Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUF	
			A. BUILDING:			
		HAL092215	B. WING		03/09/	/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	GARNER	200 MINGL GARNER,	.EWOOD DRIV NC: 27529	E		
(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 000	Initial Comments		D 000			
	The Adult Care Licens annual survey on Mar	sure Section conducted an rch 8-9, 2023.				
D 358	10A NCAC 13F .1004 Administration	e(a) Medication	D 358			
	(a) An adult care hon preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures. This Rule is not met a Type B VIOLATION Based on observation interviews, the facility	sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: ns, record reviews and failed to administer				
	(#6, #7) observed dur including a medication pressure and chest pa prevent/treat urinary t supplement, and a ma risk of a stroke and a sampled residents for	ed for 2 of 5 residents ring the medication pass, in used to treat high blood ain, a supplement used to tract infection (#6), a dietary edication used to reduce the heart attack (#7); and 1 of 5 record review (#2) in used to treat mental and				
	by the observation of	rate was 12% as evidenced 4 errors out of 31 he medication pass on				

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

(X6) DATE TITLE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	ED
		HAL092215	B. WING		03/09	/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	CADNED	200 MINGL	EWOOD DRIV	E		
CADENCE	GARNER	GARNER,	NC 27529			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 1	D 358			
D 358	1. Review of Residen 11/23/22 revealed: -Diagnoses included dementia, and hypert -The level of care was -She was constantly of a physic 03/06/23 revealed and aily. (Amlodipine is a high blood pressure at 10mg as ordered at 9-The bubble card date Amlodipine 5 mg, 1 ta out of 31 tablets. Review of Resident # medication administrative aled: -There was an entry for 10mg, 1 tablet once of 7:00amThere was document Besylate 10mg, 1 tablet 03/08/23 at 9:35am. Interview with the faction 03/09/23 at 2:50pr -This pharmacy was table 2.	t #6's current FL-2 dated urinary tract infection, ension. Is the memory care unit. disoriented. ian visit progress note dated order for Amlodipine 10mg a medication used to treat and chest pain). ent #6's 7:00am medication ealed: Is administered instead of It 35am. It is do 3/01/23 contained ablet daily with 26 remaining 6's March 2023 electronic ation record (eMAR) for Amlodipine Besylate daily to be administered at tation that Amlodipine let was administered on ility's contracted pharmacist m revealed: the facility's current	D 358			
	dated 01/30/23There was a new ord	starting 03/01/23. for Amlodipine 5mg, 1 tablet der for Amlodipine 10mg, 1 on 02/23/23 for 31 tablets.				

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Interview with the Special Care Director (SCD) on

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092215	B. WING		03/09/2023
	ROVIDER OR SUPPLIER		DRESS, CITY, STA LEWOOD DRIV NC 27529	•	
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 358	administer medication -She administered Re the 7:00am medication -She did not notice Re contained Amlodipine ordered and displayer -She thought she adm to Resident #6. A second interview with 10:30am revealed: -She later found anomedication cart for Re 10mg, 1 tablet daily, v -The Amlodipine 5mg been removed from the Interview with the RS Director) on 03/08/23 -She was responsible cart audits weeklyMedication cart audit medications had not be bubble cards against -She did not know who bubble card had not be from the medication of Interview with the Exe 03/09/23 at 5:00pm re -Amlodipine 10mg sh administered to Resid -The RSD was respon medication cart audits orders were accurate	evealed: at on the medication cart to as in the memory care unit. asident #6's medications at an pass on 03/08/23. asident #6's bubble card a 5mg instead of 10mg as at on the eMAR. aninistered Amlodipine 10mg at the SCD on 03/09/23 at at ther bubble card in the asident #6 for Amlodipine which was the correct dose. bubble card should have an emedication cart. D (Resident Services at 4:30pm revealed: a for conducting medication as included ensuring appried, and checking the atthe eMAR for accuracy. By the Amlodipine 5mg appear caught and removed art. Becutive Director (ED) on avealed: and the medication of the could have been and the sordered.	D 358		

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03/09/23 at 11:10 revealed:

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE : COMPI	
			A. BUILDING: _	A. BUILDING:		
		HAL092215	B. WING		03/	09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	GARNER		LEWOOD DRIV	E		
			, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 3	D 358			
	was for Amlodipine 19 -Amlodipine was orded because of her hyper pressure)The incorrect dose of Resident #6's blood publication.					
	b. Review of Resident #6's medication orders dated 02/16/23 revealed an order for D-Mannose 500mg, 4 capsules (2000mg) daily. (D-Mannose is a supplement used to prevent/treat urinary tract infection). Interview with the facility's contracted pharmacist on 03/09/23 at 2:50pm revealed. -There was a physician order received on 02/16/23 for D-Mannose 500mg, 4 capsules (4000mg "pharmacy entry error") daily. -D-Mannose was last dispensed on 02/20/23 for a quantity of 124 pills.					
	pass on 03/08/23 rev - D-Mannose 500mg, instead of 4 capsules 9:35amThere were 4 bubble D-Mannose with the i 500mg, 4 capsules (4)	1 capsule was administered (2000mg) on 03/08/23 at				
	revealed:	6's March 2023 eMAR for D-Mannose 500mg, 4				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		03/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	GARNER		EWOOD DRIV	E		
		GARNER,	NC 27529			
(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 COMPLETE	
D 358	Continued From page	e 4	D 358			
	daily for urinary tract 03/08/23 to be admin -There was documen 500mg, 4 capsules (4 error") was administe	tation that D-Mannose .000mg "pharmacy entry red at 7:00am on 03/08/23.				
	Interview with the SCD (Special Care Director) on 03/08/23 at 4:00pm revealed: -She normally was not on the medication cart to administered medicationsShe administered Resident #6's 7:00am medications on 03/08/23She had not noticed the instructions on the eMAR and bubble card was for D-Mannose 500mg, 4 capsulesShe administered D-Mannose 500mg, 1 tablet to Resident #6.					
	Interview with the RS Director) on 03/09/23 D-Mannose 500mg, 4 administered to Resid	at 4:30pm revealed tablets should have been				
	03/09/23 at 5:00pm re	ecutive Director (ED) on evealed D-Mannose 500mg, e been administered to ed.				
	capsules daily (2000r February 2023 for uri -She expected 4 caps Resident #6 instead or resident was prone to the D-Mannose was p to prevent urinary trad	evealed. or D-Mannose 500mg, 4 mg) for Resident #6 in nary tract infection. sules to be administered to of the 1 capsule because the ourinary tract infections and orescribed as a prophylactic				

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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	
		HAL092215	B. WING 03/		03/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE GARNER			EWOOD DRIV	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	GARNER, 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 COMPL	ETE
D 358	Continued From page	÷ 5	D 358			
	urinary tract infection. Based on observation					
	01/29/23 revealed: -Diagnoses included hypertension, stroke,	s the memory care unit.				
	01/23/23 revealed ar (Vitamin B-12) 100mg	ian visit progress note dated n order for Cyanocobalamin og, take 1/2 tablet (50mcg) nin (Vitamin B-12) is used as).				
	summary dated 01/29 Cyanocobalamin (Vita	7's hospital discharge 8/23 revealed an order for amin B-12) 1,000mcg/ml, daily as needed. (Liquid				
	revealed an order for	n visit order dated 01/30/23 Cyanocobalamin (Vitamin /2 tablet (50mcg) daily.				
	pass on 03/08/23 revolution B-12) 100mg	ent #7's 7:00am medication ealed Cyanocobalamin eg, 1/2 tablet (50mcg) was n she received her other m				
	Review of Resident # medication administra	7's March 2023 electronic ation record (eMAR)				

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-There was an entry for B-12 1,000 mcg/ml SL

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S COMPLI	
			B. WING			
		HAL092215	B. WING		03/0	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	ITE, ZIP CODE		
CADENCE	GARNER	200 MING	SLEWOOD DRIV	E		
OADLINGE	· OARRER	GARNER	, NC 27529			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 6	D 358			
	-There was no docum was administered B-1 03/08/23 at the 7:00a Interview with the pha	·				
	Interview with the pharmacist on 03/09/23 at 2:50pm revealed: -They were the facility's contracted pharmacy starting 03/01/23.					
	them the profiles of a prescriptions.	s contracted pharmacy sent Il residents but not the				
	B-12 100mcg, 1/2 tab	dated 02/22/23 for Vitamin				
	03/08/23 at 4:00pm re	ecial Care Director (SCD) on evealed: ne recent hospital stays in				
	-Vitamin B-12 was dis discharge summary a	scontinued on the hospital as a scheduled daily red as needed with no				
	'					
	folder for the Residen	ge summary was placed in a nt #7's primary care provider n she visited the facility				
	once a week to appromedications on the hor to reinstate the pre	ospital discharge summary				
	tablet (50mcg) was no contracted pharmacy	amin B-12) 100mcg, 1/2 ot submitted to the facility's for processing.				
ľ	$_{\parallel}$ -She did not know wh	ny the PCP order dated			ľ	

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01/30/23 was not sent to pharmacy.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SI COMPLE	
		HAL092215	B. WING		03/0	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
TO WILL OF TH	NOVIDER ON GOLF ELER		LEWOOD DRIV			
CADENCE	GARNER		NC 27529	_		
(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	(X5) COMPLETE DATE
D 358	Continued From page	÷ 7	D 358			
	were responsible for the pharmacy for production					
	Interview with the RS Director) on 03/08/23 -Resident #7 had son 2023.					
	-The hospital visit sur medication changes f -Resident #7's Vitami needed instead of a s previously ordered by -The process was for hospital orders on he approve the changes order. -The PCP visit medic was not sent to the pl -She did not why the	or the resident. n B-12 was changed to as scheduled medication as the PCP. the PCP to review the resident to the facility to or reinstate the previous ation order dated 01/30/23 narmacy for processing. order was not sent. o were responsible for orders were sent to				
	at 5:00pm revealed: -When a resident's di had a change in a me to the facility's contral processing and become PCP comes in and appreciate the previous -The PCP visit progres reinstating Resident appreciation the facility's contracted and to be placed on to -The RSD and the SC	mes the active order until the oproves the changes or order. ses note dated 01/30/23 t7's for Vitamin B-12 to a should have been faxed to d pharmacy for processing				

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pharmacy for processing.

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM	PLETED
HAL092215 B. WING 03	/09/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
CARENCE CARNER 200 MINGLEWOOD DRIVE	
CADENCE GARNER GARNER, NC 27529	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358 Continued From page 8 D 358	
Interview with Resident #7's primary care provider (PCP) on 03/09/23 at 11:10pm revealed: -She prescribed Cyanocobalamin (Vitamin B-12) 100mcg, 1/2 tablet (50mcg) for Resident #7 based on a review of her laboratory values for Vitamin B-12Resident #7 should be receiving Cyanocobalamin (Vitamin B-12) 100mcg, 1/2 tablet (50-mcg) once a day as a scheduled dietary supplement. Based on observations, record review, and interviews, it was determined Resident #7 was not interviewable. b. Review of Resident #7's physician visit progress note dated 01/23/23 revealed an order for Aspirin 81mg chewable, 1 tablet daily. (Aspirin is a medication used to reduce the risk of a stroke or heart attack). Review of Resident #7's hospital visit report dated 01/29/23 revealed an order for Aspirin 81mg chewable, 1 tablet daily. Review of Resident *7's physician visit progress note dated 01/30/23 revealed an order for Aspirin 81mg chewable, 1 tablet daily. Observation of the 7:00am medication pass on 03/08/23 revealed Aspirin 81mg chewable was not administered to Resident #7 when she received her other medications at 9:50am. Review of Resident #7's March 2023 eMAR revealed:	

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needed.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL092215	B. WING		03/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	GARNER	200 MINGL	EWOOD DRIV	E		
CADENCE	GARNER	GARNER,	NC 27529			
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	
D 358	Continued From page	e 9	D 358			
		nentation that Aspirin 81mg, ered to Resident #7 on eceived her other				
	on 03/09/23 at 2:50pr -They were the facility starting 03/01/23.	y's contracted pharmacy				
	-They received the profiles of residents from the previous facilty's contracted pharmacy but not the prescriptionsThere was an order dated 01/29/23 for Aspirin					
	81mg chewable as ne physician.	eeded from the hospital				
		an order for Aspirin 81mg blet daily dated 01/30/23 ysician.				
	03/08/23 at 4:00pm re -Resident #7 had son	ecial Care Director (SCD) on evealed: ne recent hospital stays in				
		vas discontinued on the mmary as a scheduled daily red as needed.				
		ge summary order was sent cted pharmacy to be				
	-The hospital discharged folder for the Resider	ge summary was placed in a nt #7's primary care provider on she visited the facility				
	once a week to appro	ove the changes in ischarge summary or to				
	-The PCP order dated	d 01/30/23 for Aspirin 81mg ed to the facility's contracted				
	pharmacy for process -She did not know wh	sing. ny the PCP order dated				

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01/30/23 was not sent to pharmacy.

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DIVISION	of Health Service Regu	lation				
STATEMENT			(X3) DATE SU	JRVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLE	TED
			7 20.125101			
		HAL092215 B. WING 0				9/2023
NAME OF B	DOVIDED OD OUDDIJED	070557.405	DEGG OITY OTA	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADL	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	GARNER	200 MINGL	EWOOD DRIV	E		
CADLING	GARNER	GARNER,	NC 27529			
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 358	Continued From page	e 10	D 358			
	She and the Besiden	nt Services Director (RSD)				
		` ,				
	=	ensuring orders were sent to				
	the pharmacy for prod	cessing.				
	Interview with the RS	D on 03/08/23 at 4:30pm				
	revealed:					
	-Resident #7 had som	ne hospital stays in January				
	2023.					
		nmary may include some				
	medication changes f					
	_					
	-	n 81mg daily was changed to				
		a scheduled medication as				
	previously ordered by					
		the PCP to review the				
	hospital orders on her	r next visit to the facility to				
	approve the changes	or reinstate the previous				
	order.	·				
	-The PCP visit medica	ation order dated 01/30/23				
		narmacy for processing.				
	-She did not why the					
		e responsible for ensuring				
		re sent to pharmacy for				
	processing.					
		ecutive Director (ED) on				
	03/09/23 at 5:00pm re	evealed:				
	-When a resident's dis	scharge hospital summary				
	have a change in med	dications, the order was sent				
	to the facility's contract					
		mes the active order until the				
		prove the changes or				
	reinstates the previou					
		ess note reinstating Resident				
		ly to a scheduled medication				
		ed to the facility's contracted				
	pharmacy for process	sing and to be placed on the				
	eMAR.					
	-The RSD and the SC	D were responsible for				

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ensuring medication orders were faxed to the

pharmacy for processing.

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE S COMPL			
		HAL092215	B. WING 03/09/2		9/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	GARNER		LEWOOD DRIV NC 27529	E		
(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 358	Continued From page	11	D 358			
	Interview with Reside (PCP) on 03/09/23 at -She prescribed Aspir daily for Resident #7 a-Resident #7 should be chewable, 1 tablet dastroke or heart attack. Based on observation interviews, it was detenot interviewable. 3. Review of Resident 01/01/23 revealed: -Diagnoses included behavioral disturbance-An order for aripipraz (7.5mg) daily and aripic bedtime. (Aripiprazole treat mental and mood observations of Resident on 03/09/23 at 1-There was a bubble that had the resident's "aripiprazole 15mg, of (7.5mg)" every morning -The pharmacy label of dosage of 15mg one at 22.5mg. -The pharmacy label of 15mg tablets were dispersive were 31 individed the bubble pack, of were maining 24 had one -The pharmacy label of 15mg tablets were dispersive were supplied to the bubble pack, of were an individed the pharmacy label of 15mg tablets were dispersive were 31 individed the bubble pack, of were supplied to the pharmacy label of 15mg tablets were dispersive were 31 individed the pharmacy label of 15mg tablets were dispersive were 31 individed the pharmacy label of 15mg tablets were dispersive were 31 individed the pharmacy label of 15mg tablets were dispersive were 31 individed the pharmacy label of 15mg tablets were dispersive were 31 individed the pharmacy label of 15mg tablets were dispersive were 31 individed to 15mg tablets	nt#7's primary care provider 11:10am revealed: in 81mg chewable, 1 tablet as a scheduled medication. be receiving Aspirin 81mg illy to reduce the risk of a as, record review, and bermined Resident #7 was as and hypertension. cole 15mg one half tablet biprazole 2mg daily at as an antipsychotic used to ad disorders.) dent #2's medications on 10:47am revealed: back with a pharmacy label and one half tablets and one-half tablet. and dosage dispensed did				
		and dosage dispensed did or aripiprazole 15mg one				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		7. BOILDING.		
	HAL092215	B. WING		03/09/2023
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CADENCE GARNER		SLEWOOD DRIV	E	
		R, NC 27529		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	12	D 358		
Interview with the med 03/09/23 at 10:47am re-The aripiprazole dosa, half tablet in the bubble administered that morr #2. -She checked the med against the electronic record (eMAR), punche pack and administered resident. Review of Resident #2 revealed: -There was an entry for half tablet (7.5mg) ever before and after, "NOT STRENGTH"There was documentate half tablet (7.5mg) was on 03/01/23There was a second errone- and one-half tablet -The eMAR did not ind 15mg one and one half tablet administered at 7:00am 03/09/23. Telephone interview with facility's contracted phase 4:53pm revealed: -The pharmacy started facility on 03/01/23The pharmacy had an	ication aide (MA) on evealed: ge of one whole and one e pack was what she ning (03/09/23) to Resident ication bubble pack medication administration ed the medication from the the medication to the standard of the medication of the standard of the medication aripiprazole 15mg et (7.5mg) every morning. It is in the standard of the s	D 358		

Division of Health Service Regulation

STATE FORM R2LF11 If continuation sheet 13 of 26

DIVISION	n Health Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
			1			
			P WING			
		HAL092215	B. WING		03/0	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			, ,	•		
CADENCE	GARNER		LEWOOD DRIV	E		
		GARNER,	NC 27529	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	JAIL	DAIL
				,		
D 358	Continued From page	e 13	D 358			
	. •					
		e- and one-half tablets				
	(22.5mg).					
		ed in the electronic system				
	incorrectly as aripipra					
	one-half tablets every	morning instead of the				
	correct dosage of 15r	ng one half tablet (7.5mg).				
	-She was going to cor	ntact the resident's primary				
	care provider (PCP) r	egarding the error in the				
	increased dosage ser					
	•	to taking an increased dose				
	depended on each inc	•				
	dopondod on odon in	arriadar porcori.				
	Telephone interview v	vith Resident #2's mental				
	-) on 03/09/23 at 4:35pm				
	revealed:) on 00/03/23 at 4.33pm				
		nt #2 on 02/20/22 and was				
		nt #2 on 02/20/23 and was				
	responsible for manag	ging ner psychiatric				
	medications.					
	-The resident should	<u> </u>				
	aripiprazole 7.5mg ev	•				
	-One and one half tab					
		vas concerning because				
	Resident #2 was elde	erly, "tiny" in size and frail.				
	-There was a potentia	al for altered mental status,				
	involuntary movemen	ts, and tremors with higher				
	doses.					
	Interview with the Spe	ecial Care Director (SCD) on				
	03/09/23 at 5:11pm re					
	-The Resident Care D					
		ssing new and changed				
	medication orders.	<u> </u>				
		Care Coordinator (RCC)				
		putting medications on the				
		pharmacy deliveries.				
		nsible for checking the				
		d against the order before				
	• •	s to her or the RCC to load				
	on the medication car	†¢	1	1		

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-The current medication cart had not yet been

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL092215	B. WING		03	3/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CADENCE	E GARNER		GLEWOOD DRIVE			
	- I	GARNEI	R, NC 27529			
(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 DEFICIENCED	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 14	D 358			
	audited because the new pharmacy on 03/	facility just got them from /01/23.				
	Interview with the RC revealed:	D on 03/09/23 at 5:25pm				
	-The third shift MA was responsible for checking medications and stocking the medication carts when the pharmacy delivered medicationsThere had been issues with medications she was working to resolve since the new pharmacy took over services on 03/01/23.					
	5:40pm revealed: -He had just started a month ago and was v systems for care and -He was going to follo dosage error for Resi delivered by pharmac-Staff were responsib medications against F and medications agai administration. Upon request on 03/0 were no subsequent of Resident #2's aripi	services. bw up on identifying why the ident #2's aripiprazole by occurred. ble for checking orders, PCP orders when delivered inst the MAR prior to 08/23 and 03/09/23, there orders changing the dosage prazole provided for review.				
	reviews, it was deterr interviewable.	ns, interviews, and record mined Resident #2 was not				
	ordered for 2 of 5 res	dminister medications as idents (#6, #7) observed n pass as evidenced by the				

Division of Health Service Regulation

STATE FORM R2LF11 If continuation sheet 15 of 26

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		03/09/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00/00/2020	
CADENCE	GARNER		EWOOD DRIV	E		
0/0/15	STIMMADA ST	GARNER, I		PROVIDER'S PLAN OF CORRECTION	d 0/5)	
(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 APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page 15		D 358			
	used for urinary tract pressure for a resider tract infections and hi medications administ parameters instead o were used as a suppl risk of a stroke and a with a history of a stroblood pressure. (#7) the health, welfare an and constitutes a type. The facility provided a accordance with G.S.	a Plan of Protection in 131D-34 on 03/09/23.				
D 376	Medications	5 (b) Self-Administration Of 5 Self-Administration Of	D 376			
	mental or physical ab resident non-complian orders or the facility's procedures, the facilit					

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STATE FORM R2LF11 If continuation sheet 16 of 26

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		03	8/09/2023
NAME OF PROVID	DER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
0.55,105,04		200 MINO	SLEWOOD DRIVE			
CADENCE GA	KNEK	GARNER	R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / 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
Thi TY Bas fail a s cor me me the tak car The Re rev -Di pul em three -Th Re dat sel Ob in h -Th nig -Th nig me is a and -Th	led to ensure 1 of 1 self-administering membrane with self-addications as evideredications from a the facility's knowledgeing medications proper provider. The findings are: Eview of Resident # vealed: Tagnoses included of languages included in	as evidenced by: as and interviews, the facility sampled resident (#4) with nedication order was ministering her own nee by the resident taking ird party provider without e and the resident not escribed by her primary 4's FL-2 dated 01/10/23 Chronic obstruction COPD), hypertension, story of deep vein mi-ambulatory. 4's signed physician orders led the resident may	D 376			

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STATE FORM R2LF11 If continuation sheet 17 of 26

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL092215	B. WING		0:	3/09/2023
NAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CADENCI	E GARNER		GLEWOOD DRIVE			
	1		R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 376	Continued From page	e 17	D 376			
	(Prednisone is used t	at was not on the eMAR. o treat inflammation). 13 bottles of medications in				
	dated 03/09/23 reveal -An order for Amlodip 1 tablet by mouth one to treat high blood pre -An order for Aspirin I by mouth once daily. the risk of a heart atta -An order for Hydroch tablet, take 1 tablet b is used to treat high b Review of Resident # orders dated 01/30/23 -Continue prednisone mouth for 3 days, 3 ta tablets daily for 3 day days, then stop.	ine Benazepril 5-20mg, take be daily. (Amlodipine is used bessure). EC 81mg tablet, take 1 tablet (Aspirin is used to reduce ack). Inforothiazide (HCTZ) 50mg y mouth once daily. (HCTZ blood pressure and edema). 4's signed pulmonologist 3 revealed: 10mg, take 4 tablets by ablets daily for 3 days, 2 and 1 tablet daily for 3 am 0.25mg by mouth once				
	Review of Resident # face sheet revealed: -The resident was pre potassium citrate ER -The resident was pre prednisone 10mg tab Review of Resident # 01/23/23 revealed: -She had hypertensic Amlodipine, HCTZ ar -She had a history of	4's pulmonologist patient eviously prescribed 10meq tablet. eviously prescribed let. 4's progress notes dated on that was managed by				

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STATE FORM R2LF11 If continuation sheet 18 of 26

DIVISION	n Health Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			1			
			P WING			
		HAL092215	B. WING		03/0	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
		200 MING	-EWOOD DRIV	· ·		
CADENCE	GARNER	GARNER,		_		
		GARNER,	NC 2/529			
(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 APPROPF		COMPLETE DATE
TAG	REGULATORT OR E	130 IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	MAIL	
D 376	Continued From page	e 18	D 376			
	. •					
		nt #4 on 03/08/23 at 3:50pm				
	revealed:					
		of Metoprolol for her blood				
	•	r medications related to her				
	blood pressure.					
		her blood pressure related				
	medications about 4 r	months ago when she was				
	in rehab.					
	-She did not take her prescribed Aspirin because					
	she was on a blood th	ninner.				
	-She was self-adminis	stering Xanax, prednisone,				
	and potassium chloric	de tablets.				
	·					
	Review of Resident #	4's January 2023 eMAR				
	revealed:	,				
	-From 01/13/23 to 01/	/31/23, the resident's				
	medications were not					
	medications.	isa de cen daminieter				
		or Amlodipine/Benazepril				
	_	e 1 capsule by mouth once				
	daily for blood pressu					
	-	or Aspirin low tab 81mg,				
	take 1 tablet by mouth					
	•	-				
	_	or Hydrochlorothiazide				
	• •	ce 1 tablet by mouth daily for				
	blood pressure.					
		try for Alprazolam (Xanax)				
	• .	ce a day as needed for				
	anxiety.					
	 There was not an en mouth one tablet daily 	try for Prednisone 10mg by v.				
	_	try for Potassium Chloride				
	10meq.	a, i.e. i daddiaiii diiidiad				
	•					
	Review of Resident #	4's February 2023 eMAR				
	revealed:	•				
	-From 02/01/23 to 02/	/28/23, the resident's				
	medications were not					

Division of Health Service Regulation

medications.

STATE FORM R2LF11 If continuation sheet 19 of 26

	n riealth Service Regu					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
		HAL092215	B. WING		03/0	9/2023
		TIALOUZZIO			1 03/0	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
CARENCE	CARNER	200 MING	LEWOOD DRIV	Æ		
CADENCE	GARNER	GARNER,	NC 27529			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
			1	DEFICIENCY)		
D 376	Continued From page	e 19	D 376			
	. •					
	_	or Amlodipine/Benazepril				
		e 1 capsule by mouth once				
	daily for blood pressu					
	-There was an entry f	or Aspirin low tab 81mg,				
	take 1 tablet by mout	h daily.				
	-There was an entry f	or Hydrochlorothiazide				
	(HCTZ) tab 50mg, tal	ce 1 tablet by mouth daily for				
	blood pressure.					
	-There was not an en	try for Alprazolam (Xanax)				
	0.25mg by mouth once a day as needed for					
	anxiety.					
	-There was not an en	try for Prednisone 10mg by				
	mouth one tablet dail	y.				
	-There was not an en	try for Potassium Chloride				
	10meq.	•				
		4's March 2023 eMAR				
	revealed:					
	-From 03/01/23 to 03	/08/23, the resident's				
	medications were not	ed as self-administer				
	medications.					
	-There was an entry f	or Amlodipine/Benazepril				
	5-20mg capsules, tak	e 1 capsule by mouth once				
	daily for blood pressu	re.				
	-There was an entry f	or Aspirin low tab 81mg,				
	take 1 tablet by mout	h daily.				
	-There was an entry f	or Hydrochlorothiazide				
	(HCTZ) tab 50mg, tal	ke 1 tablet by mouth daily for				
	blood pressure.					
	-There was not an en	try for Alprazolam (Xanax)				
	0.25mg by mouth one	ce a day as needed for				
	anxiety.	-				
		try for Prednisone 10mg by				
	mouth one tablet daily					
		try for Potassium Chloride				
	10meq.	-				
		# B:				
		4's Primary Care Provider's				
		dated 03/06/23 revealed:				
	-The resident was sel	if-administering her				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING				
		HAL092215	B. WING		03	3/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE			
CADENCE	E GARNER	200 MING	LEWOOD DRIVE				
OADLINO	CARREN	GARNER	, NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D 376	Continued From page	e 20	D 376				
	medicationsShe was concerned forgetting recent ever -She was concerned remember she took h doses which could lea	with her memory and her nts. the resident would not ner Xanax and readminister ad to an adverse event due					
	Interview with the Resident Service Director (RSD) on 03/09/23 at 12:30pm revealed: -On 03/06/23, the facility was aware Resident #4 had Xanax in her roomResident #4 obtained the order from a third party provider without the facility's knowledgeThe facility notified the PCP, Resident #4 had the Xanax and she stated the resident could not have it in her roomShe was not aware Resident #4 was not taking all of her blood pressure medicationsShe reconciled Resident #4's medications upon admission but did not reconcile them the next 30 days per the facility's protocol.						
	revealed: -She had seen Resid admission in January resident notified her t self-administering heron 03/06/23 the faci had prednisone, potal her room prescribed self- administered herom the third-party prom the third-party prom the third-party president #4 did not seen by her or other past.	r medications. Ility notified her Resident #4 assium chloride and Xanax in by a third-party provider and r medications. to give the facility the could obtain a prescription					

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STATE FORM 6899 If continuation sheet 21 of 26 R2LF11

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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	
			5 14/11/0			
		HAL092215	B. WING		03/0	9/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	GARNER	200 MINGL GARNER, N	EWOOD DRIV NC 27529	E		
(V4) 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 376	Continued From page	21	D 376			
	her room without her knowledge due to her some thingsShe was concerned up on doses of Xanax could put the resident or overdoes which co-She addressed her comemberResident #4 had an ingoing to prescribe an because the potassiun caused hyperkalemia heart attack, if taken with medicationsShe was not aware Fitaking her Amlodipine pressure which could pressure to be elevated stroke, heart attack, are renal failure. She was not aware Ritaking her HCTZ medications pressure which could decrease and could her from healing and cause pressure. Interview with the Executed in the some content of the some could her th	knowledge and the facility's not being able to remember Resident #4 would double a due to memory loss which into respiratory depression uld lead to death. concerns with the family infection, which she was antibiotic, but she did not m chloride could have which could have led to a with blood pressure Resident #4 had not been e medication for her blood have caused her blood ed and could have led to a altered mental status and lesident #4 had not been lication for her blood have caused her edema to have caused her edema to have prevented her wound seed a decrease in her blood				
	prednisone, and pota: without a prescription 03/06/23.	ssium chloride in her room on file in the facility until				
	taking her blood press -He expected the staf	f to ask Resident #4 about ook before they sign off as				

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OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL092215	B. WING		03/0	9/2023	
ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE			
GARNER			E			
OLIMAN DV OT			DDOUIDEDIO DI ANI OF CODDECTION			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE	
Continued From page	22	D 376				
who self-administered taking her prescribed Resident at substantia stroke, heart attack, restatus as evidence by resident had stopped blood pressure that we Primary Care Provide medications prescribed This failure resulted in harm and constitutes. The facility provided a accordance with G.S. this violation.	her medications was medications placed the al risk of serious injury for a enal failure, altered mental root being aware the taking her medications for ere prescribed by her and was taking ed by a third-party provider. In substantial risk of physical a Type 2 Violation. A plan of protection in 131D-34 on 03/09/23 for					
10A NCAC 13F .1006 (a) Medications that a stored in the resident' safe and secure mani	Medication Storage are self-administered and is room shall be stored in a oner as specified in the adult	D 377				
	Continued From page immediately with any Resident #4 self-adm The failure of the facil who self-administered taking her prescribed Resident at substantistroke, heart attack, restatus as evidence by resident had stopped blood pressure that we Primary Care Provide medications prescribed This failure resulted in harm and constitutes The facility provided a accordance with G.S. this violation. THE CORRECTION IN VIOLATION SHALL IN 2023. 10A NCAC 13F .1006 (a) Medications that a stored in the resident' safe and secure manicare home's medications.	HALO92215 ROVIDER OR SUPPLIER STREET AI 200 MING GARNER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 immediately with any concerns related to Resident #4 self-administering medications. The failure of the facility to ensure a Resident who self-administered her medications was taking her prescribed medications placed the Resident at substantial risk of serious injury for a stroke, heart attack, renal failure, altered mental status as evidence by not being aware the resident had stopped taking her medications for blood pressure that were prescribed by her Primary Care Provider and was taking medications prescribed by a third-party provider. This failure resulted in substantial risk of physical harm and constitutes a Type 2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/09/23 for this violation. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 8, 2023. 10A NCAC 13F .1006 (a) Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and	The failure of the facility to ensure a Resident who self-administered her medications placed the Resident at substantial risk of serious injury for a stroke, heart attack, renal failure, altered medications for blood pressure that were prescribed by her Primary Care Provider and was taking medications prescribed by a third-party provider. This failure resulted in substantial risk of physical harm and constitutes a Type 2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/09/23 for this violation. The CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 8, 2023. 10A NCAC 13F .1006 (a) Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and	ROVIDER OR SUPPLIER ROVIDER OR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 22 Immediately with any concerns related to Resident #4 self-administering medications. The failure of the facility to ensure a Resident who self-administered her medications was taking her prescribed medications placed the Resident at substantial risk of serious injury for a stroke, heart attack, renal failure, altered mental status as evidence by not being aware the resident had stopped taking her medications for blood pressure that were prescribed by her Primary Care Provider and was taking medications prescribed by a third-party provider. This failure resulted in substantial risk of physical harm and constitutes a Type 2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/09/23 for this violation. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 8, 2023. 10A NCAC 13F .1006 (a) Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and	The Correction Dentification Number: A BUILDING:	

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STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		03/0	09/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
CADENCE	E GARNER	200 MINO	GLEWOOD DRIV	E			
0,152,102	Т		R, NC 27529				
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
D 377	Continued From page This Rule is not met		D 377				
	Based on observation failed to ensure that no resident's room (#4)	ns and interviews, the facility medications stored in a were safe and secured, as lled substance being left in					
	medications, the Resi ensures all medicatio environment that is a resident and commur -If a resident is in a st another resident, the	orage of Medications ed to keep his/her own ident Services Director ons are kept in a secure ccessible only to the nity staff.					
	The findings are:						
	revealed: -Diagnoses included	COPD), hypertension, story of deep vein mi-ambulatory.					

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Management and Storage of Medications

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		HAL092215	B. WING		03/09/2023			
-				03/03/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE								
CADENCE GARNER GARNER, NC 27529								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE			
D 377	medications, the Resiensures all medication environment that is a resident and commurate of a resident and commurate. If a resident is in a sanother resident, the their medication in a sto their roommate. Observation of Reside in her room on 03/08/-There were 13 bottle nightstand drawer. -The medications were nightstand drawer need in the night line of the substance in the night line of the room. -There was a bottle of substance in the night line revealed: -She did not lock here was out of her room. -There was not a lock drawer. Interview with the Resider (RSD) on 03/09/23 at the family inquired a medication lock box fadmission. -She thought Resider locked in her room. -She was responsible self-administered medications in a security.	ed to keep his/her own ident Services Director ins are kept in a secure accessible only to the nity staff. There did a partment with resident must agree to keep secured area not accessible and a secured area not accessible area and accessible accessible area and accessible accessible area and accessible accessible accessible area and accessible accessi	D 377					
	Interview with the Exe	ecutive Director on 03/09/23						

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at 12:46pm revealed he did not know Resident

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED	
		HAL092215	B. WING		03	/09/2023	
	ROVIDER OR SUPPLIER	200 MIN	ADDRESS, CITY, STATE	E, ZIP CODE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) GARNER, NC 27529 ID PREFIX TAG			PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)			
D 377		e 25 re not stored in a locked	D 377				

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