STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 02/01/23 through 02/03/23.	D 000		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to ensure 3 of 3 sampled staff who administered medications met the requirements related to employment verification as a medication aide (Staff B and C) or completion of the 5, 10, or 15-hours of medication aide training (Staff A, B and C); and 1 of 3 sampled staff (Staff B) had completed the medication aide competency validation clinical skills checklist prior to passing medications.	D 125		

Reviewed and Acknowledged with addendums on p.31 and p.45. Keisha Banks 04/03/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 1 The findings are: Review of the facility's policy for Medication Staff revealed: -All staff administering medications must be 18 years old and/or have a high school diploma, GED or pass the State Alternative Exam for Adult Care Homes. -Medication Aides (MA) who passed the Adult Care Home Medication Aide State Exam after October 1, 2013 must show proof through use of the state approved medication verification form of passing medications in an adult care home consecutively for the past two years and provide the facility with proof of passing the 15-hour State Approved Medication Course. If proof of taking the medication course cannot be obtained the medication aide shall complete the 15-hour State Approved Medication Course prior to administering medications. -A qualification of MA staff were to complete Registered Nurse validation of Medication Administration Checklist. -Depending on the experience of the employee as a MA a minimum of 5 days' medication administration training would be conducted and consisted of: observation review of a seasoned qualified MA, performance of medication aide duties with observation by a seasoned MA, and question and answer review. 1. Review of Staff A's, medication aide (MA), personnel record revealed: -There was documentation Staff A was hired on 10/04/22. -She passed the MA written exam on 09/23/22. -There was documentation Staff A completed the medication aide competency validation clinical skills checklist on 10/17/22. -There was no documentation she completed the	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 2 5-hour, 10-hour, or 15-hour MA training course. Review of a resident's January 2023 electronic medication administration record (eMAR) revealed: -Staff A administered medication on 9 days from 01/01/23 through 01/31/23. -On 01/24/23 and 01/31/23 she had documented a weekly medication as not administered due to medication not being available on the medication cart, but there was no documentation she had notified the Director that the medication needed to be refilled. Interview with the Director on 02/02/23 at 11:12am revealed: -She was responsible for hiring new staff. -The previous Director who worked for the company had trained her on hiring new staff. -She was responsible for managing staff personnel records, but had not audited them in a while. -Staff A had not completed the 5, 10, or 15-hour MA training course. -She was under the impression if the MA had proof of passing the MA written exam, she did not need to do the 5, 10, or 15-hour MA training course. Telephone interview with Staff A on 02/02/23 at 3:40pm revealed: -She did not complete a 5, 10, or 15-hour MA training course upon hire at the facility. -She had completed the MA training course at the facility where she worked just prior to taking her MA written test. -The Director hired her and did not tell her she needed to complete any additional training or show proof of completing the 5 and 10 or 15-hour MA training course.	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 3 Refer to the telephone interview with the facility's Owner on 02/03/23 at 2:45pm. Refer to the telephone interview with the Administrator on 02/03/23 at 3:30pm. 2. Review of Staff B's, medication aide (MA), personnel record revealed: -She was hired on 01/17/23. -There was documentation Staff B passed the MA written exam on 10/25/15. -There was no documentation Staff B completed the 5-hour, 10-hour, or 15-hour MA training course. -There was no documentation of an employment verification prior to hire as a MA. -There was no documentation she completed the medication aide competency validation clinical skills checklist. Review of a resident's January 2023 electronic medication administration record (eMAR) revealed: -Staff B administered medication on nine days from 01/19/23 through 01/31/23. -There was documentation that on 01/19/23, 01/24/23, 01/26/23, 01/27/23, 01/28/23, 01/29/23, and 01/31/23 Staff B administered either a second or third dose of an as-needed medication that was only ordered to be taken one time daily as needed. -There was documentation that on 01/19/23, 01/20/23, 01/23/23, 01/24/23, 01/26/23, 01/27/23, 01/28/23 and 01/29/23 Staff B administered either a second or third dose of another as-needed medication that was only ordered to be taken one time daily as needed. Interview with the Director on 02/02/23 at	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 4	D 125		

11:12am revealed:
-She was responsible for hiring new staff.
-The previous Director who worked for the company had trained her on hiring new staff.
-She was responsible for managing staff personnel records, but had not audited them in a while.
-Staff B had not completed the medication competency validation clinical skills checklist.
-The nurse the facility contracted with who came to the facility to do MA staff training was not available to complete the training for a couple more weeks.
-She was under the impression if the hired MA had passed the MA written exam, the MA could work under the Director's license until the nurse completed the MA competency validation skills checklist with them.
-Staff B had not completed the 5, 10, or 15-hour MA training course.
-She had not completed a MA employment verification upon hire of Staff B.
-She was under the impression if the MA had proof of passing her MA written exam, she did not need to do a MA employment verification or the 5, 10, or 15-hour MA training course.

Interview with Staff B on 02/02/23 at 3:30pm revealed:
-She started working at the facility a couple of weeks prior.
-The Director hired her and completed her new employee training which consisted of the Director shadowing her on the medication cart while she passed medications for three shifts.
-She had been administering medications on her own, without staff monitoring her ever since she completed the three shifts of medication administration monitoring with the Director.
-She took and passed her MA written test in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 5 2015. -She did not work in the role of a MA from 2018-2020 and did not know which specific months she stopped and started employment as a MA. -She was not sure if the Director completed the MA employment verification on her when she was hired. -She had not completed a 5, 10, or 15-hour MA training course upon hire or at any point in her career as a MA, including prior to taking the MA written exam. -The nurse the facility contracted with to complete staff training had not come to the facility to complete the MA competency validation skills checklist yet; she was told it might be a while because the nurse was busy doing check offs at facilities across the state. Refer to the telephone interview with the facility's Owner on 02/03/23 at 2:45pm. Refer to the telephone interview with the Administrator on 02/03/23 at 3:30pm. 3. Review of Staff C's, medication aide (MA) personnel record revealed: -She was hired on 02/24/22. -There was documentation Staff C passed the MA written exam on 04/29/15. -There was documentation Staff C completed the 5-hour MA training course on 02/04/22. -There was documentation Staff C completed the medication aide competency validation clinical skills checklist on 02/04/22. -There was no documentation she had completed the 10-hour MA training course. -There was no documentation of a MA employment verification prior to hire as a MA.	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 6 Review of a resident's January 2023 electronic medication administration record (eMAR) revealed: -Staff C administered medication on 18 days from 01/01/23 through 01/31/23. -There was documentation that on 01/26/23 Staff C administered a second dose of an as-needed medication that was only ordered to be taken one time daily as needed. -There was documentation that on 01/26/23 Staff C administered a second dose of another as-needed medication that was only ordered to be taken one time daily as needed. Interview with the Director on 02/02/23 at 11:12am revealed: -She was responsible for hiring new staff. -The previous Director who worked for the company had trained her on hiring new staff. -She was responsible for managing staff personnel records, but had not audited them in a while. -Staff C had not completed a 10 or 15-hour MA training course. -She was under the impression if the MA had proof of passing her MA written exam, she did not need to do a MA employment verification or the 10, or 15-hour MA training course. Interview with Staff C on 02/02/23 at 1:40pm revealed: -She was not sure if the Director had completed an employment verification for her upon hire. -She completed the 5-hour training course when she was hired and was not aware she needed to complete the 10-hour training course. -She had worked as a MA at other facilities prior to starting employment at the current facility. Refer to the telephone interview with the facility's	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 7 Owner on 02/03/23 at 2:45pm. Refer to the telephone interview with the Administrator on 02/03/23 at 3:30pm. (Refer to Tag 358, 10A NCAC 13F .1004(a) Medication Administration.) _____ Telephone interview with the facility Owner on 02/03/23 at 2:45pm revealed: -The Director was responsible for the hiring of staff. -The Director had received training regarding staff qualification requirements. -He was under the impression that if a MA had proof of passing the MA written exam, the MA just needed to do the medication aide competency validation skills check off with the nurse when they were hired at the facility. Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed: -The Director was responsible for hiring new staff and to ensure all the components of their personnel record were completed. -He was not aware there were staff who were missing their MA training or MA employment verification or the MA competency validation clinical skills checklist. _____ The facility failed to ensure 3 staff who worked as MAs and administered medications to residents had completed the MA training requirements before administering medications including the 5, 10, or 15 hour MA training course (Staff A, B, and C); the MA competency validation clinical skills checklist (B); and had proof of prior employment verification during the previous 24 months working as a MA (B and C) resulting in medication errors. This failure was detrimental to	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 8 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 02/02/23 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 20, 2023.	D 125	MA staff qualifications: All MA 15 hour classes were completed on 3/1/2023. All new hire employees that are MA's will have to have the 15 hour class documentation prior to being an MA at the facility. If the MA's do not have the 15 hr. class, the Director will schedule class which will be completed with in 90 days along with training. The Director along with QA will review employee charts every 90 days.	3/1/2023
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 sampled staff (Staff A and C) had completed a criminal background check upon hire. The findings are: a. Review of Staff A's medication aide (MA) personnel record revealed: -She was hired as a MA on 10/04/22. -There was no documentation a criminal background check had been completed upon hire. Interview with the Director on 02/02/23 at 11:12am revealed: -She was responsible for the completion of the	D 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	Continued From page 9	D 139		

personnel records.
-She had not reviewed or audited the personnel records in a while.
-The Administrator had given her some guidance for hiring requirements for staff, but it was at the previous facility she had worked at for that company.
-Staff A did not have a criminal background check completed upon hire or afterward.
-Up until December 2022, the Owner had been completing all the personnel criminal background checks.
-When she had called the Owner in December 2022 regarding the county advising her that another staff did not have a criminal background check in personnel record, he told her he had not done one for Staff A and would go to the facility and teach her how to do it.
-When she had attempted to complete a criminal background check for Staff A, she forgot how to do it and did it incorrectly so it had not yet been completed.
-The Owner was planning to go back to the facility the following day, 02/03/23, to show her how to complete a criminal background check again.

Interview with Staff A on 02/02/23 at 3:40pm revealed:
-She thought a criminal background check had been completed when she was hired at the facility but she could not remember.
-She had not been told since her hire in October 2022 that a criminal background check still needed to be completed on her.

Telephone interview with the Owner on 02/03/23 at 2:45pm revealed:
-The Director was responsible for hiring staff and she had received training regarding the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	Continued From page 10	D 139		

requirements for personnel records.
-He expected all personnel criminal background checks to be completed before hire.
-He did not have a criminal background check in his file for Staff A.

Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed:
-The Director was responsible for hiring staff and maintaining the personnel records.
-The Director was expected to ensure completion of all components of the personnel record such as criminal background checks prior to the staff's first shift at the facility.
-If there was a criminal background check the Director could not complete, she would be responsible for notifying the Owner so that he could complete the criminal background check.
-He had not been aware that not all staff working at the facility had a criminal background check completed.

b. Review of Staff C's medication aide (MA) personnel record revealed:
-She was hired as a MA on 02/24/22.
-There was no documentation a criminal background check had been completed upon hire.
-There was a criminal background check completed on 12/06/22.

Interview with the Director on 02/02/23 at 11:12am revealed:
-She was responsible for the completion of the personnel records.
-She had not reviewed or audited the personnel records in a while.
-The Administrator had given her some guidance for hiring requirements for staff, but it was at the previous facility she had worked at for that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	Continued From page 11	D 139		

company.
-The Owner of the facility had completed Staff C's criminal background check in December 2022 after county staff had pointed out that her personnel record was missing it.
-The Owner had been responsible for completing all staff criminal background checks until December 2022 when he taught her how to do it.
-The owner had been completing all the personnel criminal background checks but when she had called him in December 2022, he told her he had not done so and would go to the facility and teach her how to do it.

Interview with Staff C on 02/02/23 at 1:40pm revealed:
-The Director had hired her.
-She thought the Director had completed a criminal background check on her when she was hired.
-She did not know when the criminal background check had actually been completed.

Telephone interview with the Owner on 02/03/23 at 2:45pm revealed:
-The Director was responsible for hiring staff and she had received training regarding the requirements for personnel records.
-He expected all personnel criminal background checks to be completed before hire.
-He had completed a criminal background check for Staff C in December 2022 when he was informed that it had not yet been completed.
-After completing the criminal background for Staff C, he taught the Director how to complete the criminal background checks herself.

Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed:
-The Director was responsible for hiring staff and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 139	Continued From page 12 maintaining the personnel records. -The Director was expected to ensure completion of all components of the personnel record such as criminal background checks prior to the staff's first shift at the facility. -If there was a criminal background check the Director could not complete, she would be responsible for notifying the Owner so that he could complete the criminal background check. -He had not been aware that not all staff working at the facility had a criminal background check completed.	D 139	The owner will have a training demonstration with the Director on 3/4/2023. After training she will have complete access to do all the SBI checks from this time forward. The Director will be responsible for checking the employees criminal records prior to hiring. QA will follow up every 90 days.	3/4/2023
D 161	10A NCAC 13F .0504(a & b) Competency Eval & Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident.	D 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 13	D 161		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure a licensed health professional support (LHPS) competency validation had been completed for tasks including checking fingerstick blood sugar (FSBS) and administration of medication via injection for 1 of 3 sampled staff (Staff B).

The findings are:

Review of Staff B's medication aide (MA) personnel record revealed:
-Staff B was hired as a MA on 01/17/23.
-She had passed the MA exam on 10/25/15.
-There was no documentation that she had completed the licensed health professional support (LHPS) skills validation checklist.

Review of a resident's January 2023 electronic medication administration record (eMAR) revealed:
-Staff B had documented checking fingerstick blood sugar (FSBS) values on 01/19/23, 01/20/23, 01/23/23, 01/24/23, 01/26/23, 01/27/23, 01/28/23, 01/29/23 and 01/31/23.
-Staff B had documented insulin administration at 8:00pm on 01/19/23, 01/20/23, 01/23/23, 01/24/23, 01/26/23, 01/27/23, 01/28/23, 01/29/23 and 01/31/23.

Interview with the Director on 02/02/23 at 11:12am revealed:
-She was responsible for hiring new staff and ensuring their personnel records were completed.
-Staff B had not yet completed the LHPS skills validation checklist with the nurse.
-She knew that each MA was required to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 14	D 161		

complete the LHPS skills validation checklist.
-Staff B had not worked by herself on the medication cart and any LHPS task that was required during the medication pass was completed by the MA who was supervising her.
-There was always someone else in the building to observe Staff B passing medication.
-Sometimes if there was not another MA working, she would observe Staff B's medication pass from the camera in her office.
-Staff B knew she was not allowed to do any LHPS tasks on her own until she was checked off by the nurse.

Interview with Staff B on 02/02/23 at 3:30pm revealed:
-The Director hired her.
-When she started working as a MA at the facility, the Director observed her doing medication pass for her first three shifts then let her pass medication on her own after that.
-She had been working by herself on the medication cart doing medication passes which included FSBS and insulin.
-She had not had a second MA observe her medication passes since the Director had initially observed her passing medication for her first three shifts after hire.
-The nurse had not come to do her LHPS skills checklist yet because she was busy doing training and check-offs at other facilities around the state.
-She was told it might be a while before the nurse was able to come and do her LHPS skills competency checklist.

Telephone interview with the facility Owner on 02/03/23 at 2:45pm revealed:
-The Director was responsible for the hiring of staff.
-The Director had received training regarding staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 161	Continued From page 15 qualification requirements and had worked doing hiring at other facilities as well. Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed: -The Director was responsible for hiring new staff and to ensure all the components of their personnel record were completed. -He was not aware there were MA staff who were working on the medication cart without having completed the LHPS skills validation checklist.	D 161	Employee noted in documentation was terminated on 2/10/2023. However, when the employee was in training, she did not complete any LHPS' alone. The Director will be responsible for having an RN check the employees off on LHPS with in 30 days of hire.	2/10/2023
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews, observations, and interviews, the facility failed to provide supervision for 1 of 3 sampled residents (#3) who exhibited wandering behaviors, had unexplained bruising, and multiple falls, one of which required the resident to be sent to the emergency room. The findings are: Review of the facility's undated Policy Manual regarding Supervision of Wandering Residents revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 16	D 270		

-Supervise and implement routine checks and or techniques according to the needs of the resident.
-The Resident Care Director/designee will evaluate and implement additional safety measures if needed.
-Additional safety measures shall include but are not limited to increased safety checks, increase staffing for one on one supervision until a long-term safety plan is in place.
-The Resident Care Director shall review the assessment of the resident that is identified at risk for wandering to assure the resident is supervised per their needs and per facility policy.

Review of Resident #3's current FL2 dated 05/20/22 revealed:
-Diagnoses included dementia, chronic obstructive pulmonary disease, coronary artery disease, paroxysmal A-Fib, normocytic anemia, hyperlipidemia, hypertension.
-Resident #3 was constantly disoriented, ambulatory, and had a history of wandering behaviors.

Review of Resident #3's care plan dated 05/20/22 revealed:
-Resident #3 wandered the halls and occasionally went into other residents' rooms.
-Resident #3 had no problems with ambulation and his skin was normal.

Observation of Resident #3 on 02/01/23 between 2:25pm and 3:28pm revealed:
-Resident #3 was walking up and down the halls with no shoes on.
-He sometimes walked in the middle of the floor and sometimes held to the handrail.
-Resident #3 had skin tears and bruises along both arms and scabs on the knuckles of his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 17	D 270		

pointer and middle fingers of his right hand.
-Resident #3 had a scab on his face to the right of his right eyebrow and at the top of his head on the right side.

a. Review of Resident #3's Incident/Accident Report dated 06/06/22 (no time documented) revealed:
-The medication aide (MA) noticed bruising along the underside of Resident #3's left forearms and swelling of the left forearm.
-There was no documentation of a witness to the cause of bruising.
-Resident #3 did not have any falls.

Telephone interview with the Director who documented the Incident/Accident Report dated 06/06/22 on 02/03/23 at 1:49pm revealed:
-Resident #3 wandered the halls when he was awake during the day; he wandered the halls most of the night during third shift.
-There were no interventions put in place or increased supervision for Resident #3 after his unexplained bruising on 06/06/22.

Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after the observation of unexplained bruising on 06/06/22.

Refer to the interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am.

Refer to the interview with a medication aide (MA) on 02/02/23 at 3:43pm.

Refer to the interview with a personal care aide (PCA) on 02/02/23 at 4:38pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 18	D 270		

Refer to telephone interview with Resident #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm.

Refer to the telephone interview with a second MA on 02/03/23 at 10:29am.

Refer to the telephone interview with Resident #3's Responsible Party (RP) on 02/03/23 at 11:50am.

Refer to the telephone interview with the Director on 02/03/23 at 1:49pm.

Refer to the telephone interview with the Administrator on 02/03/23 at 3:35pm.

b. Review of Resident #3's Incident/Accident Report dated 06/10/22 at 10:40pm revealed:
-Resident #3 was up walking the halls.
-He fell and hit the back of his head on the floor while walking down the 100 hall.
-Resident #3 had a laceration and bleeding on the back of his head.
-There was no documentation of a witness to the fall.
-Resident #3 was sent to the emergency room per his Responsible Party's (RP) request.
-Resident #3 returned from the hospital at 10:30am with no new orders.

Attempted telephone interview with the MA who documented the Incident Accident Report dated 06/20/22 on 02/03/23 at 10:28am was unsuccessful.

Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his fall on 06/10/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 19 Refer to the interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am. Refer to the interview with a medication aide (MA) on 02/02/23 at 3:43pm. Refer to the interview with a personal care aide (PCA) on 02/02/23 at 4:38pm. Refer to the telephone interview with Resident #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm. Refer to the telephone interview with a second MA on 02/03/23 at 10:29am. Refer to the telephone interview with Resident #3's Responsible Party (RP) on 02/03/23 at 11:50am. Refer to the telephone interview with the Director on 02/03/23 at 1:49pm. Refer to the telephone interview with the Administrator on 02/03/23 at 3:35pm. c. Review of Resident #3's Incident/Accident Report dated 07/17/22 at 8:00pm revealed: -Resident #3 was up walking the halls. -Resident #3's was walking down the hallway when he fell. -There was no documentation of a witness to the fall. -There were no apparent injuries. -Resident #3 was doing fine after the fall. Interview with the medication aide (MA) who documented the Incident/Accident Report dated 07/17/22 on 02/03/23 at 2:43pm revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 20	D 270		

-Resident #3 was trying to sit down on the floor when he fell.
-He did not have any injuries.
-She had not been told to do anything differently for Resident #3 after his fall on 07/22/22.

Review of Resident #3's Primary Care Provider's (PCP) progress note dated 07/22/22 revealed:
-Resident #3's right arm was noted to have blisters and bruises to the right upper arm.
-There was a diagnosis of traumatic ecchymosis (bruise caused by bleeding underneath the skin) of the right upper arm.
-The traumatic ecchymosis of the right upper arm resulted from Resident #3 reaching through a handrail in the hallway and pulling against the railing.
-There was a picture of Resident #3's arm included with the progress note.

Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his fall on 07/17/22.

Refer to the interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am.

Refer to the interview with a medication aide (MA) on 02/02/23 at 3:43pm.

Refer to the interview with a personal care aide (PCA) on 02/02/23 at 4:38pm.

Refer to the telephone interview with Resident #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm.

Refer to the telephone interview with a second MA on 02/03/23 at 10:29am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 21	D 270		

Refer to the telephone interview with Resident #3's Responsible Party (RP) on 02/03/23 at 11:50am.

Refer to the telephone interview with the Director on 02/03/23 at 1:49pm.

Refer to the telephone interview with the Administrator on 02/03/23 at 3:35pm.

d. Review of Resident #3's Incident/Accident Report dated 08/29/22 at 5:00pm revealed:
-Resident #3 was sitting in a chair in the sunroom when he tried to stand up and lost his balance.
-Resident #3 fell sideways into the wall had a small skin tear on the back of his head near the clasp of his hat.
-There was no documentation of a witness to the fall.
-The Director spoke with Resident #3's Responsible Party (RP) who stated "not to send him to the hospital as it was only a small skin tear that barely bled and there was no swelling or knots on his head".
-There was no documentation of the staff who completed the Incident/Accident Report.

Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his fall on 08/29/22.

Refer to the interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am.

Refer to the interview with a medication aide (MA) on 02/02/23 at 3:43pm.

Refer to the interview with a personal care aide

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 22 (PCA) on 02/02/23 at 4:38pm. Refer to the telephone interview with Resident #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm. Refer to the telephone interview with a second MA on 02/03/23 at 10:29am. Refer to the telephone interview with Resident #3's Responsible Party (RP) on 02/03/23 at 11:50am. Refer to the telephone interview with the Director on 02/03/23 at 1:49pm. Refer to the telephone interview with the Administrator on 02/03/23 at 3:35pm. e. Review of Resident #3's Incident/Accident Report dated 08/30/22 at 2:10am revealed: -Resident #3 was walking down the hallway and fell backwards. -He hit the back of his head and had a skin tear on his right and left arms. -There was no documentation of a witness to the fall. -Resident #3's Responsible Party (RP) did not want him to be sent out to the hospital. Interview with the medication aide (MA) who documented the Incident/Accident Report dated 08/30/22 on 02/03/23 at 2:43pm revealed: -Resident #3 fell in the hallway on 08/30/22 and hit his head. -There was a small cut and bleeding at the back of his head. -She contacted Resident #3's Responsible Party (RP) and she told her to keep an eye on him. -Resident #3 walked the halls a lot during third	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 23	D 270		

shift and staff tried to be there for him when he was up and out of bed.
-Staff tried to check on Resident #3 every 15 minutes, but there was no documentation of the 15-minute checks.
-Staff tried to keep Resident #3's slippers on when he walked the hallways.
-Usually, Resident #3 kept his slippers on if staff put them on him.
-Sometimes when Resident #3 was tired, he had an unsteady gait and leaned to the side when he ambulated.
-She had not been told to do anything differently for Resident #3 after his fall on 08/30/22.

Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his fall on 08/30/22.

Refer to the interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am.

Refer to the interview with a medication aide (MA) on 02/02/23 at 3:43pm.

Refer to the interview with a personal care aide (PCA) on 02/02/23 at 4:38pm.

Refer to the telephone interview with Resident #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm.

Refer to the telephone interview with a second MA on 02/03/23 at 10:29am.

Refer to the telephone interview with Resident #3's Responsible Party (RP) on 02/03/23 at 11:50am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 24	D 270		

Refer to the telephone interview with the Director on 02/03/23 at 1:49pm.

Refer to the telephone interview with the Administrator on 02/03/23 at 3:35pm.

f. Review of Resident #3's Incident/Accident Report dated 12/30/22 at 9:00pm revealed:
-The medication aide (MA) walked in Resident #3's room to check on him and he was laying down (place not indicated) and it appeared he had fallen.
-There was no documentation of a witness to the fall.
-There were no apparent injuries.

Review of Resident #3's progress notes for 12/30/22 at 6:18am revealed Resident #3 had a bruise on his leg and arms, and his arm was bleeding.

Attempted interview with the MA who documented the Incident Accident Report dated 12/30/22 on 02/03/23 at 10:28am was unsuccessful.

Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his fall on 12/30/22.

Refer to the interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am.

Refer to the interview with a medication aide (MA) on 02/02/23 at 3:43pm.

Refer to the interview with a personal care aide (PCA) on 02/02/23 at 4:38pm.

Refer to the telephone interview with Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 25 #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm. Refer to the telephone interview with a second MA on 02/03/23 at 10:29am. Refer to the telephone interview with Resident #3's Responsible Party (RP) on 02/03/23 at 11:50am. Refer to the telephone interview with the Director on 02/03/23 at 1:49pm. Refer to the telephone interview with the Administrator on 02/03/23 at 3:35pm. g. Review of Resident #3's Incident/Accident Reports revealed there was no report dated 01/19/23. Review of Resident #3's progress notes dated 01/19/23 at 9:25pm revealed: -Resident #3 was observed on the floor in the dining room. -Resident #3 had a skin tear to the right side of the back of his head. -Resident #3 was assisted back to his room and into bed. -Resident #3 was later observed on the floor of his room and was assisted back to bed. -Resident #3 was observed again on the floor of his room and was assisted back to bed. Interview with the medication aide (MA) who documented the Incident Accident Report dated 01/19/23 on 02/02/23 at 3:39pm revealed: -She did not know of any interventions put in place after his falls on 01/19/23. -She was not told to increase supervision for residents after his falls on 01/19/23.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 26 Based on record reviews and interviews, there was no documentation of any interventions or increased supervision implemented for Resident #3 after his falls on 01/19/23. Based on record reviews, observations, and interviews, it was determined Resident #3 was not interviewable. Refer to interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am. Refer to interview with a medication aide (MA) on 02/02/23 at 3:43pm. Refer to interview with a personal care aide (PCA) on 02/02/23 at 4:38pm. Refer to telephone interview with Resident #3's Primary Care Provider (PCP) on 02/02/23 at 4:59pm. Refer to telephone interview with a second MA on 02/03/23 at 10:29am. Refer to telephone interview with Resident #3's Responsible Party (RP) on 02/03/23 at 11:50am. Refer to telephone interview with the Director on 02/03/23 at 1:49pm. Refer to telephone interview with the Administrator on 02/03/23 at 3:35pm. _____ Interview with the RCC on 02/02/23 at 9:27am revealed: -Resident #3 was unsteady on his feet when he stood up from a chair or got out of bed. -When she saw unexplained bruising on Resident	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 27	D 270		

#3, she assumed he had a fall.
-Resident #3 slept a lot during the day and was up at night wandering the hallways.
-There were no interventions put in place for Resident #3 after his falls.
-She and the other staff checked on all residents every 2 hours.
-No one had told her to check on residents more often after a fall or to ensure other staff checked on resident more often after a fall.

Interview with a MA on 02/02/23 at 3:43pm revealed:
-She did not know why Resident #3 was falling.
-Resident #3 had a lot of bruises lately and she thought they were coming from unwitnessed falls.
-She had never seen Resident #3 fall, but she had assisted him on the floor after a fall or after he put himself on the floor.
-She did not know of any interventions put in place for Resident #3 after any of his falls.
-No one told her to increase supervision for Resident #3 after any of his falls.

Interview with a PCA on 02/02/23 at 4:38pm revealed:
-She had not been told to do anything differently for Resident #3 or any other resident who had falls.
-She was to watch residents after a fall, but she was not told how often or for how long.

Telephone interview with Resident #3's PCP on 02/02/23 at 4:59pm revealed:
-Resident #3 had dementia and stability issues.
-She was aware of Resident #3's falls and bruises.
-She thought staff increased supervision for Resident #3 after falls.
-There was always staff in the hallways and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 28 Resident #3 stayed close to the nurse's station. Telephone interview with a second MA on 02/03/23 at 10:29am revealed: -She had not been told to do anything differently for Resident #3 after any of his falls. -She was not aware of any interventions put in place for Resident #3 after any of his falls. -When Resident #3 was asleep, she tried to check on him every 30 minutes. -When he was awake, she tried to "keep eyes on him" and know where he was going. Telephone interview with Resident #3's RP on 02/03/23 at 11:50am revealed: -The facility contacted her to inform her of all of Resident #3's falls. -She tried to limit Resident #3 going out of the facility to the hospital to avoid increased confusion and agitation. -She did not know of any interventions put in place for Resident #3 after any of his falls. -She provided grip socks for Resident #3, but he would not keep his socks and shoes on. -There was a discussion with the Director about Resident #3 using a walker, but she did not think he would use a walker; the facility had not tried using a walker with Resident #3. -There had not been any discussion with facility staff about increasing supervision for Resident #3 after any of his falls. Telephone interview with the Director on 02/03/23 at 1:49pm revealed: -After Resident #3's falls, staff were told to watch him, generally for a few hours. -There was no documentation of any increased supervision for Resident #3 after any of his falls. -There were no interventions put in place for Resident #3 after his falls.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 29 -Physical therapy (PT) had been discussed with Resident #3's RP in the past, but his RP did not think he would cooperate with PT so it was not put in place for him. -She was currently overstaffed and should have staff available to supervise him one-one-one. Telephone interview with the Administrator on 02/03/23 at 3:35pm revealed: -After a resident had a fall, staff should have checked for mobility, rule out injuries, and tried to determine the reason for the fall. -He was not familiar with Resident #3 and he did not know if any interventions had been put in place for him after his falls. -Staff were expected to increase supervision for Resident #3 after his falls, but there was no policy currently in place for increased supervision. -If staff provided increased supervision, he expected for them to document it. _____ The facility failed to provided supervision for 1 of 3 sampled residents (#3) who had a diagnosis of dementia, had wandering behaviors, unexplained bruises and experienced 6 falls from 06/10/22 through 01/19/23 which resulted in the resident hitting his head four times, bruising, skin tears, bleeding, and a hospital emergency room visit. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation. _____ The facility provided a plan of protection on 02/02/23 in accordance with G.S. 131D-34 for this citation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 20, 2023.	D 270	Personal Care: Patient #3 is a wander that is a fall risk. He is non compliant with wearing shoes/socks. Family is supportive and in contact with facility Director often. The resident was put on every 30 min. checks which, is documented in Personal Care records. This was implemented on 2/2/23. Resident was last seen by PCP on 2/17/2023. Order has been placed for resident to be evaluated by Home health/Physical therapy for balance, gait, and stability.-on 3/3/2023.	2/2/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 30	D 273		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure primary care provider (PCP) follow-up was completed for 2 of 3 sampled residents (#2 and #3) who had missed doses of medication due to being out of the facility (#2) and a resident who had weight gains of 3 pounds or more and the resident's physician was not notified (#3). The findings are: 1. Review of Resident #2's current FL2 dated 01/13/23 revealed diagnoses included bipolar disorder, polyarthritis, stage 3 chronic kidney disease, and hypertension. a. Review of Resident #2's previous FL2 dated 12/30/22 revealed there was an order for gabapentin (a medication used to treat nerve pain) 300mg take one tablet every evening. Review of Resident #2's physician order dated 01/13/23 revealed an order to take gabapentin 300mg take two capsules three times daily. Review of Resident #2's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for gabapentin 300mg take one capsule every evening scheduled at 8:00pm. -There was documentation gabapentin was not	D 273	For any Residents that may become a fall risk due to balance and gait, will be evaluated by PCP. Also the staff will encourage socks/shoes/non-slip socks, along with checking the patient every 30min and documenting. This was implemented on 2/2/23 In addition: Any Patient that is experiencing a health care need, (behaviors, falls), their PCP will be contacted and Patient will be monitored. This will be documented every 30min. for the next 24 hrs and Patient will be seen by PCP next visit.	2/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 31	D 273		

administered on 01/10/23 due to the resident being out of the facility.
-There was an entry for gabapentin 300mg take two capsules three times daily scheduled at 8:00am, 2:00pm, and 8:00pm.
-There was documentation gabapentin was not administered at 2:00pm on 01/15/23, 01/17/23, 01/24/23, or 01/27/23 due to the resident being out of the facility.

Observation of medication on hand for Resident #2 on 02/01/23 at 12:05pm revealed:
-There were two medication cards for gabapentin 300mg take two capsules three times daily with a dispensed date of 01/13/23.
-One medication card had 26 doses (two capsules in each bubble to equal one dose) out of 30 remaining, and one medication card had 16 doses out of 30 remaining.

Telephone interview with Resident #2's primary care provider (PCP) on 02/02/23 at 4:50pm revealed:
-Resident #2 was taking gabapentin for a diagnosis of polyarthritis.
-She was not aware Resident #2 had missed 5 doses in January 2023 due to being out of the facility.
-She was not concerned about Resident #2 experiencing adverse effects for missing 5 doses since they were not consecutive doses or consecutive days.
-She expected the MAs to administer medications as they were ordered or to notify her if they were unable to administer medication as ordered for any reason.

Interview with a medication aide (MA) on 02/01/23 at 12:15pm revealed:
-Resident #2 frequently left the facility, but always

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 32	D 273		

signed out and told staff when she returned.
-When Resident #2 left the facility, she never took her afternoon medications with her because she always said she would be back at the facility before the next medication pass.
-There were some days where Resident #2 was not back at the facility at the time she said she would be and ended up missing her 2:00pm medications.
-She did not think Resident #2's PCP knew that she had missed several doses of her afternoon medications due to being out of the facility.
-The Director was the only staff who was allowed to contact the PCP so if the MA had a resident concern they were expected to notify the Director.
-If a resident concern occurred and the Director was not in the facility, the MAs would call her because she lived on the facility's property and was available by telephone at any time.
-She had never reported Resident #2's missed doses of medication to the Director because the Director would have seen the missed doses during her audits of the eMAR.

Interview with Resident #2 on 02/01/23 at 2:15pm revealed:
-Every Tuesday evening, she was out of the facility until around 9:30pm.
-She also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medication.
-The MA never asked her if she wanted to bring her afternoon medication with her to her appointments or outings and she had never thought to ask for them.
-She had not noticed experiencing any symptoms from missing a dose of her afternoon medication.

Interview with a MA on 02/02/23 at 9:00am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 33	D 273		

revealed:
-She had worked as a MA at the facility for three months and always worked day shift.
-The Director was the only staff who contacted the PCP; the MAs were not allowed.
-When Resident #2 left the facility for an outing or appointment,,t the MAs, herself included, did not send medication along with her because usually she came back before the next medication pass.
-Resident #2 had never asked for her afternoon medication to be sent with her when she left the facility.
-She did not know if the Resident Care Coordinator (RCC) or Director knew that Resident #2 had missed doses of her medication due to being out of the facility.
-She had never notified the RCC of Resident #2's missed medications, because the RCC worked the medication cart sometimes and already knew.
-Resident #2 had never complained about having any symptoms due to missing a dose of her medication while out of the facility.
-The Director reviewed the resident's eMARs for accuracy and would have seen Resident #2's missed doses of medication.

Interview with the RCC on 02/02/23 at 10:00am revealed:
-She had started her role as RCC in September 2022, but was not yet fully trained.
-She was not allowed to contact the PCP regarding resident concerns; only the Director had that responsibility.
-The Director completed audits of the eMARs but she did not know how often.
-She worked in the role as a MA on the medication cart sometimes.
-Resident #2 left the facility a lot for various reasons, but none of the staff sent medication with her when she left because she always said

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 34	D 273		

she would be back in time.
-Resident #2 was her own decision maker and did not have a power of attorney or guardian so she would be able to take her medications if they chose to send them with her.
-Resident #2 had never asked to have her medication sent with her when she left the facility.
-The Director had never advised the staff to send Resident #2's medications with her when leaving the facility.
-Resident #2 never reported symptoms as a result of missing a dose of her medication while out of the facility.

Telephone interview with the Director on 02/03/23 at 1:25pm revealed:
-It was her responsibility to follow up with the PCP with any resident concerns.
-She completed audits of the eMARs where she looked for accuracy of medication administration, but it had been a couple of weeks since her last audit and she had not noticed that Resident #2 missed medications due to being out of the facility.
-Resident #2 was competent and could be responsible for taking her medication if the MAs sent them with her, but she needed an order from the PCP to send medication with a resident.
-The MAs had not been sending medication with Resident #2 when she left the facility, because Resident #2 always told the staff she would return prior to the afternoon medication pass.
-The other residents at the facility rarely left the building so the MAs probably did not think to offer to send medication with Resident #2.
-She had not followed up with Resident #2's PCP regarding missed doses of medication due to her being out of the facility because she had not noticed that Resident #2 had missed more than a dose of medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 35 Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed: -He was not familiar with Resident #2 or her medications. -He expected the MAs to administer medication as ordered. -He reviewed the resident's eMARs every other month, but his last audit was December 2022 prior to Resident #2 being admitted to the facility. -He expected if a resident missed more than a couple doses of a medication due to being out of the facility, that the Director would update the PCP and ask if it was "okay" to send medication along with Resident #2 when she left the facility. b. Review of Resident #2's FL2 dated 12/30/22 revealed an order for sodium chloride (a sodium supplement) 1000mg three times daily. Review of Resident #2's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for sodium chloride 1000mg, take one tablet three times daily scheduled at 8:00am, 2:00pm, and 8:00pm. -There was documentation sodium chloride was not administered at 2:00pm on 01/09/23, 01/11/23, 01/13/23, 01/15/23, 01/17/23, 01/24/23, or 01/27/23 due to the resident being out of the facility. -There was documentation sodium chloride was not administered at 8:00pm on 01/10/23 due to the resident being out of the facility. Observation of medication on hand for Resident #2 on 02/01/23 at 12:05pm revealed: -There was one medication card labeled Card #2 of 2 for sodium chloride 1000mg tablets with a dispensed date of 01/23/23.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 36 -There were 15 out of 24 tablets remaining in the medication card. Telephone interview with Resident #2's primary care provider (PCP) on 02/02/23 at 4:50pm revealed: -Resident #2 was admitted to the facility with an order to take sodium chloride 1000mg three times daily. -She was awaiting medical records and laboratory work before determining if the sodium supplement was still necessary. -She was not aware Resident #2 had missed 8 doses of sodium chloride in January 2023 due to being out of the facility. -She was not concerned about Resident #2 experiencing adverse effects for missing 8 doses of a sodium supplement because she could get that amount of sodium just from diet alone. -She expected the medication aides (MAs) to administer medications as they were ordered or to notify her if they were unable to administer medication as ordered for any reason. Interview with a MA on 02/01/23 at 12:15pm revealed: -Resident #2 frequently left the facility, but always signed out and told staff when she returned. -When Resident #2 left the facility, she never took her afternoon medications with her because she always said she would be back at the facility before the next medication pass. -There were some days where Resident #2 was not back at the facility at the time she said she would be and ended up missing her 2:00pm medications. -She was unsure if Resident #2's PCP knew that she had missed several doses of her afternoon medications due to being out of the facility. -The Director was the only staff who was allowed	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 37	D 273		

to contact the PCP, so if the MA had a resident concern they were expected to notify the Director.
-If a resident concern occurred and the Director was not in the facility, the MAs would call her because she lived on the facility's property and was available by telephone at any time.
-She had never reported Resident #2's missed doses of medication to the Director,, because the Director would have seen the missed doses during her audits of the eMAR.

Interview with Resident #2 on 02/01/23 at 2:15pm revealed:
-Every Tuesday evening, she was out of the facility until around 9:30pm.
-She also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medication.
-The MA never asked her if Resident #2 wanted to take her afternoon medication with her to appointments or outings and she had never thought to ask the MAs for them.
-She had not noticed experiencing any symptoms from missing a dose of her afternoon medication.

Interview with a MA on 02/02/23 at 9:00am revealed:
-She worked as a MA at the facility for three months and always worked day shift.
-The Director was the only staff who contacted the PCP; the MAs were not allowed.
-When Resident #2 left the facility for an outing or appointment, the MAs, herself included, did not send medication along with her because Resident #2 usually came back before the next medication pass.
-Resident #2 had never asked for her afternoon medication to be sent with her when she left the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 38	D 273		

-She did not know if the Resident Care Coordinator (RCC) or Director knew that Resident #2 had missed doses of her medication due to being out of the facility.
-She had never notified the RCC of Resident #2's missed medications because the RCC worked the medication cart sometimes as a MA and already knew.
-Resident #2 had never complained about having any symptoms due to missing a dose of her medication while out of the facility.
-The Director reviewed the residents' eMARs for accuracy and would have seen Resident #2's missed doses of medication.

Interview with the RCC on 02/02/23 at 10:00am revealed:
-She had started her role as RCC in September 2022, and was not yet fully trained.
-She was not allowed to contact the PCP regarding resident concerns; only the Director had that responsibility.
-The Director completed audits of the eMARs, but she did not know how often.
-She worked in the role as a MA on the medication cart sometimes.
-Resident #2 left the facility a lot for various reasons, but none of the staff sent medication with her when she left because Resident #2 always said she would be back in time.
-Resident #2 was her own decision maker and did not have a power of attorney or guardian so she would be able to take her medications if they chose to send them with her.
-Resident #2 had never asked to have her medication sent with her when she left the facility.
-The Director had never advised the staff to send Resident #2's medications with her when leaving the facility.
-Resident #2 never reported symptoms as a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 39	D 273		

result of missing a dose of her medication while out of the facility.

Telephone interview with the Director on 02/03/23 at 1:25pm revealed:
-It was her responsibility to follow up with the PCP with any resident concerns.
-She completed audits of the eMARs where she looked for accuracy of medication administration, but it had been a couple of weeks since her last audit.
-Resident #2 was competent and could be responsible for taking her medication if the MAs sent them with her, and she needed an order from the PCP in order to send medication with a resident.
-The MAs had not been sending medication with Resident #2 when she left the facility because, Resident #2 always told the staff she would return prior to the afternoon medication pass.
-The other residents at the facility rarely left the facility, so the MAs probably did not think to offer to send medication with Resident #2.
-She had not followed up with Resident #2's PCP regarding missed doses of medication due to her being out of the facility because she had not noticed Resident #2 had missed more than a dose of medication.

Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed:
-He was not familiar with Resident #2 or her medications.
-He expected the MAs to administer medication as ordered.
-He reviewed the resident's eMARs every other month, but his last audit was December 2022 prior to Resident #2 being admitted to the facility.
-He expected if a resident missed more than a couple doses of a medication due to being out of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 40	D 273		

the facility, that the Director would update the PCP and ask if it was "okay" to send medication along with Resident #2 when she left the facility.

c. Review of Resident #2's FL2 dated 12/30/22 revealed an order for ursodiol (a medication used to prevent or dissolve gallstones) 300mg three times daily.

Review of Resident #2's January 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for ursodiol 300mg take one capsule three times daily for primary biliary cholangitis scheduled at 8:00am, 2:00pm and 8:00pm.
-There was documentation Resident #2 was not administered ursodiol at 2:00pm on 01/09/23, 01/11/23, 01/13/23, 01/15/23, 01/17/23, 01/24/23 or 01/27/23 due to the resident being out of the facility.
-There was documentation Resident #2 was not administered ursodiol at 8:00pm on 01/10/23 due to the resident being out of the facility.

Observation of medication on hand for Resident #2 on 02/01/23 at 12:05pm revealed:
-There was one medication card for ursodiol 300mg take one tablet three times daily with a dispensed date of 01/20/23.
-There were 22 out of 30 tablets remaining in the medication card.

Telephone interview with Resident #2's primary care provider (PCP) on 02/02/23 at 4:50pm revealed:
-Resident #2 was taking ursodiol to prevent the formation of gallstones.
-She was not aware Resident #2 had missed 8 doses of ursodiol in January 2023 due to being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 41	D 273		

out of the facility.
-She was not concerned about Resident #2 experiencing adverse effects for missing 8 doses of ursodiol.
-She had not received any reports from the facility that Resident #2 experienced abdominal pain or symptoms of having gallstones.
-She expected the MAs to administer medications as they were ordered or to notify her if they were unable to administer medication as ordered for any reason.

Interview with a medication aide (MA) on 02/01/23 at 12:15pm revealed:
-Resident #2 frequently left the facility, but always signed out and told staff when she returned.
-When Resident #2 left the facility, she never took her afternoon medications with her because she always said she would be back at the facility before the next medication pass.
-There were some days where Resident #2 was not back at the facility at the time she said she would be and ended up missing her 2:00pm medications.
-She was unsure if Resident #2's PCP knew that she had missed several doses of her afternoon medications due to being out of the facility.
-The Director was the only staff who was allowed to contact the PCP, so if the MA had a resident concern they were expected to notify the Director.
-If a resident concern occurred and the Director was not in the facility, the MAs would call her because she lived on the facility's property and was available by telephone at any time.
-She had never reported Resident #2's missed doses of medication to the Director because the Director would have seen them during her audits of the eMAR.

Interview with Resident #2 on 02/01/23 at 2:15pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 42	D 273		

revealed:
-Every Tuesday evening, she was out of the facility until around 9:30pm.
-She also had a lot of doctor appointments since she was admitted to the facility which resulted in her missing some of her 2:00pm doses of medication.
-The MA never asked her if she wanted to take her afternoon medication with her to her appointments or outings and she had never thought to ask the MAs for them.
-She had not noticed experiencing any symptoms from missing a dose of her afternoon medication.

Interview with a MA on 02/02/23 at 9:00am revealed:
-She worked as a MA at the facility for three months and always worked day shift.
-The Director was the only staff who contacted the PCP; the MAs were not allowed.
-When Resident #2 left the facility for an outing or appointment, the MAs, herself included, did not send medication along with her because usually she came back before the next medication pass.
-Resident #2 had never asked for her afternoon medication to be sent with her when she left the facility.
-She did not know if the Resident Care Coordinator (RCC) or Director knew that Resident #2 had missed doses of her medication due to being out of the facility.
-She had never notified the RCC of Resident #2's missed medications because the RCC worked the medication cart sometimes and already knew.
-Resident #2 had never complained about having any symptoms due to missing a dose of her medication while out of the facility.
-The Director reviewed the resident's eMARs for accuracy and would have seen Resident #2's missed doses of medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 43 Interview with the RCC on 02/02/23 at 10:00am revealed: -She had started her role as RCC in September 2022, and was not yet fully trained. -She was not allowed to contact the PCP regarding resident concerns; only the Director had that responsibility. -The Director completed audits of the eMARs, but she did not know how often. -She worked in the role as a MA on the medication cart sometimes. -Resident #2 left the facility a lot for various reasons, but none of the staff sent medications with her when she left because she always said she would be back in time. -Resident #2 was her own decision maker and did not have a power of attorney or guardian so she would be able to take her medications if they chose to send them with her. -Resident #2 had never asked to have her medication sent with her when she left the facility. -The Director had never advised the staff to send Resident #2's medications with her when leaving the facility. -Resident #2 never reported symptoms as a result of missing a dose of her medication while out of the facility. Telephone interview with the Director on 02/03/23 at 1:25pm revealed: -It was her responsibility to follow up with the PCP with any resident concerns. -She completed audits of the eMARs where she looked for accuracy of medication administration, but it had been a couple of weeks since her last audit. -Resident #2 was competent and could be responsible for taking her medication if the MAs sent them with her, but she needed an order from	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 44 the PCP in order to send medication with a resident. -The MAs had not been sending medication with Resident #2 when she left the facility because, Resident #2 always told the staff she would return prior to the afternoon medication pass. -The other residents at the facility rarely left the facility, so the MAs probably did not think to offer to send medication with Resident #2. -She had not followed up with Resident #2's PCP regarding missed doses of medication due to her being out of the facility because she had not noticed Resident #2 had missed more than a dose of medication. Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed: -He was not familiar with Resident #2 or her medications. -He expected the MAs to administer medication as ordered. -He reviewed the resident's eMARs every other month, but his last audit was December 2022 prior to Resident #2 being admitted to the facility. -He expected if a resident missed more than a couple doses of a medication due to being out of the facility, and the Director would update the PCP and ask if it was okay to send medication along with Resident #2 when she left the facility. 2. Review of Resident #3's current FL2 dated 05/20/22 revealed diagnoses included dementia, chronic obstructive pulmonary disease, coronary artery disease, paroxysmal A-Fib, normocytic anemia, hyperlipidemia, hypertension. Review of Resident #3's physician's orders dated 12/30/22 revealed an order for daily weights: check and record weights daily notify physician of gain of 3 pounds or more.	D 273	Health Care: When Resident #2 is on LOA, she will now take her medication with her when signing out. MA's will be responsible for signing her medicaiton out at this time. The Director/RCC will monitor this every two weeks to ensure that there are no future errors. Any Resident that is LOA and will be gone for an extended amount of time, will need to sign out/take their medication with them. If a patient misses a dose past the time that their med is suppose to be given, the MA/RCC/Director will need to call the PCP and report this to get further instructions. This will be implemented on 2/10/23 Addendum If any Patient is experiencing a health care need, their PCP will be contacted for further instruction. This will be documented in their chart and Patient will be seen by PCP next	2/10/2023 2/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 45 Review of Resident #3's electronic Medication Administration Record (eMAR) for December 2022 revealed there was not an entry for daily weights. Review of Resident #3's eMAR for January 2023 revealed: -There was an entry for weight: check and record weight daily and notify the physician of gain of 3 pounds or more. -There was no documentation of Resident #3's weight for 4 of 31 opportunities on 01/01/23, 01/02/23, 01/09/23, and 01/12/23. -There was documentation Resident #3 refused to be weighed for 5 of 31 opportunities on 01/03/23, 01/13/23, 01/21/23, 01/25/23, and 01/28/23. -There was documentation Resident #3's weight was 196 pounds on 01/11/23 and 202 pounds on 01/14/23; which was a 6-pound increase in weight. (There was no weight documented on 01/12/23 and 01/13/23) -There was documentation Resident #3's weight was 196 pounds pm 01/18/23 and 199 pounds on 01/19/23; which was a 3-pound increase in weight. -Resident #3's weight ranged from 195 to 204. Interview with the Resident Care Coordinator (RCC) on 02/02/23 at 9:27am revealed: -Resident #3 was weighed daily. -She did not know Resident #3's Primary Care Provider (PCP) should have been notified when there was a 3-pound weight increase. -She and the medication aides (MAs) were responsible for contacting Resident #3's PCP; the Director was responsible for contacting Resident #3's PCP with any issues.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 46 Telephone interview with a MA on 02/02/23 at 3:43pm revealed: -She had not noticed Resident #3 to have a weight increase of 3 pounds or more. -If she knew Resident #3 had a weight increase of 3 pounds or more, she would have told the Director so she could contact Resident #3's PCP. Telephone interview with Resident #3's PCP on 02/02/23 at 4:59pm revealed: -Resident #3 had an order for daily weights and to contact the physician with a weight increase of 3 pounds or more. -She expected staff to contact her with Resident #3's weight increases in January 2023, especially the 6-pound weight increase. -She probably would not have made any changes to Resident #3's medications, but she would have instructed staff to monitor him for additional changes. Telephone interview with the Director on 02/03/23 at 1:49pm revealed: -She did not know Resident #3 had weight gains of 3 pounds or more. -She expected the MAs to notify her of the weight gains of 3 pounds or more so she could notify Resident #3's PCP. Telephone interview with a MA on 02/03/23 at 3:01pm revealed: -She knew about Resident #3's order to weigh daily and knew someone should have notified the physician of weight gain 3 pounds or more. -She weighed Resident #3 on 01/11/23 and documented his weight at 196 pounds; she weighed Resident #3 on 01/14/23 and documented his weight at 202 pounds. (There was no documentation of weights on 01/12/23 or 01/13/23).	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 47 -She noticed a 6-pound weight gain on 01/14/23, but she did not let the Director know because she thought she did not get a good reading from the scale on 01/11/23. Telephone interview with the Administrator on 02/03/23 at 3:35pm revealed: -He did not know about Resident #3's order for daily weights and to contact the physician with a weight gain of 3 pounds or more. -He expected MAs to follow the order and to inform the Director of weight gains of 3 pounds or more so she could notify Resident #3's PCP. -He reviewed the eMARs every other month for medication aministration and to see if there were any missing orders; his last review was in December 2023.	D 273	Resident was last seen by PCP on 1/13/2023 and 2/17/2023. On Residents FL-2, it's noted that he is to see PCP every month. Resident is non-compliant at times. Resident refusals were documented. On 3//3/2023 The Director will hold an Employee staff meeting. At this time she will speak with staff about documentation and reporting weight gain to the Director, so that she can contact the Facility PCP. If the MA's do not document and report accordingly, they will be reprimanded. This will be monitored by the RCC/Director weekly during EMAR audit.	3/3/2023
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure there was a matching therapeutic diet menu for 3 of 5 sampled residents (#1, #3, and #5) who had physician's orders for a no concentrated sweets (NCS) diet and a mechanical soft MS) diet. The findings are:	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 48 Observation of the kitchen on 02/01/23 at 11:23am revealed: -There was a list of residents who were to be served therapeutic diets. -The Director was preparing the lunch meal. -There were no therapeutic diet menus being referenced for meal preparation. -The list of therapeutic diets included no concentrated sweets (NCS) and mechanical soft (MS) with chopped meats. Observation of the facility's therapeutic diet menus on 01/17/23 at 11:24am revealed there was not a matching therapeutic diet menu for a NCS diet or a MS diet with chopped meats. 1. Review of Resident #1's current FL2 dated 09/16/22 revealed: -Diagnoses included diabetes mellitus type II, chronic kidney disease, hyperlipidemia, hypothyroidism and essential hypertension. -There was an order for a NCS diet. Review of Resident #1's diet order dated 09/16/23 revealed an order for a NCS diet. Review of the facility's therapeutic diet list posted in the kitchen revealed Resident #1 was to be served a NCS diet. Review of the regular diet menu for the dinner meal (the dinner meal was prepared and served for lunch) on 02/02/23 revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, milk, and coffee/tea were to be served. Observation of the lunch meal service for Resident #1 on 02/02/23 between 12:15pm and	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 49	D 296		

12:35pm revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, water and fruit punch were served.

Review of the regular diet menu for the breakfast meal on 02/03/23 revealed hot or cold cereal,cheese omelet, wheat toast juice, milk, and coffee were to be served.

Observation of the breakfast meal service for Resident #1 on 02/02/23 between 7:15am and 7:45am revealed a sausage link, eggs, cold cereal with milk, water, and juice were served.

It could not be determined if Resident #1 was served the appropriate diet due to no therapeutic diet menus available for staff guidance.

Refer to the interview with the Director on 02/01/23 at 11:25am.

Refer to the telephone interview with the facility's Primary Care Provider (PCP) on 02/02/23 at 4:59pm.

Refer to the telephone interview with the cook on 02/03/23 at 1:05pm.

Refer to the interview with the Administrator on 02/03/23 at 3:35pm.

2. Review of Resident #3's current FL2 dated 05/20/22 revealed:
-Diagnoses included chronic obstructive pulmonary disease, coronary artery disease, paroxysmal atrial fibrillation, hyperlipidemia, and hypertension.
-There was an order for a MS diet.

Review of Resident #1's diet order dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 50 09/16/23 revealed an order for a MS diet. Review of the facility's therapeutic diet list posted in the kitchen revealed Resident #1 was to be served a MS soft diet with chopped meats. Review of the regular diet menu for the dinner meal (the dinner meal was prepared and served for lunch) on 02/02/23 revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, milk, and coffee/tea were to be served. Observation of the lunch meal service for Resident #3 on 02/02/23 between 12:15pm and 12:35pm revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, water and fruit punch were served. Review of the regular diet menu for the breakfast meal on 02/03/23 revealed hot or cold cereal,cheese omelet, wheat toast juice, milk, and coffee were to be served. Observation of the breakfast meal service for Resident #3 on 02/02/23 between 7:15am and 7:45am revealed a sausage link, eggs, cold cereal with milk, water, and juice were served. It could not be determined if Resident #1 was served the appropriate diet due to no therapeutic diet menus available for staff guidance. Refer to the interview with the Director on 02/01/23 at 11:25am. Refer to the telephone interview with the facility's Primary Care Provider (PCP) on 02/02/23 at 4:59pm.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 51 Refer to the telephone interview with the cook on 02/03/23 at 1:05pm. Refer to the interview with the Administrator on 02/03/23 at 3:35pm. 3. Review of Resident #5's current FL2 dated 03/25/22 revealed: -Diagnoses included traumatic brain injury, mixed vascular and neurogenerative dementia, and vitamin D deficiency. -There was an order for a MS diet. Review of Resident #1's diet order dated 09/16/23 revealed an order for a MS diet with chopped meats. Review of Resident #1's physician's orders dated 11/18/22 revealed an order for a MS diet with chopped meats. Review of the facility's therapeutic diet list posted in the kitchen revealed Resident #1 was to be served a MS diet with chopped meats. Review of the regular diet menu for the dinner meal (the dinner meal was prepared and served for lunch) on 02/02/23 revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, milk, and coffee/tea were to be served. Observation of the lunch meal service for Resident #5 on 02/02/23 between 12:15pm and 12:35pm revealed macaroni and cheese, stewed tomatoes, buttered breadstick, apple slices, water and fruit punch were served. Review of the regular diet menu for the breakfast	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 52 meal on 02/03/23 revealed hot or cold cereal,cheese omelet, wheat toast juice, milk, and coffee were to be served. Observation of the breakfast meal service for Resident #5 on 02/02/23 between 7:15am and 7:45am revealed a sausage link, eggs, cold cereal with milk, water, and juice were served. It could not be determined if Resident #1 was served the appropriate diet due to no therapeutic diet menus available for staff guidance. Refer to the interview with the Director on 02/01/23 at 11:25am. Refer to the telephone interview with the facility's Primary Care Provider (PCP) on 02/02/23 at 4:59pm. Refer to the telephone interview with the cook on 02/03/23 at 1:05pm. Refer to the interview with the Administrator on 02/03/23 at 3:35pm. _____ Interview with the Director on 02/01/23 at 11:25am revealed: -The facility's cook was currently out of the facility and she was filling in preparing meals. -She contacted her food service provider about 2 to 3 weeks ago for new spring/summer regular menus. -The facility did not currently have therapeutic menus for residents who had therapeutic diets. -The only physician ordered therapeutic diets that she currently had in the facility were NCS and MS with chopped meats. -She did not know the facility needed therapeutic menus for residents with NCS and MS diets.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 53	D 296		

-For residents who had physician's orders for NCS diets, she substituted fruit for regular desserts; sometimes on special occasions, she gave residents on NCS diets regular desserts.
-For residents who had physician's orders for MS diets, she just chopped the meats; she did not serve any crispy or crunchy foods.

Telephone interview with the facility's Primary Care Provider (PCP) on 02/02/23 at 4:59pm revealed she expected residents with therapeutic diets to be served according to the therapeutic diet menus.

Telephone interview with the cook on 02/03/23 at 1:05pm revealed:
-He had worked as a cook at the facility since September 2022.
-The former cook training him in dietary.
-He was told not to give residents with a physician's order for a NCS diet any foods high in sugar.
-He did not receive any instructions for meal preparation for residents with an order for a MS diet.
-He had not seen any therapeutic diet menus for a NCS or MS diet and he had not been told that he needed therapeutic menus for meal preparation.

Interview with the Administrator on 02/03/23 at 3:35pm revealed:
-The Director was responsible for ensuring therapeutic menus were available for guidance in preparing meals for residents with physician's orders for therapeutic diets.
-He was not aware there were no therapeutic menus available in the facility.
-He expected residents with orders for therapeutic diets to be served according to a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 54 therapeutic diet menu.	D 296	On 2/17/2023 the Facility PCP swithched all Residents diets to Regular. On 2/22/2023 Gordon Foods sent a New Menu for the Facility, however the Director is in the process of having menu evaluated /changed for updates which include therapeutic diets. This will be completed by 3/17/2023. The Director along with Facility Cook will ensure that the correct servings/foods are being given to patients. This will be monitored every 90 days during the QA.	2/17/2023 3/17/2023
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve a therapeutic diet as ordered by the physician for 1 of 5 sampled residents (#4), who had an order for nutritional supplements three times a day with meals. Review of Resident #4's current FL2 dated 08/26/22 revealed: -Diagnoses included stroke, an essential hypertension. -There was an order for nutritional supplements, but the frequency was not documented. Review of Resident #4's diet order dated 08/26/22 revealed an order for nutritional supplements with meals. Review of the facility's diet list on 02/01/23 revealed Resident #4 was to be served nutritional supplements with each meal.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 55 Observation of the facility's freezer and reach-in refrigerator on 02/01/23 at 11:35am revealed nutritional supplements were available. Review of Resident #4's electronic Medication Administration Records (eMAR) for November 2022, December 2022, January 2023, and 02/01/23 through 02/02/23 revealed there was not an entry for nutritional supplements with meals (three times daily). Review of Resident #4's record and eMARs revealed no documentation of his weights for November 2022, December 2022, or January 2023. Observation of the lunch meal service on 02/01/23 from 12:15 to 12:35 revealed: -Resident #4 was served water and a fruit punch beverage with his lunch. -Resident #4 was not offered a nutritional supplement with his meal. Observation of the breakfast meal service on 02/02/23 at 7:37am revealed Resident #4 was served a nutritional supplement with his meals. Observation of the lunch meal service on 02/02/23 from 12:00pm to 12:27pm. -Resident #4 was served an orange beverage and water. -Resident #4 was not offered a nutritional supplement with his meal. Interview with Resident #4 on 02/02/23 at 12:28pm revealed: -He received a nutritional supplement this morning with his breakfast meal, but he did not receive one for lunch on 02/02/23 or for lunch on 02/01/23.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 56	D 310		

-He usually received a nutritional supplement each morning with his breakfast meal.
-Sometimes the staff forgot to give him the nutritional supplement three times a day because sometimes he ate his food and sometimes, he did not eat his food.
-He had not noticed having had any weight loss.

Interview with a medication aide (MA) on 02/02/23 at 3:43pm revealed:
-Resident #3 was supposed to receive nutritional supplements with each of his meals.
-She had not seen the order for nutritional supplements for Resident #4; she had just been told by the Director which residents were to receive the supplements.
-Anyone in the dining room during meals could give him a nutritional supplement.
-She did not document when a nutritional supplement had been given to Resident #3.

Telephone interview with Resident #4's Primary Care Provider (PCP) on 02/02/23 at 4:59pm revealed:
-She expected staff to serve Resident #4 nutritional supplements 3 times daily with meals.
-She had been in the facility during lunch meals and had not observed Resident #4 being served a nutritional supplement with his lunch meal.
-Resident #4's weight was stable, but he was tall and thin.

Telephone interview with a MA on 02/03/23 at 10:29am revealed:
-Resident #4 was supposed to receive nutritional supplements with each meal.
-Resident #4 did not always get his nutritional supplement with his meal because sometimes they were still in the freezer frozen and had not been thawed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 57	D 310		

-Resident #4 did not receive his nutritional supplement during the lunch meal on 02/02/23 because his supplement was still in the freezer thawing at lunch time.
-Whoever was in the dining hall during meals was responsible for making sure Resident #4 received his nutritional supplement.
-Nutritional supplements were not on the eMAR and she did not document when nutritional supplements were given.

Telephone interview with the cook on 02/03/23 at 1:05pm revealed:
-He knew Resident #4 was supposed to be served nutritional supplements, but he did not know how often.
-He placed a nutritional supplement on Resident #4's meal tray for the breakfast meal, but he did not place a nutritional supplement on Resident #4's lunch or dinner trays.
-He had not seen other staff serve Resident #4 a nutritional supplement for lunch or dinner meals.

Telephone interview with the Director on 02/03/23 at 1:49pm revealed:
-Resident #4 had a physician's order for nutritional shakes 3 times daily with meals.
-The MAs were responsible for ensuring Resident #4 was served nutritional supplements with each meal.
-She prepared the lunch meal on 02/02/23 and there were not any nutritional supplements taken from the freezer to thaw for the lunch meal, so a MA took the nutritional supplement to Resident #4 later.

Interview with the Administrator on 02/03/23 at 3:35pm revealed:
-He was not aware of Resident #4's physician's order for nutritional supplements with each meal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 58 or that staff was not serving Resident #4 a nutritional supplement with each meal. -The MAs were responsible for ensuring the nutritional supplements were served to Resident #4 with each meal. -He expected staff to follow Resident #4's physician's order for nutritional supplements.	D 310	All Residents that have an order for a nutritional supplements were added to EMAR on 2/7/2023. MA's will be responsible for ensuring that the resident receives the appropriate supplement and that it is documented. The supplements orders will be reviewed by the RCC/Director every two weeks when monitoring EMAR. QA will follow up every 90 days.	2/7/2023
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to administer medication as ordered for 2 of 3 sampled residents (#2 and #3) who had orders for an as-needed muscle relaxer and anti-nausea medication (#2) and a resident who had an order to discontinue an antipsychotic medication and the medication was not discontinued (#3). The findings are: Review of the Pharmacy Services policy provided by the facility revealed: -Delivery of dispensed medications shall be coordinated by the Resident Care Director (RCD) and the Administrator. -Medication shall be delivered monthly and daily	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 59	D 358		

upon receipt of a new order as needed.
-Medication shall be dispensed in a 30/31-day punch card.
-Medications ordered outside of pharmacy hours shall be filled at the contracted back up pharmacy.

Review of Medication Administration policy provided by the facility revealed:
-In the event of medication errors and adverse reactions to medications, facility staff will immediately notify the RCD, the RCD/designee shall notify the primary care provider (PCP), the RCD would document any orders received by the PCP and actions taken by the facility to comply with the order.
-Charting would identify if documentation errors, unavailability of medications or resident's refusal of medication may have lead to the error.
-Prior to administration of medication, the MA should complete the six rights of medication administration (right eMAR for the right resident, medication, dose, time, and route)
-A medication error was defined as when a medication was administered in any way other than how it was prescribed.
-If a medication was not available for administration, the PCP should be notified immediately, the PCP recommendation should be documented on a telephone order sheet, and the order should be signed by the PCP within 15 days.

1. Review of Resident #2's current FL2 dated 01/13/23 revealed diagnoses included bipolar disorder, polyarthritis, and stage 2 chronic kidney disease.

Review of Resident #2's Resident Register dated 01/03/23 revealed Resident #2 was admitted to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 60 the facility on 01/03/23. a. Review of Resident #2's FL2 dated 12/30/22 revealed there was an order for Vitamin D3 50,000 units take one capsule every 7 days. Review of Resident #2's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Vitamin D3 50,000 units, take one capsule every 7 days scheduled at 8:00am. -There was documentation Vitamin D3 was administered to Resident #2 on 01/10/23 and 01/27/23. -There was documentation Vitamin D3 was not administered to Resident #2 on 01/24/23 and 01/31/23 with a documented reason of "medication not in facility." Observation of medication on hand for Resident #2 on 02/01/23 at 12:05pm revealed there was no Vitamin D3 available on the medication cart. Interview with a medication aide (MA) on 02/01/23 at 12:15pm revealed: -The only staff who were allowed to request refills of medications were the Resident Care Coordinator (RCC) or the Director. -If there was a medication that was running low or had ran out, the MA would report that to the RCC or the Director. -She had documented Resident #2's Vitamin D3 as not administered on 01/24/23 and 01/31/23, it was because the Vitamin D3 was not available for her to administer on the medication cart. -She had not told the RCC or the Director that Resident #2 ran out of Vitamin D3, because the RCC completed weekly medication cart audits and requested medication refills based on her	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

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

audits.
-She assumed the RCC had already requested a refill of Vitamin D3 for Resident #2.
-She did not know how long it took for the pharmacy to send medication to the facility once a refill had been requested.

Interview with Resident #2 on 02/01/23 at 2:15pm revealed:
-She took a Vitamin D3 supplement because at one point her Vitamin D level was low.
-She could not remember how long she had been taking Vitamin D3 or what her Vitamin D level had been.
-When she was admitted to the facility in the beginning of January 2023, and she brought the remainder of her medications with her which was how she was able to take her Vitamin D3 supplement the first two weeks of January 2023.

Telephone interview with a representative from the facility's contracted pharmacy on 02/01/23 at 4:00pm revealed:
-The pharmacy received Resident #2's FL2s dated 12/30/22 and 01/13/23.
-They had not yet dispensed Vitamin D3 for Resident #2 because they had not receive a refill request for it.

Interview with the RCC on 02/02/23 at 10:00am revealed:
-She worked at the facility for a year but started her role as RCC in September 2022.
-Her responsibilities included supervising the MAs and reordering medications via the "reorder" button in the eMAR.
-The Director was the only staff person allowed to contact the primary care provider (PCP) or phone or fax the pharmacy.
-She completed audits of the medication cart on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 62	D 358		

the 7th or 8th of each month to look at which medications needed to be refilled.
-The Director completed reviews of the residents' eMARs, but she did not know how often.
-When she reordered a medication from the pharmacy, it sometimes took up to a week to arrive at the facility because the pharmacy was not local.
-She was not aware of a backup pharmacy that she could request medication from if a medication ran out.
-She was aware that Resident #2 was out of her Vitamin D3, but since the pharmacy had not dispensed that medication for Resident #2 yet she could not hit the "reorder" button in the eMAR.
-She let the Director know that Resident #2 was out of Vitamin D3 so that she could request the medication be sent to the facility.
-She did not know if the Vitamin D3 had been requested from the pharmacy yet or not.

Telephone interview with Resident #2's PCP on 02/02/23 at 4:50pm revealed:
-She was not aware Resident #2 had missed her last two doses of Vitamin D3.
-She expected all ordered medications would be refilled prior to them running out so that residents would not miss doses.
-Resident #2's previous PCP had initially ordered the Vitamin D3 supplement, but she did not know what Resident #2's Vitamin D level was; she was still waiting on the receipt of her medical records prior to ordering baseline laboratory work for her.
-There would be no harm to Resident #2 for missing two doses of Vitamin D3 other than her Vitamin D level potentially decreasing.

Telephone interview with the Director on 02/03/23 at 1:25pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 63 -The MAs were not allowed to request medication refills from the pharmacy. -The RCC could click the "reorder" button in the eMAR for medication refill requests, but was not allowed to phone or fax the pharmacy or PCP. -She was the only staff who could request refills directly from the pharmacy or PCP. -The MAs were expected to let her know if a medication was running low or had ran out, even if they also notified the RCC. -The RCC was expected to complete weekly medication cart audits. -The RCC's medication cart audit included checking for medications that needed to be refilled, expiration dates, and checking that all of the medications on the cart had a current order and matched the order in the eMAR. -She completed audits of the residents' eMARs where she checked for medications not administered and the documented reason why. -It had been about two weeks since she last reviewed the eMARs or ran an exceptions report which could tell her if medications were missed or refused. -She was not aware Resident #2 had missed her last two doses of Vitamin D3. -She had missed Resident #2's Vitamin D3 refill request when she last faxed the pharmacy. -The pharmacy usually dispensed medications upon receipt of a resident's FL2, but when she faxed Resident #2's FL2 to the pharmacy she had requested they not fill her medications since she had a lot of medication from home that she brought to the facility with her when she was admitted. -She did not know what Resident #2's Vitamin D level was. -The PCP had a standard set of laboratory tests she wanted ordered on all newly admitted residents to the facility so she had ordered those	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 64	D 358		

labs along with a Vitamin D level for Resident #2.
-She had scheduled the lab work for 01/09/23, but then Resident #2 left for the day and did not complete her lab work; the lab had not yet been rescheduled.

Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed:
-He reviewed the resident's eMARs every other month and his last audit was in December 2022 prior to Resident #2 admitting to the facility.
-He was not familiar with Resident #2 or her medications.
-He expected medications to be administered as ordered and if they were not, the PCP should be notified and the MAs re-trained.
-He expected medications to be refilled prior to them running out, and for each medication that was ordered by the PCP to be available on the medication cart for administration.

Attempted telephone interview with Resident #2's former PCP on 02/01/23 at 2:50pm was unsuccessful.

b. Review of Resident #2's FL2 dated 12/30/22 revealed there was an order for cyclobenzaprine (a muscle relaxant medication) 5mg take one tablet daily as needed (prn) for muscle spasms

Review of Resident #2's January 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for cyclobenzaprine 5mg take one tablet every day as needed for muscle spasms.
-There was documentation cyclobenzaprine was administered to Resident #2 thirty-three times from 01/04/23 through 01/31/23.
-There was documentation cyclobenzaprine was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 65	D 358		

administered to Resident #2 two times daily instead of once daily as ordered 8 times from 01/04/23 through 01/31/23.
-There was documentation cyclobenzaprine was administered to Resident #2 three times daily instead of once daily as ordered 2 times from 01/04/23 through 01/31/23.

Observation of medication on hand for Resident #2 on 02/01/23 at 12:05pm revealed:
-There was one medication card for cyclobenzaprine 5mg tablets to take one tablet daily as needed.
-The medication card had a dispensed date of 01/23/23 and there were 12 of 30 tablets remaining in the card.

Interview with Resident #2 on 02/01/23 at 2:15pm revealed:
-She took cyclobenzaprine because she suffered from severe muscle cramps in her lower back since she had surgery last summer, in 2022.
-The medication aides (MA) gave her cyclobenzaprine whenever she asked for one.
-She did often take cyclobenzaprine more than once per day.
-The MA never told her that she could not take cyclobenzaprine more than once per day.

Telephone interview with a representative from the facility's contracted pharmacy on 02/01/23 at 4:00pm revealed:
-Resident #2's order for cyclobenzaprine was to take one 5mg tablet once daily as needed for muscle spasms.
-The only time they had dispensed cyclobenzaprine for Resident #2 was 01/23/23 for a quantity of 30 tablets.

Telephone interview with Resident #2's primary

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 66	D 358		

care provider (PCP) on 02/02/23 at 4:50pm revealed:
-Resident #2's order for cyclobenzaprine was to take one tablet once per day as needed.
-She was not aware Resident #2 had been receiving cyclobenzaprine up to two or three times daily.
-She expected the MAs to administer medications, including as-needed medications to Resident #2 as they were ordered.
-There was no risk of harm for taking cyclobenzaprine three times daily as it was usually ordered every 8 hours as needed.
-She kept Resident #2's order for cyclobenzaprine once daily as needed because that was how she had been taking it when she was admitted to the facility, and she had not had the opportunity to speak with Resident #2 about her medications yet.

Interview with a MA on 02/01/23 at 3:15pm revealed:
-Resident #2's order for cyclobenzaprine was to take one tablet once daily as needed.
-She interpreted the medication order to mean Resident #2 was able to take one tablet per 24-hour period.
-She had administered the second or third doses of cyclobenzaprine to Resident #2 seven times in January 2023.
-She knew she was not supposed to administer cyclobenzaprine to Resident #2 if she had already taken a dose that day.
-She administered cyclobenzaprine to Resident #2 whenever she asked for them.
-She had never been told to stop administering cyclobenzaprine more than once per day as ordered.
-She should let the facility's Director know that Resident #2 was asking for cyclobenzaprine more

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 67	D 358		

than once per day, but she had not done so yet and had no reason why.
-The eMAR did not have a notification system to alert the MAs if Resident #2 had already taken her cyclobenzaprine that day and the MAs were able to look that information up if they had wanted to.
-Each time she administered cyclobenzaprine to Resident #2, she had not looked back to see if she had already taken a dose that day.
-She did not know if anyone was responsible for completing audits of the eMAR to look for medication administration errors.

Interview with a MA on 02/02/23 at 9:00am revealed:
-Resident #2's order for cyclobenzaprine was to take one tablet once daily as needed.
-She had administered a second dose of cyclobenzaprine to Resident #2 on 01/28/23, because the resident had requested it and the Director of the facility told her she could.
-The Director reviewed the residents' eMARs for accuracy, but she did not know how often.

Interview with the Resident Care Coordinator (RCC) on 02/02/23 at 10:00am revealed:
-She worked at the facility for a year but started her role as RCC in September 2022.
-Her responsibilities included supervising the MAs and reordering medications via the "reorder" button in the eMAR.
-The Director was the only staff person allowed to contact the primary care provider (PCP) or phone or fax the pharmacy.
-She completed audits of the medication cart monthly and the Director completed audits of the eMARs.
-Resident #2 was only ordered to take cyclobenzaprine once per day as needed, but had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 68	D 358		

been taking it 2 or 3 times daily instead when Resident #2 requested it.
-She had administered a second dose of cyclobenzaprine to Resident #2 on 01/26/23.
-She told the Director that Resident #2 had been receiving cyclobenzaprine more than once daily as ordered, but she did not know if the Director had notified the PCP or asked for the medication orders to be changed.
-She was not aware of any training that had been completed with the MAs regarding reading medication orders or administering medications as ordered.
-The Director would be the person responsible for completing training with the MAs.
-The Director had never told her not to administer as-needed medications more often than what they were ordered.

Telephone interview with the Director on 02/03/23 at 1:25pm revealed:
-She was the only staff allowed to phone or fax the PCP or the pharmacy regarding medication refills or medication errors.
-The RCC could click the "reorder" button in the eMAR, but otherwise had to bring all refill requests to her to process.
-The MAs were responsible for notifying her if a medication was running low, or had ran out, so that she could contact the pharmacy or PCP for a refill.
-The RCC was expected to complete audits of the medication cart every week.
-The medication cart audits included checking for medications that needed to be refilled, matching medication orders with what medications were available on the cart, and checking for expiration dates.
-She audited the eMARs which included looking for medications that were refused or not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 69	D 358		

administered, but it had been a couple of weeks since her last eMAR audit.
-She noticed Resident #2's cyclobenzaprine was being administered incorrectly on Tuesday, 01/31/23.
-She caught the medication error because Resident #2 ran out of another as-needed medication, and when she requested a refill from the pharmacy she was told it was too early to refill the medication which prompted her to look at Resident #2's eMAR.
-She thought the MAs were administering Resident #2's cyclobenzaprine two to three times daily rather than once daily as needed because they were not checking to see if she had already received a dose that day.
-She had not talked with the MAs about administering Resident #2's cyclobenzaprine incorrectly.
-She told three of the MAs who worked on 02/01/23 to make sure they were reading medication orders prior to administering medication but she did not have an opportunity to complete a training or in-service with the MAs.
-She told Resident #2 that her prescriptions for cyclobenzaprine only allowed her to take the medication once daily as needed, which she had been unaware of.
-She had not notified Resident #2's PCP about her receiving cyclobenzaprine more frequently than what was ordered.
-She would have made the time to call Resident #2's previous PCP if Resident #2 had not already called her to ask for increased dosing.

Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed:
-He reviewed the resident's eMARs every other month, and his last audit was in December 2022 prior to Resident #2 being admitted to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 70	D 358		

-He was not familiar with Resident #2 or her medications.
-He expected medications to be administered as ordered and if they were not, for the PCP to be notified and the MAs re-trained.
-He expected medications to be refilled prior to them running out, and for each medication that was ordered by the PCP to be available on the medication cart for administration.

Attempted telephone interview with Resident #2's previous PCP on 02/01/23 at 2:50pm was unsuccessful.

c. Review of Resident #2's signed physician's order dated 01/13/23 revealed:
-An order for Phenergan (a medication used to treat nausea) 12.5mg, take one tablet daily as needed for headache/migraine.
-The associated diagnosis was documented as headache syndrome.
-The order was signed by Resident #2's former primary care provider (PCP).

Review of Resident #2's January 2023 electronic medication administration record (eMAR) revealed:
-There was an entry for Phenergan 12.5mg, take one tablet every day as needed for headache/migraine.
-There was documentation Phenergan was administered to Resident #2 twenty-eight times from 01/15/23 through 01/31/23.
-There was documentation Phenergan was administered to Resident #2 two times daily instead of once daily as ordered 8 times from 01/15/23 through 01/31/23.
-There was documentation Phenergan was administered to Resident #2 three times daily instead of once daily as ordered 3 times from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 71 01/15/23 through 01/31/23. Observation of medication on hand for Resident #2 on 02/01/23 at 12:05pm revealed there was no Phenergan available on the medication cart. Interview with Resident #2 on 02/01/23 at 2:15pm revealed: -She took Phenergan for nausea associated with her headaches and migraines. -She had been seeing her previous PCP a lot recently for various testing due to her having the headaches and other neurological symptoms and had an appointment with a neurologist scheduled for 03/01/23 as well. -Her previous PCP had ordered the Phenergan for her to help manage her symptoms until a diagnosis could be identified. -The medication aides (MA) gave her Phenergan whenever she asked for one. -She did often took Phenergan more than once per day. -The MAs never told her that she could not take Phenergan more than once per day. -Her Phenergan ran out two or three days ago and she was told that the pharmacy was not able to refill her Phenergan prescription until 02/05/23. -She continued to have headaches, and had not asked for an as-needed pain reliever because she preferred to take naps to help relieve her headaches and nausea rather than taking medication such as Tylenol or Ibuprofen. Telephone interview with a representative from the facility's contracted pharmacy on 02/01/23 at 4:00pm revealed: -Resident #2's order for Phenergan was to take one 12.5mg tablet once daily as needed for headaches. -The only time they had dispensed Phenergan for	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 72 Resident #2 was 01/13/23 for a quantity of 30 tablets. -They had received a refill request for Resident #2's Phenergan on 01/29/23 but the refill request was made too soon. -They were not able to dispense Phenergan for Resident #2 again until 02/05/23 due to insurance purposes. Telephone interview with Resident #2's PCP on 02/02/23 at 4:50pm revealed: -Resident #2's order for Phenergan was to take one tablet once per day as needed. -She was not aware that Resident #2 had been taking Phenergan up to three times daily. -She expected the MAs to administer medications to Resident #2 as ordered. -Resident #2's previous PCP had written the Phenergan order. -She did not think Resident #2 should be taking Phenergan two or three times in a day for multiple days in a row because she would want to treat the cause of the headaches rather than manage the symptoms with Phenergan. -There would be no harm for Resident #2 going without Phenergan since the medication ran out before it could be refilled again but she might experience nausea if she had a migraine in that timeframe. Interview with a MA on 02/01/23 at 3:15pm revealed: -Resident #2's order for Phenergan was to take one tablet once daily as needed. -She interpreted the medication order to mean Resident #2 was able to take one tablet per 24-hour period. -She had administered the second or third doses of Phenergan to Resident #2 eight times in January 2023.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 73 -She knew she was not supposed to administer Phenergan to Resident #2 if she had already taken a dose that day. -She administered Phenergan to Resident #2 whenever she asked for it. -She had never been told to stop administering Phenergan more than once per day as ordered. -She should let the facility's Director know that Resident #2 was asking for Phenergan more than once per day, but she had not done so yet and had no reason why. -The eMAR did not have a notification system to alert the MAs if Resident #2 had already taken her Phenergan that day, and she the MAs were able to look that information up if they had wanted to. -Each time she administered Phenergan to Resident #2, she had not looked back to see if she had already taken a dose that day. -Resident #2 had not asked for her Phenergan since the medication ran out and had not complained to her about having a headache. -She did not know if anyone was responsible for completing audits of the eMAR to look for medication administration errors. Interview with a MA on 02/02/23 at 9:00am revealed: -Resident #2's order for Phenergan was to take one tablet once daily as needed. -She had administered a second dose of Phenergan to Resident #2 on 01/28/23, because the resident had requested it and the Director of the facility told her she could. -She did not know if Resident #2 had headaches since running out of Phenergan, because she had been off work the previous few days. -The Director reviewed the residents' eMARs for accuracy, but did not know how often.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 74 Interview with the Resident Care Coordinator (RCC) on 02/02/23 at 10:00am revealed: -She worked at the facility for a year and started her role as RCC in September 2022. -Her responsibilities included supervising the MAs and reordering medications via the "reorder" button in the eMAR. -The Director was the only staff person allowed to contact the PCP or phone or fax the pharmacy. -She completed audits of the medication cart monthly and the Director completed audits of the eMARs. -Resident #2 was only ordered to take Phenergan once per day as needed, but had been taking it 2 or 3 times daily instead because she requested it. -She had administered a second dose of Phenergan to Resident #2 on 01/26/23. -She told the Director that Resident #2 had been receiving Phenergan more than once daily as ordered, but she did not know if the Director had notified the PCP or asked for the medication orders to be changed. -She was not aware of any training that had been completed with the MAs regarding reading medication orders or administering medications as ordered. -The Director would be the person responsible for completing training with the MAs. -The Director had never told her not to administer as-needed medications more often than what they were ordered. -She did not know if Resident #2 had headache symptoms since her Phenergan ran out. Telephone interview with the Director on 02/03/23 at 1:25pm revealed: -She was the only staff allowed to phone or fax the PCP or the pharmacy regarding medication refills or medication errors. -The RCC could click the "reorder" button in the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 75	D 358		

eMAR but otherwise had to bring all refill requests to her to process.
-The MAs were responsible for notifying her if a medication was running low, or had ran out, so that she could contact the pharmacy or PCP for a refill.
-The RCC was expected to complete audits of the medication cart every week.
-The medication cart audits included checking for medications that needed to be refilled, matching medication orders with what medications were available on the cart, and checking for expiration dates.
-She audited the eMARs which included looking for medications that were refused or not administered but it had been a couple of weeks since her last eMAR audit.
-She had noticed Resident #2's Phenergan being administered incorrectly on Tuesday, 01/31/23.
-She caught the medication error, because Resident #2 ran out of Phenergan and when she requested a refill from the pharmacy she was told it was too early to refill the medication which prompted her to look at Resident #2's eMAR.
-She thought the MAs were administering Resident #2's Phenergan two to three times daily rather than once daily as needed, and they were not checking to see if she had already received a dose that day.
-She had not talked with the MAs about administering Resident #2's Phenergan incorrectly.
-She had told three of the MAs who worked on 02/01/23 to make sure they were reading medication orders prior to administering medication, but she did not have an opportunity to complete a training or in-service with the MAs.
-She told Resident #2 that her prescription for Phenergan only allowed her to it once daily as needed, which she had been unaware of.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 76 -She had not notified Resident #2's PCP about her receiving Phenergan more frequently than what was ordered. -Resident #2 had been reporting headaches since her Phenergan ran out, so when she was told by the Director that she was only ordered to take Phenergan once daily she called her previous PCP who wrote the prescription, to ask if her order could be adjusted to take the medication more than once daily. -She would have made the time to call Resident #2's previous PCP if Resident #2 had not already called her. Telephone interview with the Administrator on 02/03/23 at 3:30pm revealed: -He reviewed the resident's eMARs every other month, and his last audit was in December 2022 prior to Resident #2 admitting to the facility. -He was not familiar with Resident #2 or her medications. -He expected medications to be administered as ordered and if they were not, for the PCP to be notified and the MAs re-trained. -He expected medications to be refilled prior to them running out, and for each medication that was ordered by the PCP to be available on the medication cart for administration. Attempted telephone interview with Resident #2's previous PCP on 02/01/23 at 2:50pm was unsuccessful. 2. Review of Resident #3's current FL2 dated 05/20/22 revealed: -Diagnoses included dementia, chronic obstructive pulmonary disease, coronary artery disease, paroxysmal A-Fib, normocytic anemia, hyperlipidemia, hypertension. -There was an order for Haldol (used to treat	D 358	Medication Administration: Resident #2 1. Vit D not available to staff. This was fixed and completed on 2/7/2023. 2. Cyclobenzaprine Medication error. Director spoke with PCP on 2/13/2023 at this time the PCP chose to change the Medication order. 3. Phenergan. Medication error. Patient was seen by PCP on 2/17/2023 with no changes at this time. Re: #2 & #3. Director had a meeting with all MA's on 2/1/2023 about medications not checking the EMAR to see if the patient has taken any PRN's in the last 24 hours. On 3//3/2023 The Director will hold an Employee staff meeting. At this time she will speak with staff about several Medication Administration rules, regulations, back up Pharmacy, documentation, Medication errors along with any other noted issues. If the MA's do not follow the rules and regs regarding Medication Administration accordingly, they will be reprimanded. This will be monitored by the RCC/Director weekly during EMAR audit. QA will follow up every 90 days.	2/7/2023 2/13/2023 2/17/2023 2/1/2023 3/3/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 77 schizophrenia) 0.5mg 1 tablet twice daily. Review of Resident #3's Mental Health Provider's (MHP) Visit Note dated 09/19/22 revealed an order to discontinue Haldol 0.5mg 1 tablet twice daily. Review of Resident #3's MHP's Visit Note dated 12/09/22 revealed Haldol 0.5mg 1 tablet twice daily was not listed as a current medication. Review of Resident #3's electronic Medication Administration Record (eMAR) for November 2022 revealed: -There was an entry for Haldol 0.5mg 1 tablet twice daily scheduled for administration at 8:00am and 8:00pm. -Haldol was administered for 28 of 30 opportunities at 8:00am and 28 of 30 opportunities at 8:00pm. Review of Resident #3's eMAR for December 2022 revealed: -There was an entry for Haldol 0.5mg 1 tablet twice daily scheduled for administration at 8:00am and 8:00pm. -Haldol was administered for 28 of 31 opportunities at 8:00am and 29 of 31 opportunities at 8:00pm. Review of Resident #3's eMAR for January 2023 revealed: -There was an entry for Haldol 0.5mg 1 tablet twice daily scheduled for administration at 8:00am and 8:00pm. -Haldol was administered for 28 of 31 opportunities at 8:00am and 31 of 31 opportunities at 8:00pm. Observation of Resident #3's medications	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 78	D 358		

available for administration on 02/02/23 at 1:55pm revealed:
-Haldol 0.5mg 1 tablet twice daily was available on the medication cart.
-There were 60 tablets of Haldol dispensed to the facility on 12/20/22 and 34 tablets were remaining.

Interview with a medication aide (MA) on 02/01/23 at 3:28pm revealed:
-She thought Resident #3 had a scheduled order for Haldol and an order for Haldol as needed.
-The Resident Care Coordinator (RCC) or the Director were responsible for reviewing new physician's orders and sending them to the pharmacy.
-The RCC or the Director were responsible for following up with the pharmacy regarding any issues with medication orders.

Interview with a MA on 02/02/23 at 8:54am revealed the Director was responsible for reviewing new physician's orders and ensuring they were faxed to the pharmacy.

Interview with the RCC on 02/02/23 at 9:27am revealed:
-She started her role as Resident Care Coordinator in September 2022, but she was not fully trained.
-She reordered medications, but she had never reviewed any new medication orders.
-She had never sent any new medication orders to the pharmacy.
-She did not know there was an order to discontinue Haldol.

Telephone interview with a MA on 02/03/23 at 10:29am revealed:
-Resident #3 had orders for Haldol scheduled and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 79	D 358		

as needed.
-She did not think Resident #3's Haldol had ever been discontinued.
-The Director was responsible for reviewing new orders and faxing them to the pharmacy.

Telephone interview with Resident #3's responsible party on 02/03/23 at 11:50am revealed:
-She was very involved with Resident #3's care and knew about his medications.
-Resident #3 used to be on Haldol, but she thought Haldol was discontinued when the PCP ordered a different antipsychotic medication for him.

Telephone interview with Resident #3's MHP on 02/03/23 at 12:34pm revealed:
-Resident #3 had a current order for Haldol 1mg twice daily as needed.
-Resident #3 had an order for Haldol 0.5mg 1 tablet twice daily, but she discontinued the order for scheduled Haldol on 09/19/22 when she started the order for scheduled (another antipsychotic medication) 1mg 1 tablet twice daily.
-She did not know Resident #3 was still being administered Haldol as scheduled.
-She did not see any documentation where she had added scheduled Haldol back to Resident #3's medication orders.
-She would like for Resident #3 not to be administered both Haldol and risperidone (used to treat behaviors) scheduled because both were antipsychotic medications and she tried to keep residents on as low of a dose of antipsychotics as possible.
-The administration of Haldol along with risperidone could cause sedation and dizziness.
-Resident #3 had been on both Haldol and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 80	D 358		

risperidone before.
-Staff reported that Resident #3 slept a lot during the day and was often awake and out of bed at night, but she felt Resident #3 more so had his days and nights mixed up.
-She faxed the pharmacy new orders for residents as well as the facility.
-She would have expected the facility to contact the pharmacy to find out why scheduled Haldol was not discontinued.

Telephone interview with a representative from the contracted pharmacy on 02/03/23 at 12:51pm revealed:
-Resident #1 had a physician's order for Haldol 0.5mg 1 tablet twice daily.
-Haldol was dispensed to the facility on 08/20/22 with a quantity of 62 tablets, on 09/20/22 with a quantity of 60 tablets, on 10/20/22 with a quantity of 60 tablets, on 12/20/22 with a quantity of 60 tablets and on 01/20/23 with a quantity of 60 tablets.
-The pharmacy never received the order dated 09/19/22 to discontinue Haldol 0.5mg 1 tablet twice daily.

Telephone interview with the Director on 02/03/23 at 1:49pm revealed:
-She was responsible for reviewing new orders and physician's progress notes.
-She was responsible for faxing new medication orders to the pharmacy.
-She did not know about Resident #3's physician's order to discontinue Haldol 0.5mg 1 tablet twice daily.
-She just missed seeing the order to discontinue scheduled Haldol.

Telephone interview with the Administrator on 02/03/23 at 3:35pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 81 -The Director was responsible for ensuring physician's orders were faxed to the pharmacy. -He did not know about Resident #3's physician's order to discontinue scheduled Haldol, but he would have expected the Director to send the order to discontinue to the pharmacy.	D 358	Medication Administration: Resident #3 has 2 separate MD's, General and Psychiatric, which is causing confusion with med changes. The Director is responsible for sending Medication orders to Pharmacy and making sure that changes are made in the EMAR system. The order clarification completion date 3/3/2023. The Director/RCC will be responsible for auditing the EMAR system for med changes along with other audits listed on a weekly basis. QA will follow up every 90 days.	3/3/2023
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the electronic Medication Administration Records (eMAR) were accurate for 1 of 5 sampled residents (#4) related to a nutritional supplement.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 82 The findings are: Review of Resident #4's current FL2 dated 08/26/22 revealed an order for nutritional supplements. (The quantity and frequency were not documented.) Review of Resident #4's Diet Orders dated 08/26/22 revealed an order for nutritional supplements with meals. Review of Resident #4's eMARs for November 2022, December 2022, and January 2022 revealed there was not an entry for nutritional supplements. Observation of the lunch meal service on 02/01/23 from 12:15 to 12:35pm revealed Resident #4 was not offered a nutritional supplement with his meal. Observation of the breakfast meal service on 02/02/23 at 7:37pm revealed Resident #4 was served a nutritional supplement with his meals. Observation of the lunch meal service on 02/02/23 from 12:00pm to 12:27pm revealed Resident #4 was not offered a nutritional supplement with his meal. Telephone interview with a medication aide (MA) on 02/02/23 at 3:43pm revealed: -Resident #4 was supposed to be served a nutritional supplement with every meal. -Anyone who worked in the dining room during meals could serve Resident #4 his nutritional supplement. -She did not know she should document when a nutritional supplement was served.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 83 -She did not know if any other MA had documented serving a nutritional supplement. Telephone interview with a MA on 02/03/23 at 10:29am revealed: -Resident #4 was supposed to be served a nutritional supplement with each meal. -Whoever worked in the dining hall during the meal was responsible for serving nutritional supplements. -She did not document when nutritional supplements were served because nutritional supplements were not listed on the eMAR to document. -There was no paper trail in the facility to document whether nutritional supplements had been served to Resident #4 or not. Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 02/03/23 at 12:51pm revealed: -The pharmacy had not received an order for nutritional supplements. -If the pharmacy had received an order for nutritional supplements, the order for supplements would have been added to the eMAR for documentation. Telephone interview with the Director on 02/03/23 at 1:49pm revealed: -The MAs had not been documenting when nutritional supplements were served to Resident #4. -She knew MAs should have been documenting nutritional supplements, but she did not know they were to document on the eMAR. -There were no other forms provided to MAs for documentation of nutritional supplements. -She did not know if the MAs were aware that they needed to document when nutritional	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: _____ B. WING _____	02/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 84 supplements were served. Telephone interview with the Administrator on 02/03/23 at 3:35pm revealed: -He expected nutritional supplements to be entered on the eMAR and documented as administered if a Resident had a physician's order for nutritional supplements. -He did not know nutritional supplements were not listed on Resident #4's eMAR and had not been documented as served.	D 367	All Residents that have an order for a nutritional supplements were added to EMAR on 2/7/2023. MA's will be responsible for ensuring that the resident receives the appropriate supplement and that it is documented. The supplements orders will be reviewed by the RCC/Director every two weeks when monitoring EMAR. QA will follow up every 90 days	2/7/2023