I	PROVIDER OR SUPPLIER				0.2	77.9.9.3
MANUE OF I	FREMIUER UN SEFFLIER		odress city, st rth NC 41	ALE, AIF CODE		
AUTUAN	VILLAGE		ALLE, NC 2851	3		
(MA): HD: PREFIX TAG:	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECIDED BY FULL SCIDENTIFYING INFORMATION):	PREFIX TAG	PROVIDERS PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5). GOMPLET DATE
D 358	Continued From pa	ge 10	D 358			
	09/19/22 revealed:	ent il9's current FL-2 dated				
		d dementia without behavioral I retardation, hyperlipidemia,				
		r for Aspirin 81mg tablet,				
		take 1 tablet by mouth daily. mevent heart atlack and	1		8	
	dated 11/29/22 reve	:#9's standing house orders saled all medications may and/or crushed, except for				
	medications on the	Do Not Crush list (Check Do place in applesauce or				
	Observation of the 8 02/22/23 revealed:	3.00am medication pass on				
	-The medication aid	ie (MA) prepared morning ident #9, including one 81mg	:			
	-The MA crushed al medications, includi	l of Resident #9's oral ing the Aspirin 81mg EC table	t ;			
	and placed in puddi the resident at 7:55	ng and administered them to am.	!			
	medication administ	#9's February 2023 electronic ration record (eMAR)				
•	tablet daily by mouth -There was no infor	mation noted on the eMAR to				*
		ion should not be crushed. #9's medications on hand on				
	Company of the name of the company	in revealed.	1			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
NAMES I STORES	OF CONNECTION	IDENTIFICATION HONDER	A BUILDING:	HANDAME AND THE CONTRACTOR OF	CON	PLEIED
·····		HAL031018	B. WING	***************************************		R-C 22/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, S	TATE, ZIP CODE		
A F CTT ISSUE	VILLAGE	235 NOR	TH NC 41			
	T VILLPOL	BEULAV	ILLE, NC 285	18		
(204): 102		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORE		(X5):
TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE
D 358	Continued From pa	ge 11	D 358			
	-The instructions on	the label were to administer				
	Aspirin 81mg EC 1	tablet by mouth daily.				
		mation on the label to indicate				
	the medication shou	uld not be crushed.				
	Review of facility's I	Do Not Crush (DNC) list				
		tablets were included as a				
	medication that sho	uld not be crushed.				
		A on 02/22/23 at 10:13am				
	revealed:	requested her medications				
	to be crushed.	requested her medications				
		ent #9's medications during				
	each medication pa					
		o only have the large tablets				
	crushed and would a	swallow the small tablets				
	whole.	Radio Constitution Stem Stem Stem Con-	1			
		lets including the Aspirin mixed with a small amount of				
	pudding.	HIDED WILL A SITIAL ALTICULT OF				
	-The facility had a D	NC list in a notebook at the	, i			
	nurse's stationShe had not review	and the DNO Set				
		ed the DNC list. usly had chewable Aspirin				
		id that changed with the new				
	contracted pharmac					
	-The eMAR and the	medication label did not				
		Crush information noted.				
		ent #9 on 02/22/23 at				
	10:03am revealed:	e tablets to be crushed.				
		small tablets without issue.				
		nly the large tablets crushed				
	and would swallow s	mall tablets, but staff now				
	crushed all of them I	because it was easier for				
	them.					
	 She denied side efficient 	ects or gastric upset after				

taking her medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL031018	B. WING	Michigan Company of the Company of t	The second second	R-C /22/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
AUTUM	VILLAGE		TH NC 41 LLE, NC 2851	f#			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF	N OF CORRECTION (X5)		
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	MUST BE PRECEDED BY FULL SC (DENTHYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE DEFICIENCY)			
D 358	Continued From page	ge 12	D 358				
	Interview with the La 10:22am revealed:	ead Supervisor on 02/22/23 at					
	-Resident #9 had a standing order that						
	medications could be crushedShe thought the multi dose packs were labeled						
	by the pharmacy if n	medications were not to be					
	crushed.	THE CASE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO					
	-The MAs had a DN	C list available, and they					
	should check the Do crushing medication	Not Crush list prior to s.	*				
	Interview with the Ac 10:32am revealed:	iministrator on 02/22/23 at					
		ist on each medication cart.	1				
	-She thought the pha	armacy labeled the multi dose	i				
		were not to be crushed.					
	 I ne mas snould rev crushing any medica 	riew the DNC list before					
	ordening any mounce	HANTED.					
	care provider (PCP) revealed.	with Resident #9's primary on 02/22/23 at 3:40pm					
		Resident #9 requested her					
	pills to be crushed. She would be conce	erned about gastrointestinal					
		in ideal absorption when EC					
	Aspirin was crushed.		1				
	-The MAs should rev crushing medications	riew the DNC list before					
	or useing reconductions	9.	1				
		nt #11's current FL-2 dated					
	10/24/22 revealed: -Diagnoses included	constipation, vascular					
		emorrhoidal skin tags and					
	other chest						
	pain. There was an order	for Ibuprofen 800mg take 1					
		lay with meals. (Ibuprofen is					
		1					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1): PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER COMPLETED A BUILDINGE R-C B. WING HAL031018 02/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 **AUTUWN VILLAGE BEULAVILLE, NC 28518** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG DEFICIENCY) D 358 D 358 Continued From page 13 non-steroidal anti-inflammatory used for mild to moderate pain.) Observation of 12:00pm medication pass on 02/22/23 at 11:16am revealed: -The medication aide (MA) prepared and administered 1 tablet of Ibuprofen 800mg to Resident #11 with water. -lbuorofen 800mg was not administered with a meal as ordered. Review of Resident #11's February 2023 electronic medication administration record (eMAR) revealed an entry for Ibuprofen 800mg take 1 tablet three times per day with meals scheduled at 8:00am, 12:00pm, and 5:00pm. Observation of Resident #11 on 02/22/23 revealed she was in the dining room and lunch was served at 11:36am and she began eating at 11:41am. Interview with the MA on 02/22/23 at 1:06pm revealed: -She did not administer medication in accordance with meals. -She administered medication when it "popped up" on the eMAR. -She was unsure what time lunch was served but thought it was usually served around 11:30am. -She sometimes administered medications with pudding. -She did not administer medications in the dining room. Interview with Resident #11 on 02/22/23 at 4:05pm revealed: -She took Ibuprofen daily.

EGNL11

Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING:		COMPLETED	
			-		200	
			E, WING		R-C	
		HAL031018	B. WING		02/22/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, ST	ATE ZIP CODE		
10000	THE PIECE OF GOT A LIEUT		TH NC 41	r () Aug and an aug		
AUTUMN	VILLAGE		ILLE, NC 2851	2		
	79 15 25 25 25 25 25 25 25 25 25 25 25 25 25	- Committee of the Comm		PROVIDER'S PLAN OF CORE	EATING	
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	(EACH CORRECTIVE ACTION S		
TAG			TAG	CROSS-REFERENCED TO THE APPROPRIATE DAT		
				DEFICIENCY)	44.44.44.45	
D 358	Continued From pa	ige 14	D 358			
	50 TO 100					
	Proposition of the American Contract of the Co	it busy and gave it to her				
	before					
meals.		Santa ar anatria vacat after	1			
	 She denied side effects or gastric upset after taking Ibuprofen. 					
	taking inoprofess.					
	Interview with the Lead Supervisor on 02/22/23 at		+			
	1:39om revealed:		30.			
	-Medications ordered to be given with the lunch					
		tered 30 minutes before a				
	meal.					
	-She was not sure of a policy regarding medications ordered to be given with mealsResidents sometimes had a snack before lunch.					
			-			
			i			
	1 (ODIGOTA)					
	Interview with the A	dministrator on 02/22/23 at				
	1:43pm revealed the MAs should administer medications ordered with meals or immediately after completion of the meal.					
			1			
	Interview with the	Area Clinical Director on	i			
	02/22/23 at 1:43pm					
		ed with meals were to be				
		diately after completion of the				
	resident's meal.	•				
	-Medications were not to be administered in the					
	dining room.					
	Telephone Interview with Resident #11's primary					
	care provider (PCP) on 02/22/23 at 3:40pm					
	revealed:	F	1			
		ered to be administered with	1			
	meals because it w	ras a non-steroidal	ř			
	anti-inflammatory and could cause corrosive gastritis and stomach upset.					
	The MAE should be	ollow the facility's policy for				
		ed to be given with meals.				
	INCUICATIONS OF METE	or he we Rikel Mile Lineare.				