STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL098031	1 5 14010		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	3 #5	H PARKER ST	REET	
		ELM CITY	, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 000	Initial Comments		D 000		
		sure Section conducted an survey on 03/20/23 through			
D 276	10A NCAC 13F .0902	(c)(3-4) Health Care	D 276		
	following in the reside (3) written procedures a physician or other liand (4) implementation of	ssure documentation of the			
	This Rule is not met a TYPE A1 VIOLATION				
	related to an order for were not completed for the resident being ser emergency departme	failed to implement 1 of 6 sampled residents daily dressing changes that ar a resident which lead to to the local hospital			
	The findings are:				
	11/16/23 revealed: -Diagnoses included indevelopment disability behavioral disturbance-He was intermittently	y, unspecified dementia with e and type II diabetes.			

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MODNING	S STAR ASSISTED LIVING	416 NORT	H PARKER STI	REET	
WORNING	S TAR ASSISTED LIVING	ELM CITY,	NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 276	Continued From page	21	D 276		
	-The resident was total grooming, bathing, and -The resident required transferring and limited Review of Resident # 11/16/22 revealed the pad sterile 4 x 4 nones	for self-injurious behaviors. ally dependent for dressing,			
	1 2 2				
	dated 01/25/23 revea -Resident #7 had and to right hand and chal back of his right hand -Resident #7 was fou	order for non-sticky dressing nge daily for a wound on the			

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STATE FORM 6899 F50M11 If continuation sheet 2 of 93

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		_
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	3 #5 416 NORTH	I PARKER STI	REET	
0.0.15	CHMMADY CT	<u> </u>		PROVIDER'S PLAN OF CORRECTIO	N arm
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 276	Continued From page	2	D 276		
	-There was foul smell swelling distally to the -The primary care proulcerated wound with bone with purulent dist the dressing. (Puruler containing or discharg-Resident #7 was ser emergency departme evaluation and testing Review of Resident # record from the local	ing discharge, redness and endex finger. ovider (PCP) found an a depth possibly to the scharge when she removed in the means consisting of, ging pus.) out to the local hospital int (ED) for emergent graduate.			
	record from the local hospital emergency department (ED) dated 01/25/23 revealed: -Resident #7 presented to the ED with pain, swelling, redness to his index fingerResident #7 was transported via emergency management services (EMS) who reported the facility had placed a bandage on Resident #7's finger a few weeks prior, took it off that day, 01/25/23, and noticed erosion to the base of his finger, purulent drainage, redness and swelling to the end of the fingerThe wound appeared to be eroding to the bone				
	infection of the skin the enters the body throuton The right index finge tender. Resident #7 required antibiotics and possible (Debridement is a medamaged or infected thealing potential of the Review of Resident #	l admission the hospital for le debridement. dical removal of dead, tissue to improve the e remaining healthy tissue.) 7's hospital discharge on date of 01/25/23 with 02/23 revealed:			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. Boilebino.	A. BUILDING:		D	
	HAL098031	B. WING		03	R 3 /22/2023	
NAME OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
	416 NOF	RTH PARKER STRE				
MORNING STAR ASSISTED LIVIN	G #5	Y, NC 27822				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
was removed for eva was erosion of the sk bone. -Osteomyelitis (inflan by infection) was like his bandages eroded -Resident #7 was una diagnostic MRI testin CT with contrast was of osteomyelitis. -Orthopedic surgery a consulted and recomintravenous (IV) antible -Resident was placed possible surgical incible report dated 01/26/23 -Resident #7 had consulted with some surrescommendations wound care and antible surgery but could perdebridement if condition did not improve. Review of Resident # consult report dated 0 -Resident #7 present on his right first finge down to the bone with -Resident #7 was recovancement by IV. (Zerosident #7 was recovancement with the solution of the s	nent services (EMS) at Resident #7 had a igit on his right hand that luation that day and there in all the way down to the mation of the bone caused ly given the degree to which into his right first finger. able to sit still for preferred g due to his cognition so a performed with no evidence and Infectious Disease were mended treating with biotics while in the hospital. If on NPO after midnight for sion and drainage. F7's orthopedic consultation are reached: are made to attempt local biotics in efforts to avoid form an irrigation and ion of the wound worsened. F7's Infectious Disease on the wound in that tracked all the way his some surrounding cellulitis.	D 276	DEFICIENC	······································		

Division of Health Service Regulation

STATE FORM 6899 F50M11 If continuation sheet 4 of 93

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		ILLILD
						R
		HAL098031	B. WING		03	3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			TH PARKER ST			
MORNING	STAR ASSISTED LIVING	G #5	', NC 27822	NEL I		
2401-	CLIMMA DV CT			PROVIDER'S PLAN OF CO		0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From page	e 4	D 276			
	antibiotic that treats n infections.)	nulti drug-resistant				
	Interview with Reside (PCP) on 03/22/23 at	nt #7's primary care provider 11:37am revealed:				
		story of biting himself on the xious and had an order in				
		anges to the wound on his				
		oleted daily until it was				
		its to the facility in January,				
	she checked in on Re	esident #7 and found him				
	with a dirty dressing of					
	-The dressing was a	-				
	-	gauze in place over the				
	wound.	l				
	finger was red and sv	I was very tight and his				
		essing to find the gauze next				
		d and there was a foul odor.				
		and there was a roth odor. und his finger where the				
		as pressing into his skin				
	because it was so tigl	· ·				
	•	finger went to the bone and				
	she was concerned h	-				
	-She sent him to the I	ocal hospital ED for				
		was admitted and stayed for				
	several days on IV ar					
		to be carried out daily as				
	ordered to prevent inf					
		d the dressing changes				
	_	Resident #7 would not have				
		ility of surgery, or needed				
	the hospital stay for N	onal care aide (PCA) on				
	03/22/23 at 3:55pm re					
		n assessment forms if they				
	•	a resident, redness, scabs,				
	marks, or any change					
		e skin assessment form and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
				R	
	HAL098031	B. WING		03/22/2023	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIR CODE	,	
NAME OF FROVIDER OR SUFFLIER					
MORNING STAR ASSISTED L	VING #5	TH PARKER STI	REEI		
	ELM CII	Y, NC 27822			
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
D 276 Continued From	page 5	D 276			
shiftAfter the MA rev assessment form assessment form -Resident #7 was when he was giv his right arm in a showers.	MA that worked during their ewed and signed the skin the PCA slid the skin under the RCC's door. unable to use his right arm and en showers, he preferred to put sling when he received				
revealed: -When Resident would bandage h -She would provi verbal report of h shift and also dod in the electronic p -MAs would docubandage had bee eMARShe changed Re hand daily during neededWhen she change his right hand she drainage, and od -She had not not or odorIf the bandage to when staff provided duty would place handShe documenter she changed the -MAs were expect	de the oncoming MA with a by his hand looked during her nument the report in a shift report progress notes. In changed by initialing the sident #7's bandage on his right her shift and more often if the residents bandage on the checked for any color change,				

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STATE FORM 6899 F50M11 If continuation sheet 6 of 93

DIVISION	of Health Service Regu	lation	_		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			-		
					R
		HAL098031	B. WING		03/22/2023
			•		-
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		416 NOR	TH PARKER STI	REET	
MORNING	STAR ASSISTED LIVING	i #5 ELM CITY	, NC 27822		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	(/
PREFIX TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP	
IAG		,	i i i i i i i i i i i i i i i i i i i	DEFICIENCY)	
D 276	Continued From page	e 6	D 276		
	. •				
	Telephone interview v				
	03/22/23 at 5:26pm re	evealed:			
	-She was at the facilit	y on 01/25/23 when the			
		#7 with an old dressing on			
	his right hand.	g			
		g on the resident's right			
		h the PCP present and			
		e the dressing was too tight.			
		on the resident's eMAR to			
	change the dressing	on his right hand daily and			
	as needed.				
	-She and MAs were e	expected to follow all PCP			
	orders.	•			
		it she changed the residents			
	bandage on the eMAI				
	_	_			
	changed the bandage	•			
		anged the bandage when			
	she documented that	•			
		e PCP orders to change the			
	bandage daily and as	needed and regrets she did			
	not follow the PCP or	ders.			
	-All MAs were held ac	ccountable for not following			
	PCP orders to change	e his bandage daily and as			
	needed.	3 ,			
		et with all MAs on 01/25/23			
	or the following day to				
	documentation.	discuss laise			
	documentation.				
		sident Care Coordinator			
	(RCC) on 03/22/23 at				
		y on 01/25/23 when the			
		M) made rounds with the			
	PCP.				
	-She observed the dr	essing to Resident #7's right			
		t the bandage was wrapped			
		e it had been on his hand a			
	few days, it was dirty				
	-				
	discoloration to the ba	•			
	-Resident #7's banda	ge on his right hand was			

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soiled with food stains.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED
		A. BUILDING:	A. BUILDING:		
HAL098031 B. WING		03	R // 22/2023		
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	416 NOR	TH PARKER STRE	ET.		
MORNING STAR ASSISTED LIVING	3 #5	Y, NC 27822	- -		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 276 Continued From page	÷ 7	D 276			
-She could tell the barknew it had been on he the discoloration of his -She observed a deep index finger where the tight. -MAs were supposed and change the bandary -She and the BM held that week and found of checking off on the eM Resident #7's bandage had not changed his bear -The MAs should have were not changing the of documenting on the changing his bandage -The failure of the MA resident's bandage as resident to be hospital his index finger on his linterview with the BM revealed: -Resident #7 had a his when he became ang -He could not remembed in the made a wound of -He made rounds with 01/25/23. -He observed the ban hand with the PCP preserved.	indage was dirty and she his hand a few days due to se right index finger. In indentation on his right to bandage was wrapped too to follow the PCP orders age daily and as needed. It is a meeting with the MAs on but that the MAs were MAR that they had changed lie, when they explained they bandage. In informed her that they were explained they be resident's bandage instead to eMAR that they were explained they be resident's bandage instead to eMAR that they were explained to an infection of the right hand. In the possible that the resident his right hand because he can that hand from biting it. In the possible that the facility on the possible that the resident that hand from biting it. In the possible that the resident that hand from biting it. In the possible that the resident that hand from biting it. In the possible that the resident that hand from biting it. In the possible that the resident that hand from biting it. In the possible that the resident that hand from biting it. In the possible that the resident that hand from biting it.	D 276			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		UAI 000024	B. WING		R
		HAL098031			03/22/2023
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
MORNING	STAR ASSISTED LIVING	3 #5	H PARKER STI	REET	
		ELM CITY	, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 276	Continued From page	8	D 276		
D 276	-He and the RCC met the facility to identify hindex finger and the barrier and the present. -The BM made round and the present. -The BM observed Reference and the present. -The BM was shocked bandage from the result and the barrier and	with the MAs that week at now the resident's right andage were neglected. documented that they is bandage daily and as up and he held an inservice on with all MAs. The MAS had lied and in the eMAR that they had is bandage. With Resident #7's PCP on evealed: Sit with Resident #7 at the se with her on 01/25/23. Esident #7's right hand with elastic bandage wrap was in the was swollen at the right elastic bandage wrap was in the was and the Resident Care in 01/25/23 to inform them of the severe damage to dex finger. What and RCC to investigate resident's bandage was the reconcern that MAs were electronic medication (eMAR) that they changed en his right hand daily, that MAs were documenting that and and bandage en MAs were not following ent #7's hand and bandage end MAS were not following	D 2/6		
		e MAs were not following his bandage daily and as			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:		
		HAL098031	B. WING		03	R 3 /22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
		416 NOR	TH PARKER STRE	ET		
MORNING	S STAR ASSISTED LIVING	G #5 ELM CITY	r, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	for too long on the reinis skin to be cut down index finger. -The cut from the preright hand had cause was concerned his rigamputated. -She spoke with staff department (ED) and with an update as soo severity of the inflaming Resident #7's right in -Staff were "clearly not by not changing his bordered. -The resident was at	andage wrapped too tightly sident's right hand caused on to the bone on his right ssure of the bandage on his d so much damage that she ght index finger would be at the local emergency asked them to provide her on as possible due to the mation and open wound of dex finger. eglecting the resident's care" andage on his right hand as risk of losing his finger due would result in the resident				
	requiring rehabilitation ursing home, a high -The lack of care to the right hand placed him hospitalization, risk or death. Interview with the Adr 03/22/23 at 2:00pm results -She expected and the (MA)to carry out physic	n services at a skilled er level of care. ne resident's bandage on his n at risk of an extended f becoming septic and risk of ministrator/Owner on				
	Attempted interview vat 4:06pm revealed the interviewable. The facility failed to e	with Resident #7 on 03/22/23 ne resident was not nsure the implementation of a resident with moderate				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL098031	B. WING		R 03/22/2023
					1 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
MORNING	STAR ASSISTED LIVING	3 #5	'H PARKER STI ', NC 27822	REET	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 276	dementia with behavior diabetes with a history causing a wound (#7) and as needed dressing hand, and was found (PCP) with a soiled by the his right hand which was eroded down to the hospitalization with or disease consults and to treat the infection. serious physical harm resident and constitute. The facility provided a accordance with G.S. this violation.	ent disability, unspecified oral disturbance and type II by of biting his right hand who had orders for daily ng changes to his right by the primary care provider andage wrapped too tightly in resulted in a wound which he bone, required an 8 day thopedic and infectious IV antibiotics administered The failure resulted in and serious neglect to the es a Type A1 violation.	D 276		
D 344	the resident's physicial for verification or clari medications and treat (1) if orders for admission admission or readmission or readmissions are not the same	Medication Orders ne shall ensure contact with an or prescribing practitioner fication of orders for ments: sion or readmission of the I and signed within 24 hours nission to the facility; ear or complete; or on forms are received upon sion and orders on the ne. re that this verification or	D 344		

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STATE FORM 6899 F50M11 If continuation sheet 11 of 93

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. BOILBING.	A. BUILDING:		
		HAL098031	B. WING		03/2	2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5 416 NORTH ELM CITY,	I PARKER STI NC 27822	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 344	Continued From page record. This Rule is not met Based on observation interviews, the facility care provider (PCP) for clarification for 2 of 5 who received dialysis to treat high levels of shortness of breath, a medications used to to can cause vision loss antibiotic for eye infect heart failure, and high blood (#4). The findings are: 1. Review of Resider 03/16/23 revealed: - Diagnoses included end stage renal diseas schizophrenia, essen hyperkalemia, chronic mellitus type II, major chronic obstructive pudiabetic neuropathy, disease (PAD) and dy-Additional informatio left great toe amputations.	as evidenced by: as, record reviews, and failed to notify the primary or medication order sampled residents (#3, #4) , including medications used phosphorus in the blood, and dry eyes (#3) and reat an eye condition that , fluid retention, an otion, shortness of breath, h levels of potassium in the at #3's current FL-2 dated left first toe osteomyelitis, use and on hemodialysis, tial primary hypertension, c pain, arthritis, diabetes	D 344			
	that helps your body waste products from yare not able to).	remove extra fluids and your blood when the kidneys 3's Resident Register				
	a. Review of Residen	t #3's physician order report				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
and Plan of Correction libentification number.		A. BUILDING: _		COMPLETED	
HAL098031		B. WING		R 03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		416 NORT	H PARKER STI	REET	
MORNING	STAR ASSISTED LIVING	G #5 ELM CITY	NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 344	Continued From page dated 12/14/22 revea		D 344		
		leu. for Sevelamer Carbonate			
		e a day with meals to be			
		am and 7:00pm.(Sevelamer			
		ation used to treat a high			
		ndividuals with chronic			
	kidney disease).				
		for Sevelamer Carbonate			
	800mg, 1 tablet with s	snacks to be administered at			
	10:00am, 4:00pm and	d 8:00pm.			
	Review of Resident #	#3's medication order dated			
		for Sevelamer Carbonate e daily with meals.			
		for Sevelamer Carbonate			
	800mg, 1 tablet with s	snacks.			
	Review of Resident # medication administrative revealed:	3's January 2023 electronic ation record (eMAR)			
	-There was an entry f	or Sevelamer Carbonate			
	800mg, 2 tablets twic administered at 8:00a	e daily with meals to be am and 7:00pm.			
	-There was an entry f	or Sevelamer Carbonate			
	800mg, 1 tablet to be administered with snacks at 10:00am, 4:00pm, and 8:00pmThere was documentation Sevelamer Carbonate 800mg, 2 tablets was not administered at 8:00am				
		3, 01/17/23, and 01/19/23			
		eing out of the facility for			
	dialysisThere was document	tation Sevelamer Carbonate			
		not administered at 10:00am			
	•	3, and 01/31/23 due to the			
		the facility for dialysis.			
	Review of Resident #	3's February 2023 eMAR			
		or Sevelamer Carbonate			

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, 501251140. <u>_</u>		R	
		HAL098031	B. WING		03/22/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	TH PARKER STI 7, NC 27822	REET		
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 344	Continued From page	e 13	D 344			
	800mg, 2 tablets twic administered at 8:00a-There was an entry f 800mg, 1 tablet to be 10:00am, 4:00pm, an -There was documen 800mg, 2 tablet was non 02/02/23, 02/07/23 out of the facility at di-There was documen 800mg, 1 tablet was non 02/04/23, 02/09/23 resident being out of Review of Resident # revealed: -There was an entry f 800mg, 2 tablets twic administered at 8:00a-There was an entry f 800mg, 1 tablet to be at 10:00am, 4:00pm a-There was documen 800mg, 2 tablets was on 03/02/23 and 03/0 being out of the faciliti-There was documen 800mg, 1 tablet was non 10:00am on 03/11/23 resident being out of the faciliti-There was documen 800mg, 1 tablet was non 03/21/23 at 9:30ar Refer to interview with on 03/21/23 at 9:30ar Refer to interview with at 9:50am.	e daily with meals to be am and 7:00pm. For Sevelamer Carbonate administered with snacks at d 8:00pm tation Sevelamer Carbonate not administered at 8:00am and 3 due to the resident being allysis. Tation Sevelamer Carbonate not administered at 10:00am and 3, 02/14/23 due to the the facility at dialysis. Tor Sevelamer Carbonate and 7:00pm. For Sevelamer Carbonate administered with snacks and 8:00pm. Tation Sevelamer Carbonate administered with snacks and 8:00pm. Tation Sevelamer Carbonate not administered at 8:00am 4/23 due to the resident and 3/18/23 due to the the facility at dialysis. Tation Sevelamer Carbonate not administered at 3 and 03/18/23 due to the the facility at dialysis. The medication aide (MA) must be a second MA on 03/21/23				
		terview with the facility's on 03/21/23 at 10:05am.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND I DAY OF CONTROL OF THE PARTY OF THE PAR		A. BUILDING: _		COMI LETED	
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MORNING	S STAR ASSISTED LIVING	3 #5	H PARKER STI , NC 27822	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
	03/22/23 at 9:00am. Refer to interview with 03/22/23 at 10:05am. Refer to interview with on 03/22/23 at 10:55a. Refer to interview with	3/21/23 at 11:00am and the Building Manager the Administrator/Owner am. the Primary Care Provider			
	b. Review of Resident #3's physician order report dated 12/14/22 revealed there was an order for Advair HFA 230-21 mcg, inhale 2 puffs twice a day, use with spacer, scheduled for 8:00am and 8:00pm. (Advair HFA is a steroid medication used to treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung disease). Review of Resident #3's medication order dated 03/16/23 revealed there was an order for Advair HFA 230-21mcg, inhale 2 puffs twice a day.				
	medication administrative revealed: -There was an entry finhale 2 puffs twice diadministered at 8:00a -There was document 230-21mcg was not at 01/17/23 and 01/19/2 out of the facility at diagraph of Review of Resident #	or Advair HFA 230-21mcg, aily, use with spacer to be am and 8:00pm. tation Advair HFA dministered at 8:00am on 3 due to the resident being			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		7 50.25 10.		R	
		HAL098031	B. WING		03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MORNING	S STAR ASSISTED LIVING	G #5	H PARKER ST	REET	
	Т	ELM CITY	, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 344	Continued From page	e 15	D 344		
	administered at 8:00a -There was documen 230-21mcg, inhale 2	tation Advair HFA puffs was not administered 3 and 02/07/23 due to the			
	revealed: -There was an entry finhale 2 puffs twice diadministered at 8:00a -There was documen 230-21mcg, 2 puffs w	tation Advair HFA vas not administered at due to the resident being out			
	Refer to interview with the MA on 03/21/23 at 9:30am				
	Refer to interview with a second MA on 03/21/23 at 9:50am.				
	Refer to telephone interview with the facility's contracted pharmacy on 03/21/23 at 10:05am.				
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am.			
	Refer to interview witl 03/22/23 at 10:05am	h the Building Manager			
	Refer to interview with on 03/22/23 at 10:55a	h the Administrator/Owner am.			
	Refer to interview witl 11:30am.	h the PCP on 03/22/23 at			
		t #3's physician order report led there was an order for			

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STATE FORM 6899 If continuation sheet 16 of 93 F50M11

MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 416 NORTH PARKER STREET ELM CITY, NO. 27822 (24) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 16 Artificial Tears Drops, 1 drop into left eye four times a day scheduled for 8:00am, 12:00pm, 4:00pm and 8:00pm. (Artificial Tears is used to lubricate dry eyes). Review of Resident #3's medication order dated 03/16/23 revealed there was an order for Artificial Tears Drops, 1 drop into left eye four times a day. Review of Resident #3's January 2023 eMAR revealed: -There was an entry for Artificial Tears Drops, 1 drop into left eye four times a day. There was documentation Artificial Tears Drops, 1 drop into left eye was not administered at 8:00am no 10/17/32, 01/19/23, 01/12/23, 01/19/23, 01/12/23, 01/13/23, 01/19/23, 01/12/23, 01/13/23, 01/19/23, 01/12/23, 01/13/23, 01/19/23, 01/12/23, 01/13/23, 01/13/23, 01/19/23, 01/12/23, 01/13/23, 01/13/23 due to the resident being out of the facility for dailysis. Review of Resident #3's February 2023 eMAR revealed: -There was an entry for Artificial Tears Drops, 1 drop into left eye was not administered at 12:00pm on 01/10/12/21, 01/19/23, 01/12/23, 01/13/23,	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MORNING STAR ASSISTED LIVING #5 CAUTION			HAL098031	B. WING		
MORNING STAR ASSISTED LIVING #5 ELM CITY, NC 27822 (A4) D PROVIDERS PLAN OF CORRECTION (A5) PROVIDERS PLAN OF CORRECTION (A5) COMPRETE PROVIDERS PLAN OF CORRECTION (A5) COMPRETE PROVIDERS PLAN OF CORRECTION (A5) COMPRETE CACH DEFICIENCY MUST BE PRECEDED BY PULL PREENT TAG PROVIDERS PLAN OF CORRECTION CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
PREFIX TAG EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	MORNING	S STAR ASSISTED LIVING	G #5	_	EET	
Artificial Tears Drops, 1 drop into left eye four times a day scheduled for 8:00am, 12:00pm, 4:00pm and 8:00pm. (Artificial Tears is used to lubricate dry eyes). Review of Resident #3's medication order dated 03/16/23 revealed there was an order for Artificial Tears Drops, 1 drop into left eye four times a day. Review of Resident #3's January 2023 eMAR revealed: -There was an entry for Artificial Tears Drops, 1 drop into left eye four times a day to be administered at 8:00am, 12:00pm, 4:00pm and 8:00pm. -There was documentation Artificial Tears Drops, 1 drop into left eye was not administered at 8:00am on 01/17/23, 01/19/23 due to the resident being out of the facility for dialysis. -There was documentation Artificial Tears Drops, 1 drop into left eye was not administered at 12:00pm on 01/03/23, 01/05/23, 01/12/23, 01/12/23, 01/13/23, 01/17/23, 01/19/23, 01/12/23, 01/12/23, 01/13/23, 01/17/23, 01/19/23, 01/12/23, 01/13/23, 01/17/23, 01/19/23, 01/12/23, 01/18/23, 01/17/23, 01/19/23, 01/12/23, 01/18/23, 01/18/23, 01/18/23 due to the resident being out of the facility for dialysis. Review of Resident #3's February 2023 eMAR revealed: -There was an entry for Artificial Tears Drops, 1 drop into left eye four times day to be administered at 8:00am, 12:00pm, and 4:00pm.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
1 drop into left eye was not administered at 8:00am on 02/02/23, 02/07/23, 02/21/23 due to the resident being out of the facility for dialysis. Review of Resident #3's March 2023 eMAR revealed: -There was an entry for Artificial Tears Drops, 1 drop into left eye four times a day to be	D 344	Artificial Tears Drops, times a day schedule 4:00pm and 8:00pm. lubricate dry eyes). Review of Resident # 03/16/23 revealed the Tears Drops, 1 drop in Review of Resident # revealed: -There was an entry f drop into left eye four administered at 8:00a 8:00pmThere was documen 1 drop into left eye was 8:00am on 01/17/23, being out of the facilitity-There was documen 1 drop into left eye was 12:00pm on 01/03/23 01/13/23, 01/17/23, 0 01/28/23, 01/31/23 do of the facility for dialys. Review of Resident # revealed: -There was an entry f drop into left eye was 8:00am on 02/02/23, the resident being out Review of Resident # revealed: -There was an entry f drop into left eye was 8:00am on 02/02/23, the resident being out Review of Resident # revealed: -There was an entry f	1 drop into left eye four d for 8:00am, 12:00pm, (Artificial Tears is used to 3's medication order dated ere was an order for Artificial nto left eye four times a day. 3's January 2023 eMAR for Artificial Tears Drops, 1 times a day to be am, 12:00pm, 4:00pm and attaion Artificial Tears Drops, as not administered at 01/19/23 due to the resident by for dialysis. Itation Artificial Tears Drops, as not administered at 01/05/23, 01/12/23, 1/19/23, 01/21/23, 01/24/23, ue to the resident being out esis. 3's February 2023 eMAR for Artificial Tears Drops, 1 times day to be am, 12:00pm, and 4:00pm. Itation Artificial Tears Drops, as not administered at 02/07/23, 02/21/23 due to to the facility for dialysis. 3's March 2023 eMAR	D 344		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
		A. BUILDING: _			
HAL098031		B. WING		R 03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MODNING	CTAD ACCICTED I IVINI	416 NOR	TH PARKER STE	REET	
WORNING	S STAR ASSISTED LIVING	ELM CITY	, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETE
D 344	Continued From page	e 17	D 344		
	-There was documen 1 drop into left eye was on 03/04/23 due to th facility at dialysisThere was documen drop into left eye was on 03/02/23, 03/18/23 resident being out of the Refer to interview with 9:30am Refer to interview with at 9:50am. Refer to telephone in contracted pharmacy	terview with the facility's on 03/21/23 at 10:05am.			
	Refer to interview with the RCC 03/21/23 at 11:00am and 03/22/23 at 9:00am. Refer to interview with the Building Manager 03/22/23 at 10:05am				
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.			
	Refer to interview with 11:30am	n the PCP on 03/22/23 at			
	Tuesday, Thursday, a -The night shift was re Resident #3 dressed breakfast.	dialysis "around" 6:00am on and Saturday. esponsible for getting and serving him an early cations administered to			

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STATE FORM 6899 F50M11 If continuation sheet 18 of 93

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MORNING STAR ASSISTED LIVING #5 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 18 Interview with a second MA on 03/21/23 at 9:50am revealed: -Resident #3 went to dialysis at 6:00am in the morning on Tuesday, Thursday, and SaturdayThe night shift was responsible for getting him up and dressed, serving him breakfast and getting him ready to be picked up by the county vanSometimes the night shift administered his 8:00am medications. Telephone interview with facility's contracted	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 416 NORTH PARKER STREET ELM CITY, NC 27822 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 18 Interview with a second MA on 03/21/23 at 9:50am revealed: -Resident #3 went to dialysis at 6:00am in the morning on Tuesday, Thursday, and SaturdayThe night shift was responsible for getting him up and dressed, serving him breakfast and getting him ready to be picked up by the county vanSometimes the night shift administered his 8:00am medications.		
MORNING STAR ASSISTED LIVING #5 ### CITY, NC 27822 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 344 Continued From page 18 D 344 Interview with a second MA on 03/21/23 at 9:50am revealed: -Resident #3 went to dialysis at 6:00am in the morning on Tuesday, Thursday, and SaturdayThe night shift was responsible for getting him up and dressed, serving him breakfast and getting him ready to be picked up by the county vanSometimes the night shift administered his 8:00am medications.	R 03/22/2023	
SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DAG		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 18 Interview with a second MA on 03/21/23 at 9:50am revealed: -Resident #3 went to dialysis at 6:00am in the morning on Tuesday, Thursday, and SaturdayThe night shift was responsible for getting him up and dressed, serving him breakfast and getting him ready to be picked up by the county vanSometimes the night shift administered his 8:00am medications.		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 344 Continued From page 18 Interview with a second MA on 03/21/23 at 9:50am revealed: -Resident #3 went to dialysis at 6:00am in the morning on Tuesday, Thursday, and SaturdayThe night shift was responsible for getting him up and dressed, serving him breakfast and getting him ready to be picked up by the county vanSometimes the night shift administered his 8:00am medications.	0.5	
Interview with a second MA on 03/21/23 at 9:50am revealed: -Resident #3 went to dialysis at 6:00am in the morning on Tuesday, Thursday, and SaturdayThe night shift was responsible for getting him up and dressed, serving him breakfast and getting him ready to be picked up by the county vanSometimes the night shift administered his 8:00am medications.	(X5) COMPLETE DATE	
9:50am revealed: -Resident #3 went to dialysis at 6:00am in the morning on Tuesday, Thursday, and SaturdayThe night shift was responsible for getting him up and dressed, serving him breakfast and getting him ready to be picked up by the county vanSometimes the night shift administered his 8:00am medications.		
pharmacist on 03/21/23 at 10:05 am revealed: -The pharmacist entered residents' medications and times of administration in the system and sent them to the facility for approval. -The facility was responsible for approving the times the medications were administered or making changes regarding the times to suit the needs of the resident. -The pharmacy did not know the times of dialysis sessions for the residents at the facility who were scheduled for dialysis.		
Interview with the RCC on 03/21/23 at 11:00am and 03/22/23 at 9:00am revealed: -She was not aware Resident #3 was not receiving his 8:00am and 12:00pm medications		
due to early dialysis sessions. -The facility did not have a medication administration policy or protocol for residents who went to dialysis.		
-Medication orders from the dialysis facility were submitted directly to pharmacy for processing. -The pharmacist entered the medication orders and times of administration in the system and sent the orders to the facility for review and approval. -The facility did not make changes to the times of		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
and Plan of Correction identification number.		A. BUILDING: _	COMPLETED		
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
MODNING		416 NORT	H PARKER STI	REET	
MORNING	STAR ASSISTED LIVING	ELM CITY	NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 344	44 Continued From page 19		D 344		
	administration of med	lications for residents.			
	10:05am revealed: -He was not aware Richer 8:00am and 12:00 days she goes to dialing the had concerns with her blood pressure middle blood pressure had "kin the past during dialing the expected the MA Resident #3 was not 8:00am before dialysis and the Building Maning the expected the RC clarification on how to	h Resident #3 not getting edications because her pottomed out" (dropped low) lysis. 's to have caught that getting her medications at is and informed the RCC			
	Interview with the Administrator/Owner on 03/22/23 at 10:55am revealed: -She was not aware Resident #3 went to dialysis three times a week and was not receiving her 8:00am and 12:00pm medicationsShe expected the RCC to reach out to the PCP for clarification regarding the times of medication administrationIt was a major concern that Resident #3 did not receive her 8:00am and 12:00pm medications because it could cause other health problems. Interview with the PCP on 03/22/23 at 11:30am revealed: -She was not aware Resident #3 was scheduled for dialysis at 6:00am and was not receiving her 8:00am and 12:00pm medications as orderedResident #3 should have received her morning				
	medications prior to d				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL098031	B. WING		03/22/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT		
MORNING	S STAR ASSISTED LIVING	3 #5	TH PARKER STR T, NC 27822	(EE I	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 344	could have adjusted to administration times. Attempted telephone Nephrologist on 03/22 unsuccessful. 2. Review of Residen 11/09/22 revealed dia osteomylitis of left for polysubstance, and do a. Review of Residen dated 11/16/22 reveal Acetazolamide 250my times a week at 8:00a medication used to traglaucoma, an eye corblindness). Review of Resident # dated 01/25/23 reveal	the time of dialysis, she he medication interview with Resident #4's 2/23 at 9:15am was t #4's current FL-2 dated gnoses included it, acute kidney injury, liabetes mellitus type II. t #4's medication orders led there was an order for g, 2 tablets (500mg) three am. (Acetazolamide is a leat fluid retention and indition that can cause	D 344		
	medication administra -There was an entry f tablets (500mg) three administered at 8:00a -There was document 250mg, 2 tablets (500 at 8:00am on 01/10/2 due to resident being Review of Resident # revealed:	or Acetazolamide 250mg, 2 times a week to be im. tation that Acetazolamide lmg) was not administered 3, 01/17/23, and 01/19/23 out of the facility for dialysis. 4's February 2023 eMAR or Acetazolamide 250mg, 2			

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STATE FORM F50M11 If continuation sheet 21 of 93

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098031		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		B. WING		03	R 8/ 22/2023	
	ROVIDER OR SUPPLIER	3 #5 416 NOF	ADDRESS, CITY, STATE RTH PARKER STRE TY, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	administered at 8:00a-There was documen 250mg, 2 tablets (500 at 8:00am on 02/02/2 due to the resident be Review of Resident # revealed: -There was an entry fitablets (500mg) thee administered at 8:00a-There was documen 250mg, 2 tablets (500 on 03/04/23 at 8:00ar of the facility for dialy. Refer to interview with on 03/21/23 at 9:30am. Refer to telephone introntracted pharmacy. Refer to interview with Coordinator (RCC) 03/3/22/23 at 9:00am. Refer to interview with 03/22/23 at 10:05am. Refer to interview with 03/22/23 at 10:55am.	tation that Acetazolamide omg) was not administered and 02/07/23 at 8:00am eing at dialysis. 4's March 2023 eMAR for Acetazolamide 250mg, 2 times a week to be am. tation that Acetazolamide omg) was not administered andue to resident being out sis. In the medication aide (MA) m In a second MA on 03/21/23 terview with the facility's on 03/21/23 at 10:05am. Ith the Resident Care 8/21/23 at 11:00am and In the Building Manager In the Administrator/Owner am. In the Primary Care Provider	D 344			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY PLETED	
HAL098031		B. WING		03	R 3/22/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E. ZIP CODE	1 00	NEE! EUEU
		416 NOR	TH PARKER STR			
MORNING	S STAR ASSISTED LIVING	G #5 ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 22	D 344			
	daily at 8:00am, 12:0	drop in right eye three times				
	Review of Resident #4's March 2023 eMAR revealed: -There was an entry for Besivance 0.6% suspension, place 1 drop in right eye three times daily at 8:00am, 12:00pm and 8:00pm. -There was documentation that Besivance 0.6% Suspension was not administered at 8:00am on 03/04/23 and 03/08/23 due to the resident being out of the facility for dialysis. -There was documentation that Besivance 0.6% suspension was not administered at 12:00pm on 03/02/23, 03/04/23, 03/08/23, 03/11/23, and 03/18/23 due to the resident being out of the facility for dialysis. Refer to interview with the MA on 03/21/23 at 9:30am Refer to interview with a second MA on 03/21/23 at 9:50am.					
		terview with the facility's on 03/21/23 at 10:05am.				
	Refer to interview with 11:00am and 03/22/	h the RCC 03/21/23 at 23 at 9:00am				
	Refer to interview with 03/22/23 at 10:05am	h the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	Refer to interview with	h the PCP on 03/22/23 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
		A. BUILDING: _			
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI NC 27822	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 344	Continued From page	e 23	D 344		
	11:30am.				
	dated 11/09/22 revea Breo Ellipta 200-25m	t #4's medication order led there was an order for cg, inhale 1 puff every day at is a medication used to ath caused by lung			
		n visit report dated 03/15/23 Breo Ellipta 200-25mcg, 28 days.			
	Review of Resident #4's February eMAR revealed:				
		or Breo Ellipta 200-25 mcg, ov at 8:00am.			
	inhale 1 puff every day at 8:00amThere was documentation that Breo Ellipta 100-25 mcg was not administered at 8:00am on 02/02/23 and 02/07/23 due to the resident being out of the facility for dialysis.				
	-There was an entry f inhale 1 puff every da -There was documen 100-25mcg was not a	4's March eMAR revealed: for Breo Ellipta 200-25mcg, by at 8:00am. tation that Breo Ellipta administered at 8:00am on esident being out of the			
	Refer to interview with 9:30am	h the MA on 03/21/23 at			
	Refer to interview with at 9:50am.	h a second MA on 03/21/23			
		terview with the facility's on 03/21/23 at 10:05am.			
	Refer to interview wit	th the RCC 03/21/23 at			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E SURVEY PLETED		
						R
		HAL098031	B. WING		03	3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	RTH PARKER STRE	ET		
		ELM CIT	TY, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 24	D 344			
	11:00am and 03/22/	23 at 9:00am				
	Refer to interview wit 03/22/23 at 10:05am	h the Building Manager				
	Refer to interview wit on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	Refer to interview wit 11:30am.	h the PCP on 03/22/23 at				
	dated 11/09/22 revea Carvedilol (Coreg) 3. daily at 8:00am and 8	t #4's medication order led there was an order for 125mg, take 1 tablet twice 8:00pm. (Carvedilol is a eat high blood pressure and				
	summary dated 02/27 -There was an an ord 3.125, 4 tablets (12.5 -Resident #4 was adr abnormal stress test -Resident #4's blood -Resident #4's potass liter(mmol/L) with a normal/L -Resident #4's phosp per deciliter (mg/dl) w 2.5-4.5 mg/dl. Review of a physician	ler to increase Carvedilol 5mg) two times a day. mitted to the hospital for an				
	Review of the Americ guidelines regarding potassium levels reve -A normal BP reading number called the sys	blood pressure and ealed:				

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` '		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL098031	B. WING		03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		416 NORT	H PARKER STI	REET	
MORNING	STAR ASSISTED LIVING	G #5	NC 27822		
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 344	Continued From page	e 25	D 344		
	120 and the bottom in number was less than -Elevated blood press was between 120-129 than 80High blood pressure when the systolic was diastolic was between -High blood pressure when the systolic was diastolic 90 or higherHigh Blood pressure loss, heart attack/failudisease/failureHyperkalemia was a potassium in the blood	cumber called the diastolic in 80). Source was when the systolic in 80 and diastolic was greater (hypertension) stage 1 was so between 130-139 and in 80-89. (hypertension) stage 2 was so 140 or higher or the incomplete could cause a stroke, vision were and kidney higher than normal level of ind. potassium levels in the blood			
	-There was an entry fitablet twice daily at 8: -There was document 3.125mg, 1 tablet was 8:00am on 01/10/23, the resident being out Review of Resident # revealed: -There was an entry fitablet twice daily at 8: -There was document 3.125mg, 1 tablet was 8:00am on 02/02/23 aresident being out of Review of Resident #	tation that Carvedilol s not administered at 01/17/23, 01/19/23 due to t of the facility for dialysis. 4's February eMAR for Carvedilol 3.125mg, 1 00am and 8:00pm. tation that Carvedilol s not administered at and 02/07/23 due to the the facility for dialysis. 4's March eMAR revealed:			
	-There was an entry f tablet twice daily at 8	or Carvedilol 3.125mg, 1 :00am and 8:00pm.			

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-There was no entry for Carvedilol 3.125, 4

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R
		HAL098031	B. WING		03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	2 #5	TH PARKER ST	REET	
	OTAIN AGGIOTED EIVING	ELM CIT	Y, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 344	Continued From page	26	D 344		
	tablets (12.5mg) a da -There was document tablet was administen 03/03/23, 03/05/23, 0 through 03/20/23There was document tablet was administent through 03/19/23There was document 3.125mg, 1 tablet was 8:00am on 03/04/23 of the facility at dialys Telephone interview with pharmacist on 03/22/2 -The current order for tablet two times dailyCarvedilol 3.125mg with 03/20/23 for 43 table -The pharmacy did not facility for Carvedilol 3 Refer to interview with 9:30am Refer to interview with at 9:50am. Refer to interview with the pharmacy on 03/21/2 Refer to interview with 11:00am and 03/22/2 Refer to interview with 03/22/23 at 10:05am	tation Carvedilol 3.125, 1 ed at 8:00am on 03/02/23, 3/07/23 and 03/09/23 tation Carvedilol 3.125mg. 1 ed at 8:00pm on 03/01/23 tation that Carvedilol s not administered at due to the resident being out is. with the facility's contracted 23 at 9:30am revealed: Carvedilol was 3.125mg., 1 was last dispensed on ts. of receive an order from the 3.125, 4 tablets a day. In the MA on 03/21/23 at the facility's contracted 3 at 10:05am. the RCC 03/21/23 at			
	Refer to interview with 03/22/23 at 10:55am.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BOILDING.			В
		HAL098031	B. WING		03	R 3/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	•	
		416 NOF	TH PARKER STRE			
MORNING	S STAR ASSISTED LIVING	G #5 ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 27	D 344			
	Refer to interview wit 11:30am.	h the PCP on 03/22/23 at				
	dated 11/29/22 reveal Clonidine 0.1mg, take at bedtime at 8:00am medication used to transcript Review of a physicial revealed an order for 0.1mg, 1 tablet twice	t #4's medication order led there was an order for a 1 tablet every morning and and 8:00pm. (Clonidine is a eat high blood pressure). In visit report dated 03/15/23 Clonidine Hydrochloride daily. E4's January 2023 eMAR				
	-There was an entry to every morning and at 8:00pm. -There was documen 1 tablet was not admi 01/10/23, 01/17/23, a	for Clonidine 0.1 mg, 1 tablet bedtime at 8:00am and tation that Clonidine 0.1mg, inistered at 8:00am on and 01/19/23 due to the the facility for dialysis.				
	revealed: -There was an entry to every morning and at 8:00pmThere was documentablet was not administration.	23 due to the resident being				
	revealed: -There was an entry fevery morning and at 8:00pm.	f4's March 2023 eMAR for Clonidine 0.1mg, 1 tablet bedtime at 8:00am and tation Clonidine 0.1mg, 1 stered at 8:00am on				

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STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	G #5 416 NORTI ELM CITY,	H PARKER STI NC 27822	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 344	Continued From page	28	D 344		
	03/04/23 due to the refacility for dialysis.	esident being out of the			
	Refer to interview with	n the MA 03/21/23 at 9:30am			
	Refer to interview with at 9:50am.	n a second MA on 03/21/23			
		terview with the facility's on 03/21/23 at 10:05am.			
	Refer to interview with the RCC 03/21/23 at 11:00am and 03/22/23 at 9:00am				
	Refer to interview with 03/22/23 at 10:05am	n the Building Manager			
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.			
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at			
	dated 11/09/22 revea Dorzol-Timolol Eye D twice daily. (Dorsol/T	t #4's medication order led there was an order for rops, 1 drop to both eyes imolol is an eye drop used s that can lead to loss of			
	01/16/23 revealed the	rops, 1 drop to both eyes			
	revealed: -There was an entry f	4's January 2023 eMAR for Dorzol/Timolol Eye eyes twice day at 8:00 and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	· ,	SURVEY PLETED	
		HAL098031	B. WING		0.3	R 3/22/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E ZIP CODE	1 33	
NAME OF T	NOVIDEN ON GOLF EIEN		TH PARKER STR			
MORNING	S STAR ASSISTED LIVING	G #5	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	÷ 29	D 344			
	Eyedrops, 1 drop to badministered at 8:00a	tation that Dorzol/Timolol both eyes was not am on 01/10/23, 01/17/23, dent #4 being out of the				
	revealed: -There was an entry f Drops, 1 drop to both and 8:00pmThere was documen Eyedrops, 1 drop to b administered at 8:00a 02/11/23 due to Resid facility for dialysisThere was documen Drops, 1 drop was no 02/24/23 due to Resid facility at the hospitalThere was documen of the facility at the hospital	am on 02/02/23, 02/07/23, dent #4 being out of the tation Dorzol/Timolol Eye t administered at 8:00am on dent #4 being out of the tation Resident #4 was out				
	Drops, 1 drop to both and 8:00pmThere was documen Dorzol/Timolol Eye dr was not administered to Resident #4 being dialysis.	or Dorzol/Timolol Eye eyes twice a day at 8:00am tation that that rops, 1 drop to both eyes at 8:00am on 03/04/23 due				
	Refer to interview with at 9:50am.	n a second MA on 03/21/23				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			DATE SURVEY COMPLETED	
		HAL098031	B. WING		03	R 8/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
MODNING	COTAD ACCICTED I IVINI	416 NOI	RTH PARKER STRE	ET			
WORNING	S STAR ASSISTED LIVING	ELM CIT	TY, NC 27822				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 344	Continued From page	÷ 30	D 344				
	-	terview with the facility's on 03/21/23 at 10:05am.					
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am					
	Refer to interview with 03/22/23 at 10:05am	n the Building Manager					
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.					
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at					
	dated 11/09/22 revea Isosorbide-Hydralazir times daily at 8:00am (Isosorbide-Hydralazi	t #4's medication order led there was an order for ne 20-37.5, 1 tablet three , 12:00pm, and 8:00pm. ne is a medication used to sure and heart failure).					
		n visit report dated 03/15/23 Isosorbide-Hydralazine e times daily					
	revealed: -There was an entry f	4's January 2023 eMAR for Isosorbide-Hydralazine e times daily at 8:00am,					
	-There was documen Isosorbide-Hydralazir administered at 8:00a						
	_	tation ne 20-37.5, 1 tablet was not opm on 01/03/23. 01/05/23.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		HAL098031	B. WING		03	R 8/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MODNING	CTAD ACCICTED LIVING	416 NOR	TH PARKER STRE	ET		
WORNING	S STAR ASSISTED LIVIN	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344		e 31 01/17/23, 01/19/23, 01/21/23,	D 344			
		ue to the resident being out				
	revealed: -There was an entry to 20-37.5, 1 tablet three 12:00pm, and 8:00pmThere was documen Isosorbide-Hydralazin administered at 8:00a due to the resident be dialysisThere was documen Isosorbide-Hydralazin administered at 12:00 02/07/23, 02/11/23, 0 due to the resident be dialysis	ntation ne 20-37.5, 1 tablet was not am on 02/02/23, 02/07/23 eing out of the facility for				
	revealed: -There was an entry of 20-37.5, 1 tablet three 12:00pm, and 8:00pm -There was documen Isosorbide-Hydralazin administered to Residual of 103/04/23 due to the refacility having a procesure of 103/04/23, 103/04/23, 103/02/23, 103/04/23	for Isosorbide-Hydralazine e times daily at 8:00am, n. station ne 20-37.5, 1 tablet was not dent #4 at 8:00am on esident being out of the edure done. station ne 20-37.5, 1 tablet was not dent #4 at 12:00pm on 03/11/23, 03/18/23 due to the				
		h a second MA on 03/21/23				

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	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL098031	B. WING		03	R 8/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
MORNING	STAR ASSISTED LIVING	3 #5	RTH PARKER STRE	ET		
oranic	OTAIC AGGIOTED EIVIIC	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	32	D 344			
	at 9:50am.					
		terview with the facility's on 03/21/23 at 10:05am.				
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am				
	Refer to interview with 03/22/23 at 10:05am	n the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.				
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at				
	dated 11/09/22 reveal Sevelamer Carbonate (2400mg) three times 12:00pm, and 5:00pm a medication used to	t #4's medication order led there was an order for a 800mg, take 3 tablets daily with meals at 8:00am, n. (Sevelamer Carbonate is treat high potassium levels onic kidney disease or nemodialysis).				
	revealed an order for	o visit report dated 03/15/23 Sevelamer Carbonate 00mg) three times day with				
	revealed: -There was an entry f 800mg, 3 tablets (240 meals at 8:00am, 12:0 -There was document 800mg, 3 tablets (240 at 8:00am on 01/10/2	4's January 2023 eMAR or Sevelamer Carbonate 00mg) three times daily with 00pm, and 5:00pm. tation Sevelamer Carbonate 00mg) was not administered 3, 01/17/23, and 01/19/23				

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	TEMENT OF DEFICIENCIES O PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING: A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL098031	B. WING		00	R 8/22/2023
	ROVIDER OR SUPPLIER	416 NOR	DDRESS, CITY, STATE TH PARKER STRE Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	dialysisThere was documen 800mg, 3 tablets (240 at 12:00pm on 01/03/01/17/23, 01/19,23, 001/31/23 due to the refacility for dialysis. Review of Resident # revealed: -There was an entry f 800mg, 3 tablets (240 meals at 8:00am, 12: -There was documen 800mg, 2 tablets (240 at 8:00am on 02/02/2 Resident #4 being ou Review of Resident # revealed: -There was an entry f 800mg, 3 tablets (240 meals at 8:00am, 12: -There was an entry f 800mg, 3 tablets (240 meals at 8:00am, 12: -There was documen 800mg, 3 tablets (240 meals at 8:00am, 12: -There was documen 800mg, 3 tablets (240 8:00am at 03/04/23 a #4 being out of the fa -There was documen 800mg, 3 tablets (240 at 12:00pm on 03/02/03/18/23 due to the refacility at dialysis. Refer to interview with 9:30am Refer to interview with 19:50am.	tation Sevelamer Carbonate 20mg) was not administered 23, 01/05/23, 01/12/23, 1/21/23, 01/24/23, and esident being out of the 4's February 2023 eMAR for Sevelamer Carbonate 20mg) three times daily with 20pm, and 5:00pm. Tation Sevelamer Carbonate 20mg) was not administered 3, and 02/07/23 due to to f the facility for dialysis. 4's March 2023 eMAR For Sevelamer Carbonate 200mg) three times daily with 200mg, and 5:00pm. Tation Sevelamer Carbonate 200mg) three times daily with 200pm, and 5:00pm. Tation Sevelamer Carbonate 200 was not administered at 200 was not 200 was	D 344			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E SURVEY PLETED		
			7.1. 20.125101			R
		HAL098031	B. WING		03	3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		416 NOR	TH PARKER STRE			
MORNING	S STAR ASSISTED LIVING	G #5 ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 34	D 344			
	contracted pharmacy	on 03/21/23 at 10:05am.				
	Refer to interview wi 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am				
	Refer to interview wit 03/22/23 at 10:05am	h the Building Manager				
	Refer to interview wit on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	Refer to interview wit 11:30am.	h the PCP on 03/22/23 at				
	Tuesday, Thursday, a -The night shift was r Resident #4 dressed breakfast.	dialysis "around" 6:00am on and Saturday. esponsible for getting and serving him an early cations administered to				
	9:50am revealed: -Resident #4 went to morning on Tuesday, -The night shift was rup and dressed, serv getting him ready to b van.	nd MA on 03/21/23 at dialysis at 6:00am in the Thursday, and Saturday. esponsible for getting him ing him breakfast and be picked up by the county shift administered his				
	pharmacist on 03/21/ -The pharmacist ente	with facilty's contracted 23 at 10:05 am revealed: red residents' medications rration in the system and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING: _		
		HAL098031	B. WING		R 03/22/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MODNING	CTAD ACCICTED I IVINI	416 NORTI	H PARKER STI	REET	
WORNING	STAR ASSISTED LIVING	ELM CITY,	NC 27822		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 344	Continued From page	35	D 344		
D 344	sent them to the facility was respetimes the medications administered or making times to suit the need. The pharmacy did not sessions for the residueled for dialysis. Interview with the RC and 03/22/23 at 9:00. She was not aware Freceiving his 8:00am due to early dialysis solution. The facility did not he administration policy of go to dialysis. -Medication orders from submitted directly to particular the submitted directly the submitted direct	ty for approval. consible for approving the sewere scheduled to be any changes regarding the se of the resident. Cont the facility who were seemed at the facility were seemed at the facility were considered the medication orders	D 344		
		ration in the system and ne facility for review and			
	approval.	ake changes to the times of			
	10:05am revealed: -He thought Resident 8:00am and 12:00pm goes to dialysisHe expected the MA' Resident #4 was not goes 8:00am before dialysi the Building Manager -He expected the RCG clarification on how to	medications on the days he s to have caught that getting his medications at s and inform the RCC and			

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DIVISION	i Health Service Negu	iiauon					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X		` '	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED	
			1		_	,	
			P WING		F		
		HAL098031	B. WING		03/2	2/2023	
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE			
	1011211 011 001 1 21211						
MORNING	STAR ASSISTED LIVING	G #5	TH PARKER STI	KEEI			
		ELM CII	Y, NC 27822				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE	
TAG	REGULATORT ORT	ESC IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	NAIL	57.1.2	
				,			
D 344	Continued From page	e 36	D 344				
	latamiaith tha Ada						
	Interview with the Adr						
	03/22/23 at 10:55am						
		Resident #4 went to dialysis					
		nd was not receiving his					
	8:00am and 12:00pm						
	•	CC to notify the PCP for					
	clarification.						
		ern that Resident #4 did not					
	receive his 8:00am ar	nd 12:00pm medications					
	because it could caus	se other health problems.					
	Interview with the PC	P on 03/22/23 at 11:30am					
	revealed:						
	-She was not aware F	Resident #4 was scheduled					
	for dialysis at 6:00am	and was not receiving his					
		medications as ordered.					
	•	ed her for clarification					
	•	dialysis, she could have					
		ion administration times.					
	adjusted the medical	on dammendation amos.					
	Attempted telephone	interview with Resident #4's					
	Nephrologist on 03/22						
	unsuccessful.	2/20 at 5. 10am was					
	unsuccessiui.						
D 358	10A NCAC 13F .1004	1(a) Medication	D 358				
	Administration						
		Medication Administration					
	(a) An adult care hor	ne shall assure that the					
	preparation and admi	inistration of medications,					
	prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner						
		l in the resident's record; and					
		on and the facility's policies					
	and procedures.	9 - 6					
	This Rule is not met	as evidenced by:					
	TYPE A2 VIOLATION						
	, vio_ ,oi	•	1				

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL098031	B. WING		0:	R 3/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		416 NOF	RTH PARKER STRE	,		
MORNING	S STAR ASSISTED LIVIN	G #5 ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	e 37	D 358			
	reviews, the facility factories were administered at (#5 and #8) observed including errors with adequate thyroid funused to relieve pain residents (#3, #4, and used to support thyromedications used to high levels of potass (hyperkalemia), high blood, shortness of breathion, (#3) and reye condition that can antibiotic for eye inferiof breath, heart failuring the blood, schizop The findings are: 1. The medication erevidenced by 2 errorduring the 8:00am medications with the shoot and the second medication erevidenced by 2 errorduring the 8:00am medication erections.	treat low blood pressure, ium in the blood nevels of phosphorous in the breath, pain, and fluid nedications used to treat an necuse vision loss, an action, depression, shortness re, high levels of potassium hrenia, and depression. (#4).				
		nt #5's current FL2 dated				
	muscle weakness, a -There was an order be administered Mor -There was an order	dementia, pain in joints, nd muscle spasms. for levothyroxine 137 mcg to nday through Saturday. for levothyroxine 137 mcg, cg) to be administered on				
	dated 11/10/23 revea	#5's signed physician's order aled levothyroxine was to be gevery day in the morning on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_	
		HAL098031	B. WING		R 03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI NC 27822	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 358	03/20/23 at 8:39am re-The morning medical care unit prepared 9 of administration to Resident administration administration administration administration administration administration administration administration administration record revealed: -There was an entry for be administered each stomach and schedul 8:00am. -There was document was administration for Resident administration for Res	orning medication pass on evealed: tion aide (MA) in special oral medications for ident #5. d 7 oral medications and tration on the electronic ation record (eMAR) after take the medications. the had already eaten g. T's electronic medication (eMAR) for March 2023 for levothyroxine 137mcg to morning on an empty ed for administration at tation levothyroxine 137mcg 3:00am on 03/20/23. ation on hand for sident #5 on 03/20/23 at the was a medication ed for levothyroxine 137mcg ach morning on an empty available for administration. with the facility's contracted 3 at 9:57am revealed: d be given on an empty to 60 minutes prior to medications. ind to food or other	D 358			
	Interview with a medi	cation aide (MA) on				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLI	
			_		R	1
		HAL098031	B. WING		03/2	2/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI NC 27822	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	-The levothyroxine wat 9:00am and the rest breakfast was around -She had not brought the attention of manaprimary care provider. Interview with Reside (PCP) on 03/22/23 at -Levothyroxine should stomach because foo absorption of the med -She had difficulty mathyroid stimulating ho referred him to endoce-Receiving the levothy have been a contribute manage his TSH lever Interview with the Residents were server 7:00am and 8:00am ershe was not aware to Resident #7 was time instead of before as contributed and the resident provided the resident prov	evealed: yroxine was to be mpty stomach as instructed. as on the eMAR to be given sidents were served 17:30am. the time of administration to gement or Resident #5's . Int #5's primary care provider 11:37am revealed: d be given on an empty d could decrease the dication. Inaging Resident #5's rmone (TSH) level and had rinology for evaluation. Interpretation of the service of the	D 358			
	b. Review of Residen	t #8's current FL-2 dated				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL098031	B. WING		03	R 8/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	-	
MORNING	S STAR ASSISTED LIVING	G #5	TH PARKER STRE Y, NC 27822	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	chronic stable angina -He was semi ambula Review of Resident # 12/15/22 revealed did pain, apply twice daily joints. (Diclofenac is totreat pain.) Review of Resident # 01/26/23 revealed did 2GM's twice daily for Observation of the 8:103/20/23 at 8:27 am in gloves and squeezed on to her hand and ru #8's lower back. Review of Resident # revealed: -There was an entry for to be applied twice da 4:00pmThere was document 2GM was applied at 8 Interview with the me 03/20/23 at 10:20am -She knew she should ensure 2 GM of the mile of the significant in the gel. Telephone interview with	type II diabetes, stroke and attory and had contractures. 8's physician's order dated clofenac topical gel for joint y and at bedtime to painful opically medication used to 8's physician's order dated clofenac 1% gel, apply joint pain. Doam medication pass on revealed the MA donned the diclofenac gel directly libbed the gel onto Resident 8's eMAR for March 2023 for diclofenac 1% gel 2GM aily for joint pain at 8:am and station diclofenac 1% gel 8:00am on 03/20/23. dication aide (MA) on revealed: d measure the topical gel to nedication was applied. Jurry and did not measure the with a pharmacist on	D 358			
		evealed: measured by using the comes with the medication.				

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL098031	B. WING		03	R 3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
MODNING	S STAR ASSISTED LIVIN	G #5 416 NOF	RTH PARKER STRE	ET		
WORNING	STAR ASSISTED LIVIN	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	measuring tool to the -There was little risk much medication but not be as well control Refer to interview wit 5:08pm. Refer to interview wit on 03/22/23 at 10:19. Refer to interview wit on 03/22/23 at 10:58. 2. Review of Reside 03/16/23 revealed dia osteomyelitis, end standard hemodialysis, schizolypertension, hyperk arthritis, diabetes medepressive disorder, pulmonary disease (0 underlying peripheral dysfunctional uterine a. Review of Resider dated 03/16/23 reveal lncruse Ellipta 62.5 mas directed every momedication used to trochest tightness and slung disease).	be squeeze down the ordered dose. of a resident receiving too too little could cause pain to lled. the the RCC on 03/21/23 at the the Building Manager (BM) am. the the Administrator/Owner am. the #3's current FL-2 dated agnoses included left first toe age renal disease and on phrenia, essential primary alemia, chronic pain, llitus type II, major chronic obstructive COPD), diabetic neuropathy, arterial disease (PAD) and bleeding. the #3's medication order aled there was an order for ance INH, inhale 1 puff daily rning. (Incruse Ellipta is a reat wheezing, coughing, shortness of breath due to	D 358			
	dated 12/14/22 revea	#3's physician order report aled there was an order for ncg INH, inhale 1 puff daily				
	Review of Resident #	f3's January 2023 electronic ation record (eMAR)				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
			7. BOILDING.		R	
		HAL098031	B. WING		1	2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI	REET		
	OLIMANA DV. OT		NC 27822	DROWDERIO DI AN OF CORRECTIO		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 42	D 358			
	revealed: -There was an entry f INH, inhale 1 puff dail administered at 8:00a -There was documen not administered to R 01/17/23 and 01/19/2 out of the facility for d Review of Resident # revealed: -There was an entry f INH, inhale 1 puff eve administered at 8:00a -There was documen mcg, 1 puff was not a	for Incruse Ellipta 62.5 mcg ly as directed to be am. tation Incruse Ellipta was resident #3 at 8:00am on 3 due to the resident being lialysis. 3's February 2023 eMAR for Incruse Ellipta 62.5 mcg ery day as directed to be am. tation Incruse Ellipta 62.5 idministered at 8:00am on nd 02/11/23 due to resident				
	revealed: -There was an entry f INH, inhale 1 puff eve administered at 8:00a -There was documen 62.5mcg, 1 puff was r on 03/04/23 due to th facility for dialysisThere was documen of the facility at the ho 03/16/23. Observation of medic #3 on 03/21/23 at 2:0 62.5 mg INH, with 24 Refer to interview with on 03/21/23 at 9:30ar	tation Incruse Ellipta not administered at 8:00am e resident being out of the tation Resident #3 was out ospital from 03/07/23 to ations on hand for Resident 0pm revealed Incruse Ellipta puffs left.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	1 ' '	SURVEY PLETED	
		HAL098031	B. WING		03	R / 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	·	
MORNING	S STAR ASSISTED LIVING	3 #5 416 NOR	TH PARKER ST	REET		
WORM	STAR ASSISTED EIVING	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 43	D 358			
	at 9:50am.					
	Refer to telephone int	terview with facilty's on 03/21/23 at 10:05am				
	Refer to interview wit Coordinator (RCC) 03 03/22/23 at 9:00am.	th the Resident Care 3/21/23 at 11:00am and				
	Refer to interview witl 03/22/23 at 10:05am	n the Building Manager				
	Refer to interview with the Administrator/Owner on 03/22/23 at 10:55am.					
	Refer to interview witl (PCP) on 03/22/23 at	n the Primary Care Provider 11:30am.				
	dated 01/25/23 revea Metaxalone 800mg ,	nt #3's medication order led there was an order for 1/2 tablet (400mg) daily. lication used to treat muscle ain).				
	03/16/23 revealed the	3's medication order dated ere was an order for ake 1/2 tablet (400mg) daily				
	revealed: -There was an entry f tablet (400mg) daily f administered at 8:00a -There was documen 1/2 tablet (400mg) was	tation Metaxalone 800mg, as not administered at due to awaiting prescription				
	Review of Resident #	3's February 2023 eMAR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL098031	B. WING		03/22/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER ST	REET		
		ELM CITY	, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 44	D 358			
	revealed:					
		for Metaxalone 800mg, 1/2				
	_	for muscle cramps to be				
	administered at 8:00a	•				
	-There was documen	ntation Metaxalone 800mg,				
		as not administered at				
	· · · · · · · · · · · · · · · · · · ·	02/07/23 due to the resident				
	being out of the facilit					
		ntation Metaxalone 800mg, as administered at 8:00am				
	, -,	rd shift medication aide (MA),				
	time documented on					
		ntation Metaxalone 800mg,				
	1/2 tablet (400mg) wa	as administered at 8:00am				
	on 02/18/23 early due	e to resident going to				
	dialysis.					
	Review of Resident # revealed:	♯3's March 2023 eMAR				
		for Metaxalone 800mg, 1/2				
	tablet (400mg) daily f administered at 8:00a	for muscle cramps to be am.				
		tation Mataxalone 800mg				
	, -,	as not administered at				
		due to the resident being out				
	of the facility for dialy					
	of the facility at the h	ntation Resident #3 was out				
	through 03/16/23.	ospital IIOIII 00/01/20				
	Observation of Resid	lent #3's medications on				
	•	2:30pm revealed a bubble				
		/2) tablets of Mataxalone				
	800mg.					
	Refer to interview wit 9:30am	h the the MA on 03/21/23 at				
	Refer to interview wit	th a second MA on 03/21/23				

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at 9:50am.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL098031	B. WING		R 03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI , NC 27822	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 358	Continued From page 45		D 358			
	•	th the RCC on 03/21/23 at				
	Refer to interview with 03/22/23 at 10:05am	h the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	Refer to interview with 11:30am.	h the PCP on 03/22/23 at				
	dated 12/14/22 revea Midodrine 5 mg, 1 tak Tuesday, Thursday, a administered at 8:00a	<u>-</u>				
	03/16/23 revealed the	1 tablet prior to hemodialysis				
	medication administrative revealed: -There was an entry for prior to hemodialysis Saturday to be administrativeThere was documentablet was not administrative.	for Midodrine 5mg, 1 tablet on Tuesday, Thursday, and istered at 8:00am. tation Midodrine 5mg, 1 stered at 8:00am on 23 due to the resident being				
	Review of Resident #	3's February 2023 eMAR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL098031	B. WING		03/22/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MODNING	STAR ASSISTED LIVING	416 NORT	H PARKER STI	REET		
WORNING	TSTAR ASSISTED LIVING	ELM CITY,	NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 46	D 358			
D 358	revealed: -There was an entry find prior to hemodialysis Saturday to be adminitude and prior to hemodialysis Saturday to be adminitude of the facility for description of the facility at the head	for Midodrine 5mg, 1 tablet on Tuesday, Thursday, and istered at 8:00am. tation Midodrine 5mg, 1 stered at 8:00am on 3 due to the resident being lialysis. tation Midodrine 5mg, 1 stered at 8:00am on ting physician authorization. tation Midodrine 5mg, 1 stered at 8:00am on g held per physician order. tation Midodrine 5mg, 1 ed at 8:00am by the 3rd shift documented on the eMAR tation Midodrine 5mg, 1 ed early at 8:00am due to dialysis on 02/18/23. 3's March 2023 eMAR for Midodrine 5mg, 1 tablet on Tuesday, Thursday, and istered at 8:00am. tation Resident #3 was out ospital from 03/07/23 to ent #3's medications on 2:30pm revealed no	D 358			
	Midodrine 5mg was n	ot in the medication cart, but the medication today.				
	pharmacist on 03/21/ Midodrine was a me	with the facility's contracted 23 at 10:05 revealed: edication prescribed to keep essure from getting too low				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	\ , ,	SURVEY PLETED
		HAL098031	B. WING		03	R 3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	, ,	
		416 NOR	TH PARKER STI			
MORNING	S STAR ASSISTED LIVING	G #5 ELM CITY	r, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 47	D 358			
		gets to low it could cause fainting and could place the				
	revealed Resident #3 pressure during dialys dizziness, high risk fo	P on 03/22/23 at 11:30am could experience low blood sis causing sweating, or falls, and not feeling well if idodrine before dialysis.				
	Refer to interview with the MA on 03/21/23 at 9:30am					
	Refer to interview with at 9:50am.	h a second MA on 03/21/23				
	Refer to telephone int	terview with facilty's st on 03/21/23 at 10:05am				
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am.				
	Refer to interview witl 03/22/23 at 10:05am	h the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	Refer to interview with 11:30am.	h the PCP on 03/22/23 at				
	dated 12/14/22 reveal Pantoprazole 40mg,	t #3's medication order aled there was an order for 1 tablet every morning. medication used for acid				
	Review of Resident # revealed:	3's January 2023 eMAR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL098031	B. WING	R 03/22/20	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI NC 27822	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358	tablet to be administer. There was documentablet was not admini 01/19/23 due to the refacility for dialysis. Review of Resident #revealed: -There was an entry fitablet every morning 8:00amThere was documentablet was not admini 02/02/23 and 02/07/2 out of the facility for degree the tablet 8:00am medical on 02/18/23 due to the Review of Resident #revealed: -There was an entry fitablet every morning 8:00amThere was an entry fitablet every morning 8:00amThere was documentablet was not admini 03/04/23 due to Residentiablet was not admini 03/04/23 due to Resident	for Pantoprazole 40mg, 1 red at 8:00am. tation Pantoprazole 40mg, 1 stered at 8:00am on esident being out of the 3's February 2023 eMAR for Pantoprazole 40mg, 1 to be administered at tation Pantoprazole 40mg, 1 stered at 8:00am on 3 due to the resident being ialysis. tation Pantoprazole 40mg, 1 tion was administered early e resident going to dialysis. 3's March 2023 eMAR or Pantoprazole 40mg, 1 to be administered at tation Pantoprazole 40mg, 1 to be administered at	D 358		
	9:30am				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
		HAL098031	B. WING		03	R 5/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		416 NOF	RTH PARKER STRE	ET		
MORNING	S STAR ASSISTED LIVIN	G #5 ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 49	D 358			
	Refer to interview wit at 9:50am.	h a second MA on 03/21/23				
	Refer to telephone in contracted pharmacis	terview with facilty's st on 03/21/23 at 10:05am				
	Refer to interview wi 11:00am and 03/22/	th the the RCC 03/21/23 at /23 at 9:00am.				
	Refer to interview wit 03/22/23 at 10:05am	th the Building Manager				
	Refer to interview wit on 03/22/23 at 10:55	th the Administrator/Owner am.				
	Refer to interview wit 11:30am.	h the PCP on 03/22/23 at				
	dated 12/14/22 revea Rena-Vite, 1 tablet e	nt #3's physician order report aled there was an order for very day to be administered e RX is a dietary supplement lysis).				
	03/16/23 revealed the	#3's medication order dated ere was an order for tablet every morning.				
	Review of Resident # medication administrative revealed:	#3's January 2023 electronic ation record (eMAR)				
	tablet every day to be -There was documen	for Rena-Vite RX, take 1 e administered at 8:00am. ntation Rena-Vite RX, 1 tablet d at 01/17/23 and 01/19/23.				
	revealed:	#3's February 2023 eMAR for Rena-Vite RX, 1 tablet inistered at 8:00am.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AIND PLAIN (O CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COWIFLETED
		HAL098031	B. WING		R 03/22/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MODULE	OTAB 40010777	416 NORT	H PARKER STI	REET	
MORNING	STAR ASSISTED LIVING	G #5 ELM CITY,	NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	was not administered 02/07/23 due to Resident was administered by time documented on a There was documented on a State of the Resident #3 going to eMAR at 8:10am. Review of Resident # revealed: -There was an entry fevery day be administered at 8:00a Resident # 3 being out There was documented at 3 being out There was documented the facility at the houd 16/23.	tation Rena-Vite RX, 1 tablet at 8:00am on 02/02/23 and dent #3 going to dialysis. tation Rena-Vite RX, 1 tablet the 3rd shift on 02/11/23, the eMAR at 9:39am. tation Rena-Vite Rx, 1 tablet rly on 02/18/23 due to dialysis, documented on 3's March 2023 eMAR	D 358		
	card with 26 tablets o				
	Refer to interview with at 9:50am.	h a second MA on 03/21/23			
	Refer to telephone int	terview with facilty's st on 03/21/23 at 10:05am			
	Refer to interview wit 11:00am and 03/22/	th the the RCC 03/21/23 at 23 at 9:00am.			
	Refer to interview with	h the Building Manager			

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03/22/23 at 10:05am

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SI COMPLE		
		HAL098031	B. WING		R 03/2	2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
MORNING	STAR ASSISTED LIVING	416 NOR	TH PARKER STRE	ET		
WORNING	I STAR ASSISTED LIVING	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 51	D 358			
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.				
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at				
	dated 12/14/22 revea 50mg, 4 tablets (200r administered at 8:00a medication used for d	m. (Sertraline is a				
	03/16/23 revealed the	#3's medication order dated ere was an order for 4 tablets (200mg) every				
	medication administrative revealed: -There was an entry for tablets (200mg) every administered at 8:00ateThere was document tablets was not administered.	for Sertraline 50mg, take 4 or day for depression to be				
	revealed: -There was an entry f (200mg) every day fo administered at 8:00a -There was document tablets (200mg) was n	nm. tation Sertraline 50mg, 4 not administered at 8:00am 7/23 due to Resident #3				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				A. BUILDING: B. WING		
		HAL098031	B. WING		03/22	2/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING STAR ASSISTED LIVING #5			TH PARKER STI	REET		
		ELM CITY	7, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	2 52	D 358			
	tablet (200mg) was a	dent #3 going to dialysis,				
	revealed: -There was an entry f (200mg) every day fo administered at 8:00a-There was documentablets (200mg) was on 03/04/23 due to Rehospital at dialysisThere was documen of the facility at the hour of the facility at the h	tation Sertraline 50mg, 4 not administered at 8:00am esident #3 being out of the tation Resident #3 was out espital from 03/07/23 to ent #3's medications on 2:30pm revealed a bubble blets of Sertraline 50mg.				
	9:30am	n the MA on 03/21/23 at n a second MA on 03/21/23				
	Refer to telephone int contracted pharmacis	terview with facilty's on 03/21/23 at 10:05am				
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am.				
	Refer to interview with 03/22/23 at 10:05am	n the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	-
MORNING	S STAR ASSISTED LIVING	3 #5 416 NOR	TH PARKER STRI	EET	
WORNING	S STAR ASSISTED LIVING	ELM CIT	Y, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	÷ 53	D 358		
	Refer to interview witl 11:30am.	n the PCP on 03/22/23 at			
	dated 12/14/22 revealusing administered at 8:00a Carbonate is a medic phosphorus level in inkidney disease). There was an order 1800mg, 1 tablet with \$10:00am, 4:00am and Review of Resident \$03/16/23 revealed: There was an order 1800mg, take 2 tablets	for Sevelamer Carbonate e a day with meals to be am and 7:00pm.(Sevelamer ation used to treat a high adividuals with chronic for Sevelamer Carbonate snacks to be administered at			
	medication administrative revealed: -There was an entry from 800mg, take 2 tablets administered at 8:00arner Carbonate 800mg, 2 at 8:00am on 01/05/2 01/12/23, 01/17/23, 0 to Resident #3 being	for Sevelamer Carbonate twice daily with meals to be am and 7:00pm. Itation that Sevelamer tablets was not administered 3, 01/07/23, 01/10/23, 1/19/23, and 01/31/23 due out of the facility for dialysis.			
	revealed: -There was an entry f 800mg, take 2 tablets administered at 8:00a	3's February 2023 eMAR or Sevelamer Carbonate twice daily with meals to be am and 7:00pm. tation Sevelamer Carbonate			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE. ZIP CODE	, 00:==:0=0
		416 NORT	H PARKER ST		
MORNING	STAR ASSISTED LIVING	ELM CITY	, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 358	Continued From page	e 54	D 358		
	800mg, 1 tablets was on 02/02/23, 02/04/23 02/14/23 due to Resid facility for dialysisThere was documen 800mg, 1 tablet was a 02/18/23, documente Review of Resident # revealed: -There was an entry f 800mg, take 2 tablets administered at 8:00a-There was documen of the facility at the ho 03/16/23.	not administered at 8:00am 3, 02/07/23, 02/09/23, dent #3 being out of the tation Sevelamer Carbonate administered early on d on the eMAR at 8:00am. 3's March 2023 eMAR for Sevelamer Carbonate at twice daily with meals to be am and 7:00pm. tation Resident #3 was out ospital from 03/07/23 to			
	hand on 03/21/23 at cards containing 78 to Carbonate 800mg.	ent #3's medications on 2:00pm revealed bubble ablets of Sevelamer h the MA on 03/21/23 at			
	Refer to interview with at 9:50am.	h a second MA on 03/21/23			
	Refer to telephone in contracted pharmacis	terview with facilty's st on 03/21/23 at 10:05am			
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am.			
	Refer to interview with 03/22/23 at 10:05am	h the Building Manager			
	Refer to interview with	h the Administrator/Owner			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		R
		HAL098031	B. WING	B. WING	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	3 #5 416 NORTH ELM CITY,	I PARKER STE NC 27822	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 55	D 358		
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at			
	dated 12/14/22 revea Torsemide 20mg, 2 ta be administered at 8:0	t #3's physician order report led there was an order for lblets (40mg) every day to 00am. (Torsemide is a leat fluid retention and high			
	Review of Resident #3's medication order dated 03/16/23 revealed there was an order for Torsemide 20mg, take 2 tablets (40mg) every morning.				
	Review of Resident #3's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Torsemide 20mg, take 2 tablets (40mg) every day to be administered at 8:00amThere was documentation Torsemide 20mg, 2 tablets was not administered at 8:00am on 01/17/23, 01/19/23, due to Resident #3 being out				
	of the facility for dialysis. Review of Resident #3's February 2023 eMAR revealed: -There was an entry for Torsemide 20mg, take 2 tablets (40mg) every day to be administered at 8:00am. -There was documentation Torsemide 20mg, 2 tablets was not administered at 8:00am on 02/02/23 02/07/23 due to Resident #3 being out of the facility at dialysis. -There was documentation Torsemide 20mg, 2 tablets was administered early on 02/18/23, due to Resident #3 going to dialysis, documented on eMAR at 8:10am.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '		(X3) DATE SURVEY COMPLETED	
,		.52	A. BUILDING: _		
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI	REET	
		ELM CITY,	NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 56	D 358		
	Review of Resident #	3's March 2023 eMAR ocumentation Resident #3 at the hospital			
	hand on 03/22/23 at 2	ent #3's medications on 2:00pm revealed a bubble blets of Torsemide 20mg.			
	Refer to interview with the MA on 03/21/23 at 9:30am				
	Refer to interview with at 9:50am.	n a second MA on 03/21/23			
	Refer to telephone int	terview with facilty's on 03/21/23 at 10:05am			
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am.			
	Refer to interview with 03/22/23 at 10:05am	n the Building Manager			
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.			
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at			
	12/14/22 revealed the 8.4 gm powder packe as directed and drink	#3's medication order dated ere was a order for Veltassa et, mix 1 packet with water on an empty stomach every dication used to treat high the blood).			
	03/16/23 revealed the	3's medication order dated ere was an order for der packet mix 1 packet			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R
		HAL098031	B. WING		03	3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	TH PARKER STR	ET		
moranic	OTAN AGGIOTED EIVING	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 57	D 358			
	with water as directed stomach every day.	d and drink on an empty				
	medication administratevealed: -There was an entry financial packet, mix 1 packet drink on an empty storadministered at 8:00a -There was documen packet was not admin 01/17/23 and 01/19/2 out of the facilty at dial Review of Resident # revealed: -There was an entry financial packet, mix 1 packet rink on an empty storadministered at 8:00a -There was documen powder packet, 1 packet financial packet financ	for Veltassa 8.4 gm powder with water as directed and brach every day to be am. tation Veltassa 8. 4gm, 1 histered at 8:00am on 13 due to Resident #3 being alysis. To Veltassa 8.4 gm powder with water as directed and mach every day to be am. tation Veltassa 8.4 gm exet was not administered at 02/07/23 due to Resident cility at dialysis. tation Veltassa 8.4 gm exet was administered on hift MA due to Resident #3 tation Veltassa 8.4 gm exet was administered early exident #3 going to dialysis,				
	drink on an empty sto administered at 8:00a	omach every day to be am.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R
		HAL098031	B. WING		03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	G #5 416 NORTH ELM CITY,	H PARKER STI NC 27822	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	÷ 58	D 358		
	powder packet, 1 pac 8:00am on 03/02/23 of of the facility at dialys	tation Resident #3 was out			
	Refer to interview with the MA on 03/21/23 at 9:30am				
	Refer to interview with at 9:50am.	n a second MA on 03/21/23			
		terview with the facilty's or 03/21/23 at 10:05am			
	Refer to interview wit 11:00am and 03/22/	th the the RCC 03/21/23 at 23 at 9:00am.			
	Refer to interview witl 03/22/23 at 10:05am	n the Building Manager			
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.			
	Refer to interview witl 11:30am.	n the PCP on 03/22/23 at			
	dated 12/14/22 revea Advair HFA 230-21 m day, use with spacer, 8:00pm. (Advair HFA to treat wheezing, sho and chest tightness c Review of Resident # 03/16/23 revealed the	#3's physician order report led there was an order for cg, inhale 2 puffs twice a scheduled for 8:00am and is a steroid medication used ortness of breath, coughing, aused by lung disease). 3's medication order dated ere was an order for Advair ale 2 puffs twice a day.			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	•
MODNING	COTAD ACCICTED I IVINI	416 NOR	TH PARKER STRE	EET	
WORNING	S STAR ASSISTED LIVING	ELM CIT	Y, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	÷ 59	D 358		
	medication administrative revealed: -There was an entry finhale 2 puffs twice disadministered at 8:00a -There was document 230-21mcg was not a 01/17/23 and 01/19/2 out of the facility for disadministered at 8:00a -There was an entry finhale 2 puffs twice disadministered at 8:00a -There was document 230-21mcg, inhale 2 at 8:00am on 02/02/2 #3 being out of the facility on administered early on	for Advair HFA 230-21mcg, aily, use with spacer to be am and 8:00pm. tation Advair HFA administered at 8:00am on 3 due to Resident #3 being ialysis. 3's February 2023 eMAR for Advair HFA 230-21mcg, aily, use with spacer to be am and 8:00pm tation Advair HFA puffs was not administered 23 02/07/23 due to Resident			
	revealed: -There was an entry f inhale 2 puffs twice da administered at 8:00a	•			
	8:00am on 03/04/23 of the facility for dialys	uffs was not administered at due to Resident #3 being out sis. tation Resident #3 was out			
	Refer to interview with	n the MA on 03/21/23 at			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
			A. BUILDING:			_
		HAL098031	B. WING		03	R / /22/2023
					1 00	12212023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
MORNING	STAR ASSISTED LIVING	3 #5	TH PARKER STRE Y, NC 27822	ET		
	CLIMMADY CT			DDOV/DEDIC DI AN OF CO	NDDECTION .	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 60	D 358			
	9:30am					
	Refer to interview with at 9:50am.	n a second MA on 03/21/23				
	Refer to telephone into	erview with facilty's t on 03/21/23 at 10:05am				
	Refer to interview wit 11:00am and 03/22/	h the RCC 03/21/23 at 23 at 9:00am.				
	Refer to interview witl 03/22/23 at 10:05am	n the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.				
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at				
	dated 01/14/22 revea Artificial Tears Drops, times a day schedule	t #3's physician order report led there was an order for 1 drop into left eye four d for 8:00am, 12:00pm, (Artificial Tears is used to				
	03/16/23 revealed the	3's medication order dated ere was an order for Artificial nto left eye four times a day.				
	revealed: -There was an entry f drop into left eye four administered at 8:00a 8:00pmThere was documen 1 drop into left eye wa	3's January 2023 eMAR or Artificial Tears Drops, 1 times a day to be am, 12:00pm, 4:00pm and tation Artificial Tears Drops, as not administered at 01/19/23 due to Resident #3				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R	
	HAL098031	B. WING		03/22/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
MORNING STAR ASSISTED LIVING #5	416 NORTH	PARKER STE	REET		
MORNING STAR ASSISTED LIVING #3	ELM CITY,	NC 27822			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
01/28/23, 01/31/23 due to of the facility at dialysis. Review of Resident #3's revealed: -There was an entry for A drop into left eye four tim administered at 8:00am, -There was documentation 1 drop into left eye was not 8:00am on 02/02/23, 02/02 Resident #3 being out of the eyes was administered was documentation into let eyes was administered at the factor of	on Artificial Tears Drops, not administered at 1/05/23, 01/12/23, 9/23, 01/21/23, 01/24/23, to Resident #3 being out February 2023 eMAR Artificial Tears Drops, 1 nes day to be 12:00pm, and 4:00pm. on Artificial Tears Drops, not administered at 1/07/23, 02/21/23 due to f the facility at dialysis. on Tears Drops, 1 drop stered early on 02/18/23 g to dialysis, documented March 2023 eMAR Artificial Tears Drops, 1 nes a day to be 12:00pm, 4:00pm, and on Artificial Tears Drops, ered at 8:00am on at #3 being out of the on Artificial Tears Drops, ered at 12:00pm on to Resident #3 was out on Resident #3 was out	D 358	DETIGIENCY)		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	2 #5	TH PARKER ST	REET	
WORNING	O TAIN AGGIOTED EIVING	ELM CIT	Y, NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	62	D 358		
	Refer to interview with 9:30am	n the MA on 03/21/23 at			
	Refer to interview with at 9:50am.	n a second MA on 03/21/23			
	· ·	terview with the facilty's t on 03/21/23 at 10:05am.			
	Refer to interview wit 11:00am and 03/22/2	h the RCC 03/21/23 at 23 at 9:00am			
	Refer to interview with the Building Manager 03/22/23 at 10:05am				
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.			
	Refer to interview with 11:30am	n the PCP on 03/22/23 at			
	Interview with MA on revealed: -Resident #3 went to Tuesday, Thursday, a-The night shift was re	dialysis "around" 6:00am on and Saturday.			
	Resident #3 dressed breakfast.	and serving him an early			
	Resident #3 before di	cations administered to alysis.			
	morning on Tuesday, -The night shift was re up and dressed, servi getting him ready to b van.	dialysis at 6:00am in the Thursday, and Saturday. esponsible for getting him			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
						R
		HAL098031	B. WING		03	3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		416 NOF	RTH PARKER STRE			
MORNING	S STAR ASSISTED LIVIN	G #5 ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	pharmacist on 03/21/ -The pharmacist enter and times of administ sent them to the facility was respondered to making times to suit the needed to the pharmacy did not sessions for the residual scheduled for dialysis. Interview with the RC and 03/22/23 at 9:00 she was not aware for the receiving his 8:00 amdue to early dialysis solution. The facility did not hadministration policy go to dialysis. -Medication orders from the facility did not for t	with facility's contracted 23 at 10:05 am revealed: ered residents' medications tration in the system and ity for approval. consible for approving the s were scheduled to be ng changes regarding the els of the resident. but know the times of dialysis elents at the facility who were s. CC on 03/21/23 at 11:00am elam revealed: Resident #3 was not and 12:00pm medications sessions.	D 358			
	-The pharmacist enter and times of administration sends the orders to the approvalThe facility could marked did not make change administration of mediand times.	tred the medication orders tration in the system and the facility for review and the changes to the times but				
	10:05am revealed: -He was not aware R her 8:00am and 12:0 -He had concerns with	esident #3 did not receive Opm th Resident #3 not getting dedications because her				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL098031	B. WING		03	R 3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
MODUM	0745 40010755 1 11/11/11	416 NOR	TH PARKER STRE	ET		
MORNING	S STAR ASSISTED LIVING	G #5 ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	in the past during dia -He expected the MA Resident #3 was not 8:00 am before dialys and the Building Man -He expected the RC clarification on how to 12:00pm medications days. Interview with the Adi 03/22/23 at 10:55am -She was not aware If three times a week at 8:00am and 12:00pm -She expected the RC clarificationIt was a major concerceive his 8:00am at because it could caus Interview with the PC revealed: -She was not aware If for dialysis at 6:00am 8:00am and 12:00pm -Had the facility reach time of dialysis, she of medication administra Attempted telephone Health Provider on 03 unsuccessful. Attempted telephone	bottomed out" (dropped low) lysis. As to have caught that getting her medications at sis and informed the RCC larger. Co to notify the PCP for to handle the 8:00am and as for Resident #3 on dialysis ministrator/Owner on revealed: Resident #3 went to dialysis and was not receiving his a medications. CC to notify the PCP for ern that Resident #4 did not and 12:00pm medications se other health problems. CP on 03/22/23 at 11:30am Resident #3 was scheduled and was not receiving his a medications as ordered. The definition of the doubt to her regarding the could have adjusted the	D 358	DEFICIENCY		
	3. Review of Residen	nt #4's current FL-2 dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL098031	B. WING		03/22/202	3
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5 416 NORTH ELM CITY,	I PARKER STE	REET		
()(1) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COM	X5) IPLETE ATE
D 358	Continued From page	e 65	D 358			
	polysubstance, and d	gnoses included t, acute kidney injury, iabetes mellitus type II. 4's hospital discharge				
	summary dated 02/27 was admitted to the h stress test. (A stress how the heart works of	7/23 revealed Resident #4 ospital for an abnormal test is used to determine during physical activity and vith blood flow within the				
	a. Review of Resident #4's medication orders dated 11/09/22 revealed there was an order for Acetazolamide 250mg, take 2 tablets (500mg) three times a week at 8:00am. (Acetazolamide is a medication used to treat fluid retention and glaucoma (an eye condition that can cause blindness).					
	medication administra (eMAR)revealed: -There was an order of tablets (500mg) three administered at 8:00a -There was documen 250mg, 2 tablets (500 on 01/10/23, 01/17/23	for Acetazolamide 250mg, 2 times a week to be				
	revealed: -There was an order tablets (500mg) three administered at 8:00a -There was documen 250mg, 2 tablets (500	nm. tation that Acetazolamide Omg) was not administered 7/23 at 8:00am due to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			B. WING		R	
NAME OF B		HAL098031		TE 7/D 00DE	03/22/2023	
	ROVIDER OR SUPPLIER	416 NORT	DRESS, CITY, STA 'H PARKER STI			
MORNING STAR ASSISTED LIVING #5 ELM CIT			, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE	ETE
D 358	250mg 2 tablets (500 on 02/16/23, 02/21/23 waiting on prescriptio physician. -There was documen out of the facility from due to hospitalization. Review of Resident # revealed: -There was an order tablets (500mg) thee -There was documen 250mg, 2 tablets (500 on 03/04/23 at 8:00ar of the facility for dialy. Observation of Residhand on 03/21/23 at 2 card containing 9 tables 250mg. Refer to interview with on 03/21/23 at 9:30ar. Refer to telephone in contracted pharmacis. Refer to interview with Coordinator (RCC) 03/03/22/23 at 9:00am.	tation that Acetazolamide mg) was not administered 3, 02/23/23 because of n authorization from tation that Resident #4 was 1 02/24/23 through 03/01/23 . 4's March 2023 eMAR for Acetazolamide 250mg, 2 times a week. tation that Acetazolamide 0mg) was not administered m due to resident being out sis. ent #4's medications on 2:30pm revealed a bubble lets of Acetazolamide h the medication aide (MA) m that a second MA on 03/21/23 atterview with the facility's sit on 03/21/23 at 10:05am	D 358			
	Refer to interview with	h the Administrator/Owner				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	3 #5	TH PARKER STE Y, NC 27822	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	b. Review of Resident 03/01/23 revealed: -There was an order f suspension, place 1 d daily at 8:00am, 12:00 (Besivance is an antibinfection). Review of Resident #revealed: -There was an entry for suspension, place 1 d daily at 8:00am, 12:00 -There was document suspension was not at 03/04/23, 03/08/23 duof the facility for dialystance -There was document suspension was not at 03/02/23, 03/04/2	the Primary Care Provider 11:30am. It #4's physician order dated for Besivance 0.6% frop in right eye three times topm and 8:00pm. Diotic used to treat eye A's March 2023 eMAR for Besivance 0.6% frop in right eye three times for and 8:00pm. Diotic used to treat eye frop in right eye three times for and 8:00pm. Diotic that Besivance 0.6% for high the resident being out the sis. Diation that Besivance 0.6% dministered at 12:00pm on 3/08/23, 03/11/23, 03/18/23 ding out of the facility for the MA on 03/21/23 at the a second MA on 03/21/23 at the RCC 03/21/23 at the RCC 03/21/23 at the RCC 03/21/23 at	D 358		
			1		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL098031	B. WING		R 03/22/2023
NAME OF D				TE ZID OODE	03/22/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA T H PARKER ST I		
MORNING	STAR ASSISTED LIVING	G #5	, NC 27822	NEL I	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 68	D 358		
	Refer to interview with 03/22/23 at 10:05am	n the Building Manager			
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.			
	Refer to interview with 11:30am.	n the PCP on 03/22/23 at			
	dated 11/09/22 reveal Breo Ellipta 100-25mo	t #4's medication order led there was an order for cg, inhale 1 puff every day at is a medication used to ath caused by lung			
	revealed: -There was an entry f INH, 1 puff every day	tation Breo Ellipta 200-25			
	revealed: -There was an entry finhale 1 puff every da -There was document 200-25 mcg was not a 02/02/23, 02/07/23 du of the facility at dialys -There was document 200-25mcg was not a 02/24/23 due to Resid facility at the hospitalThere was document	tation that Breo Ellipta administered at 8:00am on ue to the resident being out is. tation that Breo Ellipta dministered at 8:00am on dent #4 being out of the			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL098031	B. WING		0:	R 3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MORNING	S STAR ASSISTED LIVIN	G #5	RTH PARKER STRE	ET		
- Inorditire	TOTAL ACCIONED EIVING	ELM CIT	TY, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	e 69	D 358			
	revealed: -There was an entry inhale 1 puff every da-There was documer 200-25mcg was not a 03/04/23 due to their facility at dialysisThere was documer 200-25 mcg was not 03/08/23 due to resid having a procedure of the company of	ntation that Breo Ellipta administered at 8:00am on resident being out of the ntation that Breo Ellipta administered at 8:00am on dent being out of the facility done. dent #4's medications on 2:30pm revealed Breo Ellipta				
	Refer to interview wit at 9:50am.	th a second MA on 03/21/23				
	Refer to telephone in contracted pharmaci	nterview with facilty's st on 03/21/23 at 10:05am				
	Refer to interview will 11:00am and 03/22	ith the RCC 03/21/23 at /23 at 9:00am				
	Refer to interview wit 03/22/23 at 10:05am	th the Building Manager				
	Refer to interview wit on 03/22/23 at 10:55	th the Administrator/Owner am.				
	Refer to interview wit 11:30am.	th the PCP on 03/22/23 at				
		nt #4's medication order aled there was an order for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			SURVEY PLETED
		74. BOILBING			D
	HAL098031	B. WING		03	R 3/ 22/2023
ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
CTAD ACCIOTED I IVINI	416 NOR	TH PARKER STRE	ET		
STAR ASSISTED LIVING	ELM CITY	Y, NC 27822			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Continued From page 70		D 358			
daily at 8:00am and 8	:00pm. (Carvedilol is a				
summary dated 02/27 -There was an an ord 3.125, 4 tablets (12.5 -Resident #4 was adr abnormal stress testResident #4's plood -Resident #4's potass litter ((mmol/L) with a mmol/L -Resident #4's phosp	7/23 revealed: er to increase Carvedilol forg) two times a day. nitted to the hospital for an pressure was 166/91. fium was 5.2 millimoles per normal range of 3.5-5.0 horus was 5.3 milligrams				
guidelines regarding to potassium levels reversal potassium levels reading number called the syst 120 and the bottom number was less than relevated blood pressure was between 120-129 than 80. -High blood pressure when the systolic was diastolic was between religh blood pressure when the systolic was diastolic 90 or higher. -High Blood pressure loss, heart attack/failudisease/failure.	plood pressure and paled: was 120/80 (the top stolic number was less than number called the diastolic in 80). Sure was when the systolic in and diastolic was greater (hypertension) stage 1 was september between 130-139 and in 80-89. (hypertension) stage 2 was september 140 or higher or the could cause a stroke, vision are and kidney				
	Continued From page Carvedilol (Coreg) 3. daily at 8:00am and 8 medication used to tre heart failure). Resident #4 was adr abnormal stress testResident #4's blood page deciliter ((mmol/L) with a mmol/L -Resident #4's phospi per deciliter (mg/dl) w 2.5-4.5 mg/dl. Review of the Americ guidelines regarding be potassium levels rever -A normal BP reading number called the sys 120 and the bottom n number was less thar -Elevated blood press was between 120-12s than 80High blood pressure when the systolic was diastolic was betweer -High Blood pressure when the systolic was diastolic 90 or higherHigh Blood pressure when the systolic was diastolic 90 or higherHigh Blood pressure when the systolic was diastolic 90 or higherHigh Blood pressure loss, heart attack/failu disease/failureHyperkalemia was a	TOURING TOUR SUPPLIER STAR ASSISTED LIVING #5 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 70 Carvedilol (Coreg) 3.125mg, take 1 tablet twice daily at 8:00am and 8:00pm. (Carvedilol is a medication used to treat high blood pressure and heart failure). Review of Resident #4's discharge hospital visit summary dated 02/27/23 revealed: -There was an an order to increase Carvedilol 3.125, 4 tablets (12.5mg) two times a day. -Resident #4's blood pressure was 166/91. -Resident #4's blood pressure was 166/91. -Resident #4's potassium was 5.2 millimoles per litter ((mmol/L) with a normal range of 3.5-5.0 mmol/L -Resident #4's phosphorus was 5.3 milligrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/dl. Review of the American Heart Association guidelines regarding blood pressure and potassium levels revealed: -A normal BP reading was 120/80 (the top number called the systolic number was less than 120 and the bottom number called the diastolic number was less than 80). -Elevated blood pressure (hypertension) stage 1 was when the systolic was between 120-129 and diastolic was greater than 80. -High blood pressure (hypertension) stage 1 was when the systolic was between 130-139 and diastolic was between 80-89. -High blood pressure (hypertension) stage 2 was when the systolic was 140 or higher or the diastolic 90 or higher. -High Blood pressure could cause a stroke, vision loss, heart attack/failure and kidney	A BUILDING: HALO98031 STREET ADDRESS, CITY, STATE STAR ASSISTED LIVING #5 STAR ASSISTED LIVING #5 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 70 Carvedilol (Coreg) 3.125mg, take 1 tablet twice daily at 8:00am and 8:00pm. (Carvedilol is a medication used to treat high blood pressure and heart failure). Review of Resident #4's discharge hospital visit summary dated 02/27/23 revealed: -There was an an order to increase Carvedilol 3.125, 4 tablets (12.5mg) two times a dayResident #4's plotassium was 5.2 millimoles per litter ((mmol/L) with a normal range of 3.5-5.0 mmol/L -Resident #4's phosphorus was 5.3 milligrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/dl. Review of the American Heart Association guidelines regarding blood pressure and potassium levels revealed: -A normal BP reading was 120/80 (the top number called the systolic number was less than 120 and the bottom number called the diastolic number was less than 80)Elevated blood pressure was when the systolic was between 120-129 and diastolic was greater than 80High blood pressure (hypertension) stage 1 was when the systolic was between 130-139 and diastolic was between 80-89High blood pressure (hypertension) stage 2 was when the systolic was between 130-139 and diastolic was between 80-89High blood pressure (hypertension) stage 2 was when the systolic was between 130-139 and diastolic was between 80-89High blood pressure (hypertension) stage 2 was when the systolic was between 130-139 and diastolic was between 80-89High blood pressure could cause a stroke, vision loss, heart attackfailure and kidney disease/failureHyperkalemia was a higher than normal level of	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 416 NORTH PARKER STREET ELM CITY, NC 27822 SUMMARY STATEMENT OF DEFICIENCES REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 70 Carvedilol (Coreg) 3.125mg, take 1 tablet twice daily at 8:00am and 8:00pm. (Carvedilol is a medication used to treat high blood pressure and heart failure). Review of Resident #4's discharge hospital visit summary dated 02/27/23 revealed: -There was an an order to increase Carvedilol 3.125, 4 tablets (12.5mg) two times a dayResident #4's potassium was 5.2 millimoles per littler ((mmol/L) with a normal range of 3.5-5.0 mmol/L -Resident #4's phosphorus was 5.3 milligrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/dl. Review of the American Heart Association guidelines regarding blood pressure and potassium levels revealed: -A normal BP reading was 120/80 (the top number called the systolic number was less than 120 and the bottom number called the diastolic number was less than 80)Elevated blood pressure (hypertension) stage 1 was when the systolic was between 120-129 and diastolic was greater than 80High blood pressure (hypertension) stage 2 was when the systolic was between 190-139 and diastolic was between 190-139 and diastolic pressure (hypertension) stage 2 was when the systolic was between 80-89High Blood pressure (hypertension) stage 2 was when the systolic was between 80-89High Blood pressure could cause a stroke, vision loss, heart attack/failure and kidney disease/failureHyperkalemia was a higher than normal level of	A BUILDING: HAL098031 STREET ADDRESS, CITY, STATE, ZIP CODE 416 NORTH PARKER STREET ELM CITY, N. C. 27822 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATION OR LIST. DEMTHYNING INFORMATION) COntinued From page 70 Carvedilol (Coreg) 3.125mg, take 1 tablet twice daily at 8:00am and 8:00pm. (Carvedilol is a medication used to treat high blood pressure and heart failure). Review of Resident #4's discharge hospital for an abnormal stress test. -Resident #4's ploasplan was 5.2 millimoles per litter (immol/L) with a normal range of 3.5-5.0 mmol/L. -Resident #4's ploasplan was 5.2 millimoles per litter (immol/L) with a normal range of 2.5-4.5 mg/d. -Resident #4's phosphorus was 5.3 milligrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/d. -Resident #4's phosphorus was 5.0 millimoles per litter (immol/L) with a normal range of 2.5-4.5 mg/d. -Resident #4's phosphorus was 5.0 millingrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/d. -Resident #4's phosphorus was 5.3 milligrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/d. -Resident #4's phosphorus was 5.3 milligrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/d. -Resident #4's phosphorus was 5.3 milligrams per deciliter (mg/dl) with a normal range of 2.5-4.5 mg/dl. -Review of the American Heart Association guidelines regarding blood pressure was when the systolic number was less than 120 and the bottom number called the diastolic number was less than 80. -Elevated blood pressure was when the systolic was between 130-139 and diastolic was between 170-139 and diastolic was between 80-89. -High Blood pressure (hypertension) stage 2 was when the systolic was 100 mg/dl mg/d

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				DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL098031	B. WING		03	R 3/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
MODNING	OTAB AGGIOTED I 11/11/11	416 NOR	TH PARKER STRI	EET		
MORNING	S STAR ASSISTED LIVING	ELM CITY	r, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	S58 Continued From page 71		D 358			
	-Higher than normal p	ootassium levels in the blood heart rhythms.				
	Review of Resident # revealed:	4's January 2023 eMAR				
		tation that Carvedilol				
	8:00am on 01/10/23,	01/17/23, 01/19/23 due to t of the facility for dialysis.				
	Review of Resident # revealed:	4's February 2023 eMAR				
	tablet twice daily at 8:	•				
	The state of the s	s not administered at 02/07/23 due to Resident #4				
	being out of the facilit	tation that Carvedilol				
		ninistered at 8:00am on dent #4 being out of the				
	-There was documen	tation that Resident #4 was e hospital from 02/24/23 to				
	Review of Resident # revealed:	4's March 2023 eMAR				
	tablet twice daily at 8:	or Carvedilol 3.125mg, 1 00am and 8:00pm. or Carvedilol 3.125, 4				
	tablets (12.5mg) a da -There was documen	y. tation Carvedilol 3.125, 1 ed at 8:00am on 03/02/23,				
	-There was documen	tation Carvedilol 3.125mg. 1 ed at 8:00pm on 03/01/23				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	152111111131111311113111131111	A. BUILDING: _	A. BUILDING:			
	HAL098031	B. WING		I	R / 22/2023	
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE			
MORNING STAR ASSISTED LI	VING #5	RTH PARKER STI TY, NC 27822	REET			
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
3.125mg, 1 tablet 8:00am on 03/04/ of the facility at di -There was docur 3.125mg, 1 tablet 8:00am on 03/08/ of the facility havi Observation of Rehand on 03/21/23 card containing 5/2 c	nentation that Carvedilol was not administered at 23 due to Resident #4 being out alysis. nentation that Carvedilol was not administered at 23 due to Resident #4 being out ag a procedure done. esident #4's medications on at 2:30pm revealed a bubble of tablets of Carvedilol 3.125mg. ew with the facility's contracted (22/23 at 9:30am revealed: r for Carvedilol was 3.125mg., 1 aily. mg was last dispensed on ablets. d not receive an order from the idol 3.125, 4 tablets a day. PCP on 03/22/23 at 11:30am treceive and severe lood pressure) that could cause ized if he did not receive his edication as ordered with the MA 03/21/23 at 9:30am with a second MA on 03/21/23 e interview with the facility's acist on 03/21/23 at 10:05am with the RCC 03/21/23 at	D 358				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COM	MPLETED	
		HAL098031	B. WING		0.3	R 3/22/2023	
		HALU90031			03	0/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
MORNING	STAR ASSISTED LIVING	G #5	TH PARKER STRE	ET			
		ELM CIT	Y, NC 27822				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 73	D 358				
	Refer to interview witl 03/22/23 at 10:05am	n the Building Manager					
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.					
	dated 11/29/22 revea Clonidine 0.1mg, take at bedtime at 8:00am	t #4's medication order led there was an order for e 1 tablet every morning and and 8:00pm. (Clonidine is a eat high blood pressure).					
	revealed: -There was an entry f every morning and at 8:00pmThere was documen 1 tablet was not admi	4's January 2023 eMAR for Clonidine 0.1 mg, 1 tablet bedtime at 8:00am and tation that Clonidine 0.1mg, nistered at 8:00am on 1/19/23 due to Resident #4 y at dialysis.					
	revealed: -There was an entry fevery morning and at 8:00pmThere was documentablet was not admini 02/02/23, 02/07/23 dof the facility for dialy: -There was documentablet was not admini 02/04/23, 02/05/23, 002/19/23, 02/21/23, aprescription authoriza	ue to Resident #4 being out sis. tation that Clonidine 0.1mg, nistered on 8:00am 2/08/23, 02/15/23 02/16/23, and 02/23/23 due to awaiting ation from physician.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		HAL098031	B. WING		03/22/20	23
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI	REET		
			, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CO	(X5) MPLETE DATE
D 358	Continued From page	e 74	D 358			
	facility at the hospital. -There was documentation that Resident #4 was out of the facility at the hospital from 02/24/23 to 03/01/23.					
	revealed: -There was an entry fevery morning and at 8:00pmThere was documentablet was not admini 03/04/23 due to Residacility for dialysisThere was documentablet was not admini 03/04/23, 03/05/23, 0due to awaiting presciphysician.	dent #4 being out of the tation Clonidine 0.1mg, 1 stered at 8:00pm on 13/06/23, 03/08/23, 03/09/23 cription authorization from P on 03/22/23 at 11:30am could experience a				
	increase in high blood him to be hospitalized blood pressure medic	d pressure) that could cause d if he did not receive his				
		h a second MA on 03/21/23				
	Refer to telephone in contracted pharmacis	terview with facilty's st on 03/21/23 at 10:05am				
	Refer to interview wi 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am				
	Refer to interview wit	h the Building Manager				

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03/22/23 at 10:05am

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL098031	B. WING			R 22/2023
					1 00/	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,		
MORNING	STAR ASSISTED LIVING	G #5	TH PARKER STF 7, NC 27822	KEEI		
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRE	CTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 75	D 358			
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.				
	dated 11/09/22 reveal Dorzol-Timolol Eye D twice daily. (Dorzol/T	t #4's medication order led there was an order for rops, 1 drop to both eyes imolol is an eye drop used s that can lead to loss of				
	Review of Resident #4's medication order dated 01/16/23 revealed there was an order Dorzol/Timolol Eye Drops, 1 drop to both eyes twice daily, at 8:00am and 8:00pm.					
	revealed: -There was an entry f Drops, 1 drop to both 8:00pmThere was document Eye drops, 1 drop to be administered at 8:00a	4's January 2023 eMAR for Dorzol/Timolol Eye eyes twice day at 8:00 and tation that Dorzol/Timolol both eyes was not am on 01/10/23, 01/17/23, dent #4 being out of the				
	revealed: -There was an entry f Drops, 1 drop to both and 8:00pmThere was document Eye drops, 1 drop to be administered at 8:00a 02/11/23 due to reside for dialysisThere was document Drops, 1 drop was no	4's February 2023 eMAR for Dorzol/Timolol Eye eyes twice a day at 8:00am tation that Dorzol/Timolol both eyes was not am on 02/02/23, 02/07/23, ent being out of the facility tation Dorzol/Timolol Eye t administered at 8:00am on esident being out of the				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMITECTED
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
		416 NORT	H PARKER STI	REET	
MORNING	S STAR ASSISTED LIVING	G #5 ELM CITY,	NC 27822		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 76	D 358		
	facility at the hospitalThere was documen of the facility at the ho 03/01/23.	tation Resident #4 was out ospital on 02/24/23 through			
	Review of Resident #4 March 2023 eMAR revealed: -There was an entry for Dorzol/Timolol Eye Drops, 1 drop to both eyes twice a day at 8:00am				
	was not administered to the resident being -There was documen Eye drops, 1 drop to ladministered at 8:00a resident being out of procedure doneThere was documen Dorzol/Timolol Eye drwas not administered to awaiting prescriptic physician.	rops, 1 drop to both eyes at 8:00am on 03/04/23 due out of the facility for dialysis. tation that Dorzol/Timolol both eyes was not am on 03/08/23 due to the the facility having a tation that the roops, 1 drop to both eyes at 8:00am on 03/09/23 due on authorization from			
		ent #4's medications on 2:30pm revealed 2 small blol Eye Drops.			
	Refer to interview with 9:30am	h the MA on 03/21/23 at			
	Refer to interview with at 9:50am.	h a second MA on 03/21/23			
	Refer to telephone int	terview with facilty's st on 03/21/23 at 10:05am			
	Refer to interview wit	th the RCC 03/21/23 at			

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11:00am and 03/22/23 at 9:00am

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		HAL098031	B. WING		R 03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MODNING	CTAD ACCIOTED I IVINI	416 NORTI	H PARKER STI	REET		
WORNING	STAR ASSISTED LIVING	ELM CITY,	NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLET	ΓE
D 358	Continued From page	e 77	D 358			
	Refer to interview witl 03/22/23 at 10:05am	h the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	Refer to interview with 11:30am.	h the PCP on 03/22/23 at				
	g. Review of Resident #4's medication order dated 11/09/22 revealed there was an order for Isosorbide-Hydralazine 20-37.5, 1 tablet three times daily at 8:00am, 12:00pm, and 8:00pm. (Isosorbide-Hydralazine is a medication used to treat high blood pressure and heart failure).					
	Review of Resident #4's January 2023 eMAR revealed: -There was an entry for Isosorbide-Hydralazine 20-37.5, 1 tablet three times daily at 8:00am, 12:00pm, and 8:00pm. -There was documentation Isosorbide-Hydralazine 20-37.5, 1 tablet was not administered at 8:00am on 01/10/23, 01/17/23, 01/19/23 due to the resident being out of the facility for dialysis. -There was documentation Isosorbide-Hydralazine 20-37.5, 1 tablet was not administered at 12:00pm on 01/03/23, 01/05/23, 01/07/23, 01/12/23, 01/16/23, 01/17/23, 01/19/23, 01/21/23, 01/24/23, and 01/31/23 due to the resident being out of the facility for dialysis.					
	revealed: -There was an entry f					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (E SURVEY PLETED	
74101 1244	or connection	BERTH IOMITER HOMBER.	A. BUILDING:			
						R
		HAL098031	B. WING		03	3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E. ZIP CODE		
			TH PARKER STR			
MORNING	STAR ASSISTED LIVING	G #5	, NC 27822	EE1		
	OU MANA DV OT		·	DDOV/DEDIO DI ANI OF O	ODDECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 78	D 358			
	administered at 8:00a due to the resident b dialysisThere was document Isosorbide-Hydralazir administered at 12:00 02/07/23, 02/11/23, 0 due to the resident be dialysisThere was document Isosorbide-Hydralazir administered at 8:00a resident being out of 1-There was document Isosorbide-Hydralazir administered at 8:00a out of the facility at the 1-There was document	ne 20-37.5, 1 tablet was not appm on 02/02/23, 02/04/23, 2/16/23, 02/18/23, 02/22/23 being out of the facility at tation ne 20-375, 1 tablet was not at am on 02/20/23 due to the the facility having surgery. tation ne 20-37.5, 1 tablet was not am due to the resident being				
	revealed: -There was an order of 20-37.5, 1 tablet three 12:00pm, and 8:00pm -There was documen Isosorbide-Hydralazir administered to Resid 03/04/23 due to the refacility having a proce-There was documen Isosorbide-Hydralazir administered to Resid 03/02/23, 03/04/23, 0 resident being out of There was documen	tation ne 20-37.5, 1 tablet was not dent #4 at 8:00am on esident being out of the edure done. tation ne 20-37.5, 1 tablet was not dent #4 at 12:00pm on 3/11/23, 03/18/23 due to the the facility at dialysis. tation ne 20-37.5, 1 tablet was not				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL098031	B. WING		03	R 3/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MORNING	S STAR ASSISTED LIVING	G #5	RTH PARKER STRE	ET		
MORITING	OTAK AGGIOTED EIVIK	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 79	D 358			
		esident being out of the				
	revealed Resident #4 hypertensive crisis (a increase in high blood	sudden and severe d pressure) that could cause d if he did not receive his				
	Refer to interview wit	h MA on 03/21/23 at 9:30am				
	Refer to interview wit at 9:50am.	h a second MA on 03/21/23				
		terview with the facilty's st on 03/21/23 at 10:05am				
	Refer to interview wi 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am				
	Refer to interview with the Building Manager 03/22/23 at 10:05am					
	Refer to interview wit on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	report dated 02/27/2 order for Lokelma 10g packet every day for potassium) at 8:00am used to treat high pot	at #4's hospital visit summary 3 revealed there was an gm powder packet, take 1 hyperkalemia (high a. (Lokelma is a medication cassium levels in the blood). 44's March 2023 eMAR				

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL098031	B. WING			R 3/22/2023
	PROVIDER OR SUPPLIER G STAR ASSISTED LIVING	3 #5 416 NOF	DDRESS, CITY, STATE RTH PARKER STRE TY, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	revealed: There was an entry for packet, take 1 packet (high potassium) at 8 -There was document packet, 1 packet was on 03/13/23 because authorization from phacket, 1 packet was on 03/13/23 because authorization from phacefer to interview with 9:30 am Refer to interview with 11:00 am and 03/22/23 at 10:05 am Refer to interview with 03/22/23 at 10:05 am Refer to interview with 03/22/23 at 10:55 am Refer to interview with 03/22/2	or Lokelma 10gm powder every day for hyperkalemia :00am. tation Lokelma 10gm power not administered at 8:00am awaiting prescription ysician. In the MA on 03/21/23 at the a second MA on 03/21/23 terview with facility's st on 03/21/23 at 10:05am the the RCC 03/21/23 at 23 at 9:00am In the Building Manager In the Administrator/Owner am. In the PCP on 03/22/23 at #4's medication order dated are was an order for the 800 mg, take 3 tablets illy with meals at 8:00am, in (Sevelamer Carbonate is treat high potassium levels onic kidney disease or	D 358			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL098031	B. WING		R 03/22/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MORNING	STAR ASSISTED LIVING	3 #5 416 NORT	H PARKER ST	REET	
MORNING	OTAIN AGGIOTED EIVING	ELM CITY	, NC 27822		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page 81		D 358		
		Sevelamer Carbonate 00mg) three times a day with			
	revealed: -There was an entry f 800mg, 3 tablets (240 meals at 8:00am, 12: -There was documen 800mg, 3 tablets (240 8:00am on 01/10/23, to the resident being -There was documen 800mg, 3 tablets (240 12:00pm on 01/03/23 01/17/23, 01/19/23, 0 01/31/23 due to the re facility for dialysis.	tation Sevelamer Carbonate 00) was not administered at 01/17/23, and 01/19/23 due out of the facility for dialysis. tation Sevelamer Carbonate 00) was not administered at , 01/05/23, 01/12/23, 1/21/23, 01/24/23, and esident being out of the			
	Review of Resident #4's February 2023 eMAR revealed: -There was an entry for Sevelamer Carbonate 800mg, 3 tablets (2400) three times daily with meals at 8:00am, 12:00pm, and 5:00pm. -There was documentation Sevelamer Carbonate 800mg, 2 tablets (2400mg) was not administered at 8:00am on 02/02/23, and 02/07/23 due to the resident being out of the facility for dialysis. -There was documentation Sevelamer Carbonate 800mg, 2 tablets (2400mg) was not administered at 8:00am on 02/24/23 due to the resident being out of the facility at the hospital. -There was documentation Resident #4 was out of the facility at the hospital from 02/24/23 through 03/01/23. Review of Resident #4's March 2023 eMAR				
	revealed: -There was an entry f	or Sevelamer Carbonate			

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
						R
		HAL098031	B. WING		03	3/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	TH PARKER STR	EET		
	T	ELM CITY	7, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 358	meals at 8:00am, 12:	00) three times daily with 00pm, and 5:00pm. tation Sevelamer Carbonate	D 358			
	8:00am at 03/04/23, 0 being out of the facilit -There was documen 800mg, 3 tablets (240 12:00pm on 03/02/23	tation Sevelamer Carbonate 00) was not administered at , 03/04/23, 03/11/23,				
	03/18/23 due to the resident being out of the facility at dialysis. Observation of Resident #4's medications on hand on 03/21/23 at 2:30pm revealed bubble cards containing 66 tablets of Sevelamer					
	Carbonate 800mg.	h the MA on 03/21/23 at				
	Refer to interview with at 9:50am.	h a second MA on 03/21/23				
		terview with the facilty's st on 03/21/23 at 10:05am				
	Refer to interview wit 11:00am and 03/22/	th the RCC 03/21/23 at 23 at 9:00am				
	Refer to interview witl 03/22/23 at 10:05am	h the Building Manager				
	Refer to interview with on 03/22/23 at 10:55a	h the Administrator/Owner am.				
	Refer to interview with 11:30am.	h the PCP on 03/22/23 at				
		#4's medication order dated ere was an order for Abilify				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			_
		HAL098031	B. WING		03	R 3/ 22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
MODNING	CTAD ACCICTED I IVINI	416 NOR	TH PARKER STRE	ET		
WORNING	S STAR ASSISTED LIVING	ELM CIT	Y, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	58 Continued From page 83		D 358			
	month (no scheduled	VL, inject 300mg IM every day). (Abilify is a medication nrenia, bipolar disorder, and				
	revealed: -There was an entry f 300mg VL, inject 300 -There was no docum Maintena ER 300mg February 2023There was documen out of the facility from hospital.	nentation that Abilify VL was administered in tation that Resident #4 was 02/24/23 to 03/01/23 at the				
	revealed: -Resident #4's menta administered his Abili-Resident #4 was out hospital in February v provider came to give-She did not contact t when Resident #4 was hospital on 02/27/23 Abilify injection.	C on 03/21/23 at 7:55am I health provider usually fy medication. of the facility and at the when the mental health him his Abilify injection. he mental health provider as discharged from the to reschedule the February of the facility from 02/24/23				
	10:55am revealed sh notify the mental heal #4 was discharged fro his February Ability in Interview with the PC revealed: -She was not aware to	ministrator on 03/22/23 at expected the RCC to the provider when Resident om the hospital to schedule jection. P on 03/22/23 at 11:30am that Resident #4 did not Abilify injection due to the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
		A. BOILDING.	A. BUILDING:			
		HAL098031	B. WING		03	R 3 /22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
MODNING	CTAD ACCICTED I IVINI	416 NOR	TH PARKER STRE	ET		
MORNING	S STAR ASSISTED LIVING	ELM CITY	, NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 84	D 358			
D 356	resident being in the 02/27/23. -She became aware to receive his February acame to the facilty on visit. -The Abilify injection with the mental health programmer of the mental health programmer. -The Abilify medication PCP administered Reconstruction of the programmer of the pro	that the resident did not Abilify injection when she 03/15/23 for her weekly was usually administered by vider. In was in the facility and the esident #4's Abilify on at Resident #4 missed his tion because dialysis exhibited aggressive in February, that could result ed from the dialysis facility por prognosis for the en banned from other to his behaviors. It #4's physician medication is revealed an order for Lipitor time. (Lipitor is a medication blesterol levels in the blood isk of angina, stroke, heart blood vessel problems). It was in the facility and the esident #4 missed his tion because dialysis exhibited aggressive in February, that could result ed from the dialysis facility por prognosis for the en banned from other to his behaviors. It was in the facility and the esident #4 missed his exhibited aggressive in February, that could result each for the blood is a medication blesterol levels in the blood isk of angina, stroke, heart blood vessel problems). It was in the facility and the esident #4 missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited his exhibited aggressive in February and the second result is a missed his exhibited aggressive in February and the second result is a missed his exhibited his exhibited his exhibited his exhibited his exhibit	D 356			
	Review of Resident # revealed there was a tablet at bedtimeThere was an entry f bedtimeThere was documen	n entry for Lipitor 40mg, 1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN			A. BUILDING: _		COMI LETED	
		HAL098031	B. WING		03/22	2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI NC 27822	REET		
0.40.15	CUMMADV CT			PROVIDER'S DIANI OF CORRECTION	N .	0.50
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 85	D 358			
	thorough 1/31/23.					
	revealed: -There was an entry food bedtimeThere was documen was administered at a through 02/23/23There was documen of the facility at the food through 03/01/23. Review of Resident # revealed: -There was an entry food bedtime to be administered was administered on 03/07/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23, 03/10/23 are prescription/MD prior Interview with the faction 03/22/23 at 9:30 are current order on Lipitor 40mg, 1 tablet -The last dispense da 03/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not compared to the current order on 103/13/23 for 30 tablet -The pharmacy did not current order on 103/13/23 for 30 tablet -The pharmacy did not current order on 103/13/13/13/13/13/13/13/13/13/13/13/13/13	4's March 2023 eMAR for Lipitor 40mg, 1 tablet at stered at 10:00pm. for Lipitor 40mg, 2 tablets tation Lipitor 40mg, 1 tablet 03/02/23, 03/03/23, 3/11/23, 03/12/23, 03/14/23 tation Lipitor 40mg, 1 tablet on 03/04/23, 03/05/23, and 03/13/23 due to authorization. fility contracted pharmacist m revealed: file for Resident #4 was daily at bedtime. te for Lipitor 40mg was				
	-	dent #4's medications on 2:30pm revealed a bubble				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL098031	B. WING		R 03/22/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
MORNING	S STAR ASSISTED LIVING	3 #5	TH PARKER STF Y, NC 27822	REET	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 86	D 358		
	card containing 24 tal	plets of Lipitor 40mg.			
	Refer to interview with	n the MA 03/21/23 at 9:30am			
	Refer to interview with at 9:50am.	n a second MA on 03/21/23			
		erview with the facilty's t on 03/21/23 at 10:05am			
	Refer to interview wit 11:00am and 03/22/	h the RCC 03/21/23 at 23 at 9:00am			
	Refer to interview with the Building Manager 03/22/23 at 10:05am				
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.			
	Interview with the PC	P on 03/22/12 at 11:30am.			
	summary dated 02/27 new medication order daily. (Aspirin is a me	#4's hospital discharge //23 revealed there was a for Aspirin 81mg, 1 tablet dication that can treat pain, inflammation. It can also rt attack and stroke).			
		4's March 2023 eMAR o entry for Aspirin 81mg, 1			
	pharmacist on 03/22/2	vith the facility's contracted 23 at 9:30am revealed the eive an order for Aspirin ne facility.			
	hand on 03/21/23 at 2	dent #4's medications on 2:30pm revealed there was e medication cart for the			

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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL098031	B. WING		03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	3 #5	RTH PARKER STI	REET		
	I	ELM CIT	Y, NC 27822		T	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 358	Continued From page	e 87	D 358			
	resident.					
	Refer to interview with	n the MA 03/21/23 at 9:30am				
	Refer to interview with at 9:50am.	n a second MA on 03/21/23				
		erview with the facilty's t on 03/21/23 at 10:05am				
	Refer to interview with the RCC 03/21/23 at 11:00am and 03/22/23 at 9:00am					
	Refer to interview with the Building Manager 03/22/23 at 10:05am					
	Refer to interview with on 03/22/23 at 10:55a	n the Administrator/Owner am.				
	Tuesday, Thursday, a -The night shift was re Resident #4 dressed breakfast.	dialysis "around" 6:00am on and Saturday. esponsible for getting and serving him an early cations administered to				
	morning on Tuesday, -The night shift was re up and dressed, servi getting him ready to b van.	dialysis at 6:00am in the Thursday, and Saturday. esponsible for getting him				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLE	IED
		HAL098031	B. WING		R 03/22	/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		416 NORT	H PARKER STI	REET		
MORNING	S STAR ASSISTED LIVING	ELM CITY,	NC 27822			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
	Telephone interview with facilty's contracted pharmacist on 03/21/23 at 10:05 am revealed: -The pharmacist entered residents' medications and times of administration in the system and sends them to the facility for approval. -The facility was responsible for approving the times the medications were administered or making changes regarding the times to suit the needs of the resident. -The pharmacy did not know the times of dialysis sessions for the residents at the facility who were scheduled for dialysis. Interview with the RCC on 03/21/23 at 11:00am and 03/22/23 at 9:00am revealed: -She was not aware Resident #4 was not receiving his 8:00am and 12:00pm medications due to early dialysis sessions. -The facility did not have a medication administration policy or protocol for residents who go to dialysis.		D 358			
	submitted directly to pharmacy for processing. -The pharmacist entered the medication orders and times of administration in the system and sends the orders to the facility for review and approval. -The facility did not make changes to the times of administration of medications for residents. Interview with the Building Manager 03/22/23 at 10:05am revealed: -The eMAR system did not allow a medication to "pop up" to be administration time. -He expected the MA's to have caught that Resident #4 was not getting his medications at 8:00 am before dialysis and inform the RCC and the Building Manager. -He expected the RCC to notify the PCP for					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		HAL098031	B. WING		R 03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	H PARKER STI NC 27822	REET		
0(0)15	STIMMADA ST		1	DROVIDER'S DI AN OF CORRECTION	d over	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 89	D 358			
		handle the 8:00am and for Resident #4 on dialysis				
	three times a week ar 8:00am and 12:00pm -She expected the R0 for clarificationIt was a major conce receive his 8:00am ar because it could cause. Interview with the pring signal are signal are signal.	revealed: Resident #4 went to dialysis and was not receiving his medications. CC to reach out to the PCP rn that Resident #4 did not and 12:00pm medications are other health problems.				
	03/22/23 at 11:30am revealed: -She was not aware Resident #4 was scheduled for dialysis at 6:00am and was not receiving his 8:00am and 12:00pm medications as orderedHad the facility reached out to her regarding the time of dialysis, she could have adjusted the medication administration times.					
		interview with the Mental 3/22/23 at 9:00am was				
		interview with Resident #4's 2/23 at 03/22/23 at 9:15am				
	4. Review of Resident #5's current FL2 dated 11/02/23 revealed: -Diagnoses included dementia, pain in joints, muscle weakness, and muscle spasmsThere was an order for for levothyroxine 137 mcg to be administered Monday through SaturdayThere was an order for for levothyroxine 137					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/S AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL098031	B. WING		03/22/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
			H PARKER STI			
MORNING	STAR ASSISTED LIVING	G #5	NC 27822			
0(4) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	1 0/5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	90	D 358			
	mcg, on half tab (68.5 Sunday.	5 mcg to be administered on				
	Review of Resident #					
	physician's order date	be increased to 137mcg				
	-	ning on an empty stomach.				
	every day on the mor	ning on an empty stomatin.				
	Review of Resident #7's electronic medication administration record (eMAR) for January 2023 revealed: -There was an entry for levothyroxine 137mcg to be administered every morning on an empty stomach and timed for 9:00am.					
		tation of administration each				
	day from 01/01/23 thr					
	Review of Resident #7's electronic medication administration record (eMAR) for February 2023 revealed: -There was an entry for levothyroxine 137mcg to be administered every morning on an empty stomach and timed for 9:00am. -There was documentation of administration each					
	day from 02/01/23 thr	ougn 02/28/23.				
	Review of Resident #7's electronic medication administration record (eMAR) for March 2023 revealed: -There was an entry for levothyroxine 137 mcg to be administered every morning on an empty stomach and timed for 9:00am. -There was documentation of administration each					
	-There was documentation of administration each day from 03/01/23 through 03/20/23. Observation of medication on hand for administration for Resident #7 on 03/20/23 4:34pm there was a medication dispensing card labeled for Levothyroxine 137mcg to be					

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administered each morning on an empty stomach

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			Б
HAL098031		B. WING		l l	R 22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	TH PARKER ST	REET		
	Г		7, NC 27822	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	91	D 358			
	with tablets available	for administration.				
	Telephone interview with the facility's contracted pharmacy on 03/21/23 at 9:57am revealed: -Levothyroxine should be given on an empty stomach 30 minutes to 60 minutes prior to breakfast an other medicationsLevothyroxine can bind to food or other medications making it less effective. Interview with a medication aide (MA) on 03/20/23 at 1:35pm revealed: -She knew the levothyroxine was to be administered on an empty stomach as instructedThe Levothyroxine was on the eMAR to be given at 9:00am and the residents were served breakfast was around 7:30amShe had not brought the time of administration to the attention of management or Resident #7's primary care provider.					
	(PCP) on 03/22/23 at -Levothyroxine should stomach because for absorption of the med-She had difficulty mathyroid stimulating horeferred him to endoc-Receiving the levoth have been a contribu manage his TSH level (RCC) on 03/21/23 at -Residents were served. To the manage his TSH level (RCC) and 8:00 am 6 -She was not aware to stomach the should be should	d be given on an empty of will decrease the dication. Anaging Resident #7's armone (TSH) level and had erinology for evaluation. Anaging factor to being unable to be				
	instead of before as o					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL098031	B. WING		03/22/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	STAR ASSISTED LIVING	G #5	I PARKER STI	REET		
	I	ELM CITY,	NC 27822			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	92	D 358			
	ordered for 2 of 3 residuring the medication medication used for twas not administered ordered and resulted by the PCP due to differesident's stimulating of 6 sampled resident dialysis three times a scheduled 8:00am and being administered as due to the residents leincluding medications pressure during dialys in the blood (hyperkal high levels of phosphokidney failure, shortneretention, (#3) and meye condition that car antibiotic for eye infect of breath, heart failur in the blood due to kid and depression for a vision loss and high be failure placed the resident and constitutes The facility provided a accordance with G.S.	chyroid function support that on an empty stomach as in an endocrinology referral ficulty in regulating the thyroid hormone (#5) and 2 is (#3, #4) who received week, as evidenced by their id 12:00pm medications not is ordered on dialysis days eaving the facility at 6:00am; a used to treat low blood is, high levels of potassium demia) due to kidney failure, orus in the blood due to eass of breath, pain, and fluid dedications used to treat an in cause vision loss, an estion, depression, shortness is, high levels of potassium drien in cause vision loss, an estion, depression, shortness is, high levels of potassium drien in cause vision loss, an estion, depression, shortness is, high levels of potassium drien in cause vision loss, an estion, depression, shortness is, high levels of potassium drien is depression. This dents at serious physical				

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