PRINTED: 03/06/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: _ R-C B. WING FCL081047 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5023 US HIGHWAY 64 HOPE CARE CENTER #1** UNION MILLS, NC 28167 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 C 000 Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 03/03/23. C 320 C 320 10A NCAC 13G .1002 (f) Medication Orders 10A NCAC 13G .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure all current orders for medications or treatments, including standing orders were reviewed and signed by the residents' prescribing practitioner for 3 of 3 sampled residents (Residents #1, #2, #3). The findings are: 1. Review of Resident #3's current FL2 dated 05/09/22 revealed diagnoses included elevated troponin and COVID-19. Review of Resident #3's physician orders dated 06/08/22 revealed: -There was an order for finasteride (used to shrink an enlarged prostate) 5mg 1 tablet once daily at bedtime. -There was an order for metformin (used to treat high blood sugar levels) 500mg 1 tablet twice

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daily with food.

oz, of liquid once daily.

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

-There was an order for polyethylene glycol (used to treat and prevent constipation) mix 17gm in 8

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
FCL	081047	A. BUILDING:		R-C 03/03/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
HOPE CARE CENTER # 1 5023 US HIGHWAY 64 UNION MILLS, NC 28167								
(X4) ID SUMMARY STATEMENT OF DEPREFIX (EACH DEFICIENCY MUST BE PREGULATORY OR LSC IDENTIFY)	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
C 320 Continued From page 1 -There was an order for pravastal high cholesterol) 20mg 1 tablet of evening. -There was an order for risperidous agitation or mood) 3mg 1 tablet of 3:00pm. -There was an order for tamsulos men with symptoms of an enlarge 0.4mg take 2 capsules once daily meal each day. -There was an order for trazodor depression) 50mg 1/2 tablet once bedtime. -There was an order for vitamin I supplement vitamin B-12 levels) tablet every other day. -There was an order for Vitamin (50,000 unit) (used to treat vitamin 1 capsule once weekly. -There was an order for Vitamin vitamin D deficiency) 5,000 unit daily. Review of Resident #3's physicial 07/20/22 revealed there was an solution 6.5% (used to remove eleinto each affected ear two times. Review of Resident #3's orders it was no signed six-month review medications and treatments by a practitioner. Telephone interview with a phamfacility's contracted pharmacy or 10:58am revealed the latest medications revealed the latest medicationer they received for Resident received f	once daily in the one (used to treat every day at sin (used to treat ed prostate) y after the same ne (used to treat e daily at B-12 (used to 1,000 mcg 1 D2 1.25mg sin D deficiency) D3 (used to treat 1 tablet once an order dated order for Debrox ar wax) 5 drops daily for 4 days. Tevealed there of all a prescribing macist from the 103/03/23 at dication and escribing	C 320	Completed on 3/29/23 Amanda Itill reviewed and signed order. Corporate office will follow up monthly to ensure that all orders Medications and treat are in place.					

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STATEMENT OF DEFICIENCIES (X1) P

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		IDENTIFICATION NUMBER:	A. BUILDING:						
•					R-C				
	*	FCL081047	B. WING		03/03/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
5023 US HIGHWAY 64									
HOPE CARE CENTER # 1 UNION MILLS, NC 28167									
(VA) ID									
PREFIX	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE				
TAG			TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE				
				DEFICIENCY)					
C 320	Continued From page	e 2	C 320	Will make copies and to the Corporate Off	send				
	Refer to the interview	مماد طائنین		to the Comorate Off	ice				
		e (SIC) on 03/03/23 at							
	12:00pm.	(SIC) 011 03/03/23 at		to file					
	12.00pm.								
	2. Review of Residen	nt #1's current FL2 dated							
	04/13/22 revealed:								
	-Diagnoses included	depression and		·					
	schizophrenia.		İ						
	-There was an order for Tylenol (treats pain)		l l						
	650mg daily.			·					
	-There was an order for atorvastatin (treats high								
	cholesterol) 20mg da								
	-There was an order for benztropine (treats								
	muscle control and spasms) 1mg daily at								
•	bedtime.								
-There was an order for cetirizine (treats allergies) 10mg daily at bedtime.									
	-There was an order for citalopram (treats				·				
	depression) 40mg daily.								
	-There was an order for heartburn relief 20mg								
	twice daily.								
	-There was an order for Invega Sustenna								
	(antipsychotic medica								
	intramuscularly every 4 weeks.								
	1	for montelukast sodium							
	(treats asthma) 10mg								
	-There was an order for omega-3 fish oil (dietary								
	supplement) 1,000mg daily.								
	-There was an order for omeprazole (treats heart								
*	burn) 20mg daily. There was an order for risperidone (antipsychotic								
	-There was an order for risperidone (antipsychotic medication) 3mg daily at bedtime.								
	-There was an order for Trazodone (treats								
	depression) 100mg daily at bedtime.								
-There was an order for vitamin B-12 (dietary									
supplement) 1000mcg daily.			·						
-There was an order for ondansetron (treats		1							
		3 hours as need for nausea.							
		for salonpas pain relief							
	patch to back daily a		ĺ						

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PRINTED: 03/06/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: ___ R-C B. WING FCL081047 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5023 US HIGHWAY 64 HOPE CARE CENTER #1** UNION MILLS, NC 28167 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 320 C 320 Continued From page 3 Completed 3/29/23 Amanda Hill reviewed t Review of Resident #1's physician's orders revealed there was no six-month medical provider Signed orders, Corporate office will up monthly to ensure that all other orders, renewal of all medications and treatments for Resident #1. Telephone interview with a pharmacist from the facility's contracted pharmacy on 03/03/23 at medications and treatments 10:58am revealed the latest medication and are in place. treatment orders signed by a prescribing practitioner they received for Resident #1 was dated 05/03/22.

Refer to the interview with the Supervisor-in-Charge (SIC) on 03/03/23 at 12:00pm.

- 3. Review of Resident #2's current FL2 dated 04/13/22 revealed:
- -Diagnoses included schizophrenia and headaches,
- -There was an order for fluphenazine (antipsychotic medication) 5mg daily at bedtime.
- -There was an order for Invega Sustenna (antipsychotic medication) inject 117mg intramuscularly every 28 day.
- -There was an order for Tylenol (treats pain) 500mg 2 tablets twice daily.
- -There was an order for famotidine 40mg take $\frac{1}{2}$ tablet daily as needed for heartburn.
- -There was an order for ibuprofen 600mg every 8 hours as needed for pain.
- -There was an order for milk of magnesia (treats constipation) 2 tablespoons daily as needed.
- -There was an order for Aspercreme with aloe cream to left shoulder twice daily as needed for pain.

Review of Resident #2's physician's orders revealed there was no six-month medical provider

Will make copies and send to the Corporate Office

to file.

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