| NOTEMENT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | 1. A.                         | E CONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED  |                          |
|---|--|-------------------------------|--|--|--------------------------|
|   | FCL036035  | B. WING                       |  | 04   | /04/2023                 |
| IAME OF PROVIDER OR SUPPLIER  |  | DDRESS, CITY, ST              |  |  |                          |
| VALDEN POND CARE HOME   |  | E COACH LANE<br>VILLE, NC 280 |  |  |                          |
| PREFIX (EACH DEFICIEN   | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN OF COR<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY)  | SHOULD BE  | (X5)<br>COMPLETE<br>DATE |
|   | nsure Section and the Gaston<br>ted an annual survey on  | C 000                         | It is the Policy<br>CCJ Adult Care<br>dba  | LLC  | May 3<br>2023            |
| 10A NCAC 13G .100<br>(a) A family care ho<br>the resident's physic<br>for verification or cla<br>medications and trea<br>(1) if orders for admi<br>resident are not date<br>of admission or read<br>(2) if orders are not of<br>(3) if multiple admiss<br>admission or readmi<br>forms are not the sa<br>The facility shall ens | DA NCAC 13G .1002(a) Medication Orders C 315<br>DA NCAC 13G .1002 Medication Orders<br>DA A family care home shall ensure contact with<br>re resident's physician or prescribing practitioner<br>reverification or clarification of orders for<br>redications and treatments:<br>) if orders for admission or readmission of the<br>resident are not dated and signed within 24 hours<br>admission or readmission to the facility;<br>2) if orders are not clear or complete; or<br>b) if multiple admission forms are received upon<br>dmission or readmission and orders on the<br>rms are not the same.<br>The facility shall ensure that this verification or<br>arification is documented in the resident's | C 315                         | Walden Pond Car<br>To be in Compliance<br>Rule 10A NCAC 13G.10<br>Rule10A NCAC 13G.10<br>4/4/23 Immediately call<br>Facility MD for Clarifica<br>Informed him that Order<br>been transcribed to Fl2<br>incorrectly but Residen<br>received the correct an<br>Insulin. Informed him th<br>Resident had not receiv<br>correct amount for her<br>reading. | e with.<br>002(a)<br>04(a)<br>led<br>ation/<br>ered had<br>t had<br>hount of<br>hat<br>ved the |                          |
| facility failed to clarif<br>residents (#1) relate<br>insulin.<br>The findings are:<br>Review of Resident<br>03/21/23 revealed:   | and record review, the<br>y medication orders for 1 of 3<br>d to an order for long-acting<br>#1's current FL2 dated  |                               |  |  | ε                        |
| hypertension.<br>-There was an order<br>insulin that is used to<br>diabetes) 38 units be<br>sion of Health Service Regulation   | diabetes mellitus and<br>for Levemir (a long acting<br>o treat type 1 and type 2<br>afore bedtime.   |                               | TITLE  |  | (X6) DATE                |

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Reviewed and acknowleged 05/08/23 Brianna Jameson

|               | OF DEFICIENCIES<br>DF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:       | 10 10 M                         |   | E SURVEY<br>PLETED |
|---------------|--|---|---------------------------------|---|--------------------|
|               |  | FCL036035   | B. WING                         | 04  | /04/2023           |
| NAME OF PI    | ROVIDER OR SUPPLIER                        | STREET A  | DDRE <mark>SS</mark> , CITY, ST | ATE, ZIP CODE   |                    |
|               | POND CARE HOME                             | 101 OLD   | E COACH LAN                     | E   |                    |
| MALDEN        | FOND CARE HOME                             | CHERRY  | VILLE, NC 280                   | 21  |                    |
| (X4) ID       |  | ATEMENT OF DEFICIENCIES                                     | ID                              | PROVIDER'S PLAN OF CORRECTION   | (X5)               |
| PREFIX<br>TAG |  | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG                   | (EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | COMPLET<br>DATE    |
| C 315         | Continued From page                        | e-1   | C 315                           | * Measures<br>CCJ Adult Care LLC IV   | May                |
|               |  | t1's physician's visit note<br>evealed an order for detemir |                                 | dba<br>Walden Pond Care Home  | 202                |
|               |  | nt to Levemir) 40 units                                     |                                 | will be putting in place.   |                    |
|               | before bedtime.                            |   |                                 | Measures  |                    |
| 2             |  |   |                                 | CCJ Adult Care LLC IV   |                    |
|               | administration record                      | t1's March 2023 medication                                  |                                 | dba   |                    |
|               |  | Flextouch 100 units, inject                                 |                                 | Walden Pond Care Home   |                    |
|               | 38 units at bedtime.                       |   |                                 | will put the following  |                    |
|               |  | ented as administered from                                  |                                 |   |                    |
|               | 03/01/23 through 03/                       | 31/23.  |                                 | measures in place to  | -                  |
|               | Review of Resident #                       | 41's March 2023 8:00pm                                      |                                 | prevent the problem from  |                    |
|               | finger stick blood sug                     | ar (FSBS) log revealed:                                     |                                 | occurring again   |                    |
|               |  | m blood sugars and the                                      |                                 | 1 New FSBS Sheet designed   |                    |
|               | amount of insulin adr<br>documented.       | ninistered were   |                                 | 2 Administrator & SIC will review   |                    |
|               |  | ocutaneous (SQ) before                                      |                                 | FSBS Sheet weekly on Fridays  |                    |
|               |  | t the bottom of the page.                                   |                                 | 3 SIC/MT will inform Admin of any   |                    |
| -             |  | crossed out and 40 units was                                |                                 | FSBS reading under 100  |                    |
|               | handwritten at the bo                      |   |                                 | 4 SIC/Administrator will check FL2  |                    |
|               | -From 03/01/23 throu<br>documented that 38 |   |                                 | before sending to MD to ensure  |                    |
|               | administered.                              |   |                                 | all orders are correct  |                    |
|               | -From 03/16/23 throu                       |   |                                 | 5 Facility will get NEW MAR for   |                    |
|               | documented that 40                         | units of insulin were                                       |                                 | New Orders  |                    |
|               | administered.                              |   | -                               | 6 Facility will document on top of  |                    |
|               | Review of Resident #                       | t1's April 2023 MAR   | 2                               | New FSBS Changed Order  |                    |
|               | revealed:<br>-An entry for Levemir         | Flextouch 100 units, inject                                 |                                 |   |                    |
|               | 38 units at bedtime.                       | nextoden 100 dints, inject                                  |                                 |   |                    |
|               | -Levemir was docum                         | ented as administered from                                  |                                 |   |                    |
|               | 04/01/23 through 04/                       | 03/23.  | 1                               |   |                    |
|               |  | 1's April 2023 8:00pm FSBS                                  |                                 |   |                    |
|               | log revealed:<br>-Resident #1's 8:00p      | n blood sugars and the                                      | 97 (F                           |   |                    |
|               | amount of insulin adr                      |   |                                 |   |                    |

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If continuation sheet 2 of 10 . .

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|  | Health Service Regu<br>DEFICIENCIES<br>CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                     | E CONSTRUCTION   | (X3) DATE S<br>COMPL  |                          |
|--|--|---|---------------------|--|-----------------------|--------------------------|
|  |  | FCL036035   | B. WING             |  | 04/0                  | 4/2023                   |
| NAME OF PROV   | VIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, ST    | ATE, ZIP CODE  |                       |                          |
| WALDEN PO  | ND CARE HOME   |   | E COACH LAN         |  |                       |                          |
|  |  |   | VILLE, NC 280       | 21   |                       |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | ATEMENT OF DEFICIENCIES<br>(MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORR<br>(EACH CORRECTIVE ACTION SI<br>CROSS-REFERENCED TO THE AP<br>DEFICIENCY)   | HOULD BE              | (X5)<br>COMPLETE<br>DATE |
| du<br>-L<br>at<br>- w<br>-F<br>du<br>au<br>Oha<br>in<br>b<br>Trep<br>I<br>-T<br>er<br>-T<br>m<br>-T<br>du<br>-T<br>S<br>F<br>I<br>S<br>P<br>F<br>I<br>S<br>ar<br>R | the bottom of the particle as written at the bottom of the particle as written at the bottom of a subservation of Reside and on 04/04/23 reversion of Reside and on 04/04/23 reversion with a label that a fore bedtime.<br>All the pharmacy on 04/04/23 The facility used paper on the medication of the pharmacy sent N at the fact the medication. The pharmacy had an attemir 40 units before the pharmacy had an attemir 40 units before the pharmacy did no 3/21/23 for Resident The pharmacy made the received her medinarmacy. All the sent Resident #1 that and the sent Resident Res | before bedtime was typed<br>age.<br>rossed out and 40 units<br>form of the page.<br>gh 04/03/23 was<br>nits of insulin were<br>ent #1's medications on<br>ealed a bottle of detemir<br>it stated inject 36 units<br>with a pharmacy<br>acility's contracted<br>3 at 3:30pm revealed:<br>er MARs and the pharmacy<br>ns on the MAR.<br>MARs to the facility every<br>in order dated 03/17/23 for<br>e bedtime for Resident #1.<br>t have any orders dated<br>#1.<br>Resident #1's MARs but<br>ication from a different<br>ervisor in Charge (SIC) on<br>vealed:<br>'s physician's notes to the<br>tesident #1's MARs.<br>bident #1's FL2 to the<br>dministrator oversaw the<br>ent #1's April 2023 MAR | C 315               | Who will monitor th<br>situation to ensure<br>occur again<br>How often the moni<br>will take place<br>Administrator & SIC will n<br>FSBS Sheet weekly on F | it will not<br>toring | May 3<br>2023            |

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If continuation sheet 3 of 10

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|               | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE (<br>A. BUILDING: | CONSTRUCTION   |                                      | SURVEY<br>PLETED         |
|---------------|--|--|---------------------------------|--|--------------------------------------|--------------------------|
|               |  | FCL036035  | B. WING                         |  | 04                                   | /04/2023                 |
| NAME OF P     | ROVIDER OR SUPPLIER  | STREET A   | DDRESS, CITY, STAT              | E, ZIP CODE  |                                      |                          |
| WALDEN        | POND CARE HOME   |  | E COACH LANE<br>VILLE, NC 28021 |  |                                      |                          |
| (X4) ID       | SUMMARY ST   | ATEMENT OF DEFICIENCIES  | ID                              | PROVIDER'S PLAN C                                      |                                      | ()/7)                    |
| PREFIX<br>TAG |  | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | PREFIX<br>TAG                   | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEI | CTION SHOULD BE<br>D THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| C 315         | Continued From page  | e 3  | C 315                           | s  |                                      |                          |
|               | 03/21/23 since she ki<br>physician recently.<br>-She was not aware t   | Resident #1's FL2 dated<br>new Resident #1 saw the<br>the order for Resident #1's<br>ated 03/21/23 did not match<br>s dated 03/15/23.  |                                 |  |                                      |                          |
|               | 2:30pm revealed:<br>-Resident #1 saw an<br>her FL2 signed by the<br>physician.<br>-On 03/21/23, she fill<br>and gave it to the cor<br>-She thought she ser<br>03/21/23 to the pharm<br>-She and the SIC aud<br>medication orders tow<br>-She did not realize F<br>detemir on the FL2 di<br>physician's orders da | ed out Resident #1's FL2<br>htracted physician to sign.<br>It Resident #1's FL2 dated<br>nacy.<br>dited the MAR against the<br>ward the end of each month.<br>Resident #1's order for<br>id not match her outside                    |                                 |  |                                      |                          |
|               | Attempted telephone<br>physician on 04/04/23<br>unsuccessful.  | interview with Resident #1's<br>3 at 4:20pm was  |                                 |  |                                      |                          |
| C 330         | 10A NCAC 13G .1004<br>Administration   | 4(a) Medication  | C 330                           |  |                                      |                          |
|               | <ul> <li>(a) A family care hom preparation and administration and non-by staff are in accordance (1) orders by a license which are maintained</li> </ul>   | 4 Medication Administration<br>ne shall assure that the<br>nistration of medications,<br>prescription and treatments<br>ance with:<br>ed prescribing practitioner<br>in the resident's record; and<br>on and the facility's policies |                                 |  |                                      |                          |

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If continuation sheet 4 of 10

|                          | OF DEFICIENCIES<br>F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                   | (X2) MULTIPLE C<br>A. BUILDING: | CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY                  |
|--------------------------|---------------------------------|---|---------------------------------|---|-------------------|-------------------------|
|                          |                                 | FCL036035   | B. WING                         |   | 04/               | 04/2023                 |
| NAME OF PF               | OVIDER OR SUPPLIER              | STREET A  | DDRESS, CITY, STATE             | E, ZIP CODE   |                   |                         |
| WALDEN F                 | OND CARE HOME                   |   | E COACH LANE                    |   |                   |                         |
|                          |                                 |   | VILLE, NC 28021                 |   |                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC                 | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN OF COR<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY) | SHOULD BE         | (X5)<br>COMPLET<br>DATE |
| C 330                    | Continued From pag              | je 4  | C 330                           | 0   |                   |                         |
|                          | and procedures.                 |   |                                 |   |                   |                         |
|                          |                                 |   |                                 |   |                   |                         |
|                          |                                 |   |                                 |   |                   |                         |
|                          | This Rule is not met            | ,   |                                 |   |                   |                         |
|                          |                                 | and record reviews, the   |                                 |   |                   |                         |
|                          | facility failed to ensu         | re medications were<br>ered by a physician for 1 of 3                                   |                                 |   |                   |                         |
|                          |                                 | #1) related to a short-acting   |                                 |   |                   |                         |
| 1                        | insulin.                        | in y rolatoù to a onorr aoang   |                                 |   |                   |                         |
|                          |                                 |   |                                 |   |                   |                         |
|                          | The findings are:               |   |                                 |   |                   |                         |
|                          | Review of Resident:             | #1's current FL2 dated  |                                 |   |                   |                         |
|                          | 03/21/23 revealed:              | FIS current i Ez dated  |                                 |   |                   |                         |
|                          | -Diagnoses included             | diabetes mellitus and   |                                 |   |                   |                         |
|                          | hypertension.                   |   |                                 |   |                   |                         |
|                          |                                 | g 31 units before lunch with  |                                 |   |                   |                         |
|                          |                                 | eading lunch if finger stick<br>was 150-200= 4 units, over                              |                                 |   |                   |                         |
|                          |                                 | by 12 units if under 90.  |                                 |   |                   |                         |
|                          |                                 | g 20 units before supper with   |                                 |   |                   |                         |
|                          |                                 | eading supper if FSBS was   |                                 |   |                   |                         |
|                          |                                 | er 201= 5 units, reduce by 12   |                                 |   |                   |                         |
|                          | units if under 90.              |   |                                 |   |                   |                         |
|                          | a. Review of Resider            | nt #1's FL2 dated 02/01/23  |                                 |   |                   |                         |
|                          | revealed Novolog 31             |   |                                 |   |                   |                         |
|                          | correction dose if FS           | BS was 150-201= 4 units,  |                                 |   |                   |                         |
|                          |                                 | ess than 90 reduce insulin by   |                                 |   |                   |                         |
|                          | 12 units.                       |   |                                 |   |                   |                         |
|                          | Review of Resident :            | #1's physician's verbal order   |                                 |   |                   |                         |
|                          | dated 02/15/23 reve             | aled an order for a correction  |                                 |   |                   |                         |
|                          | dose of Novolog, bet            | fore lunch if FSBS was  |                                 |   |                   |                         |
|                          |                                 | er 201= 6 units, less than 90   |                                 |   |                   |                         |
|                          | reduce insulin by 12            | units.  |                                 |   |                   |                         |
|                          | Review of Resident :            | #1's March 2023 MAR   |                                 |   |                   |                         |
|                          | revealed:                       |   |                                 |   |                   |                         |
|                          | -An entry for Novolo            | g 100 units/mL vial inject 31   |                                 |   |                   |                         |

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If continuation sheet 5 of 10

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|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE C<br>A. BUILDING: |  | (X3) DATE<br>COMF                 | SURVEY<br>PLETED         |
|--------------------------|---|--|---------------------------------|--|-----------------------------------|--------------------------|
|                          |   | FCL036035  | B. WING                         |  | 04                                | /04/2023                 |
| NAME OF PI               | ROVIDER OR SUPPLIER   | STREET A   | DDRESS, CITY, STATI             | E, ZIP CODE  |                                   |                          |
| WALDEN                   | POND CARE HOME  | 101 OLD  | E COACH LANE                    |  |                                   |                          |
|                          |   | CHERRY   | VILLE, NC 28021                 |  |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| C 330                    | Continued From page   | e 5  | C 330                           | •  |                                   |                          |
| ~                        | 150-200 add 4 extra<br><90 reduce by 12 uni<br>-There was no docun<br>FSBS or the amount<br>there was a handwrit<br>"documented on FSB  |  |                                 |  |                                   |                          |
|                          | FSBS log revealed:<br>-Resident #1's FSBS<br>of insulin administere<br>03/01/23 through 03/3<br>-A typed entry for Nov<br>reduce by 4 units if F<br>-There was a handwr<br>reduce by 12 units if f<br>-There was one occu<br>FSBS was under 90. | at 11:30am and the amount<br>d were documented from<br>31/23.<br>volog 31 units before lunch<br>SBS under 90.<br>ritten entry dated 03/16/23,<br>FSBS under 90.<br>rrence when Resident #1's<br>vas 71 and 20 units of |                                 |  |                                   |                          |
|                          | Refer to interview with 4:05pm.   | h Resident #1 on 04/04/23 at   |                                 |  |                                   |                          |
|                          | Refer to interview with (SIC) on 04/04/23 at 3  | h the Supervisor in Charge<br>3:15pm.  |                                 |  |                                   |                          |
|                          |   | terview with a Pharmacist at<br>ad pharmacy on 04/04/23 at   |                                 |  |                                   |                          |
|                          | Refer to interview with 04/04/23 at 4:15pm.   | h the Administrator on   |                                 |  |                                   |                          |
|                          | revealed Novolog 20 correction dose if FSE  | t #1's FL2 dated 02/01/23<br>units before supper,<br>3S was 150-201= 4 units,<br>ess than 90 reduce insulin by   |                                 |  |                                   |                          |

Division of Health Service Regulation STATE FORM

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If continuation sheet 6 of 10

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|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE C<br>A. BUILDING: |  | (X3) DATE<br>COMP                            | SURVEY<br>LETED |
|--------------------------|---|---|---------------------------------|--|--|-----------------|
|                          | ····  | FCL036035   | B. WING                         |  | 04/  | 04/2023         |
| AME OF PI                | ROVIDER OR SUPPLIER   | STREETA   | DDRESS, CITY, STATE             | , ZIP CODE   |  |                 |
|                          | POND CARE HOME  | 101 OLD   | E COACH LANE                    |  |  |                 |
|                          | FOND CARE NOME  | CHERRY  | VILLE, NC 28021                 |  |  |                 |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (E/  |                                 | PROVIDER'S PLAN OF (<br>(EACH CORRECTIVE ACTI<br>CROSS-REFERENCED TO TI<br>DEFICIENC | VE ACTION SHOULD BE<br>ED TO THE APPROPRIATE |                 |
| C 330                    | Continued From pag  | e 6   | C 330                           | a .  |  |                 |
| -                        | Review of Resident #1's physician's verbal order<br>dated 02/15/23 revealed an order for a correction<br>dose of Novolog, before supper if FSBS was<br>150-200= 4 units, over 201= 6 units, less than 90<br>reduce insulin by 12 units.       |   |                                 |  |  |                 |
|                          | revealed:<br>-An entry for Novolog<br>units once before su<br>readings 150-200 ad<br>extra units, <90 redu<br>4:30pm.<br>-There was no docum<br>FSBS or the amount  | d 4 extra units, >200 add 14<br>ice by 12 units scheduled for<br>mentation of Resident #1's<br>of Novolog administered<br>tten entry that stated, |                                 |  |  |                 |
|                          | FSBS log revealed:<br>-Resident #1's FSBS<br>of insulin administere<br>02/01/23 through 02/<br>-A typed entry for Nor<br>reduce by 4 units if F<br>-A handwritten entry<br>units before supper.<br>-There was one occur<br>FSBS was under 90. | volog 22 units before supper<br>SBS under 90.<br>dated 01/12/23 Novolog 20<br>urrence when Resident #1's<br>ent #1's FSBS was 72 and 16           |                                 |  |  |                 |
|                          | revealed:<br>-An entry for Novolog<br>once before supper,<br>150-200 add 4 extra  | #1's March 2023 MAR<br>g 100 units/mL vial 20 units<br>premeal FSBS readings<br>units, >200 add 6 extra units,<br>its scheduled for 4:30pm.       |                                 | 60<br>50   |  |                 |

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If continuation sheet 7 of 10

| AND PLAN                 | IT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE C<br>A. BUILDING: |  |           | E SURVEY<br>PLETED      |
|--------------------------|---|---|---------------------------------|--|-----------|-------------------------|
|                          | -   | FCL036035   | B. WING                         |  | 04        | /04/2023                |
| NAME OF F                | PROVIDER OR SUPPLIER  | STREET  | ADDRESS, CITY, STATE            | , ZIP CODE   |           |                         |
| WALDEN                   | POND CARE HOME  |   | E COACH LANE                    |  |           |                         |
|                          |   |   | YVILLE, NC 28021                |  |           |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)                               | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | SHOULD BE | (X5)<br>COMPLET<br>DATE |
| C 330                    | Continued From pag  | e 7   | C 330                           | ^  |           |                         |
|                          | FSBS or the amount<br>there was a handwrit<br>"documented on FSE<br>Review of Resident #  | nentation of Resident #1's<br>of Novolog administered<br>ten entry that stated,<br>3S log".<br>#1's March 2023 4:30pm |                                 |  |           |                         |
|                          | before supper reduce<br>90.<br>-There was a handwr<br>reduce by 12 units if<br>-There were three oc<br>#1's FSBS was under<br>-On 03/06/23, Reside<br>units of insulin were of<br>administered.<br>-On 03/09/23, Reside | currences when Resident<br>r 90.<br>ont #1's FSBS was 68 and 16<br>documented as<br>nt #1's FSBS was 87 and 16        |                                 |  |           |                         |
|                          | units were documente<br>-Resident #1's FSBS<br>of insulin administere<br>03/01/23 through 03/3  | nt #1's FSBS was 74 and 16<br>ed as administered.<br>at 4:30pm and the amounts<br>d were documented from              |                                 |  |           |                         |
|                          | Refer to interview with 3:15pm.   | the SIC on 04/04/23 at  |                                 |  |           |                         |
|                          | Refer to telephone inte<br>the facility's contracted<br>3:45pm.   | erview with a Pharmacist at<br>d pharmacy on 04/04/23 at  |                                 |  |           |                         |
|                          | Refer to interview with<br>04/04/23 at 4:15pm.  | the Administrator on  |                                 |  |           |                         |
|                          | Attempted telephone in physician on 04/04/23  | nterview with Resident #1's<br>at 4:20pm was  |                                 |  |           |                         |

8KFF11

If continuation sheet 8 of 10

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|                          | OF DEFICIENCIES<br>OF CORRECTION                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:       | (X2) MULTIPLE C<br>A. BUILDING:  | CONSTRUCTION  |                         | E SURVEY<br>PLETED |
|--------------------------|---|---|--|---------------|-------------------------|--------------------|
|                          |   | FCL036035   | B. WING  |               | 04                      | /04/2023           |
| AME OF PF                | ROVIDER OR SUPPLIER   | STREET A  | DDRESS, CITY, STATE  | E, ZIP CODE   |                         |                    |
|                          | POND CARE HOME  |   | E COACH LANE   |               |                         |                    |
|                          |   | CHERRY  | VILLE, NC 28021  |               |                         |                    |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORR |   | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TON SHOULD BE | (X5)<br>COMPLET<br>DATE |                    |
| C 330                    | Continued From pag  | e 8   | C 330  | *             |                         |                    |
|                          | unsuccessful.   |   |  |               |                         |                    |
|                          |   |   |  |               |                         | 0                  |
|                          |   | ent #1 on 04/04/23 at 4:05pm<br>d insulin before meals, but |  |               |                         |                    |
|                          |   | w much insulin she was                                      |  |               |                         |                    |
|                          | supposed to receive.  |   |  |               |                         |                    |
|                          | Interview with the SI                                       | C on 04/04/23 at 3:15pm                                     |  |               |                         |                    |
| -                        | revealed:   |   |  |               |                         |                    |
|                          |   | IC wrote Resident #1's new                                  |  |               |                         |                    |
|                          |   | FSBS log when the order                                     |  |               |                         |                    |
|                          | changed.<br>-She only edited the                            | current month's FSBS log                                    |  |               |                         |                    |
|                          |   | nsulin orders have changed                                  |  |               |                         |                    |
|                          | frequently.   |   |  |               |                         |                    |
|                          |   | Resident #1 was supposed                                    |  |               | ~                       |                    |
|                          |   | h and supper insulin reduced                                |  |               |                         |                    |
|                          | by 12 units for a FSE                                       | 's physician's orders signed                                |  |               |                         |                    |
|                          | 03/15/23.   | s physician's orders signed                                 |  |               |                         |                    |
|                          |   | ident #1's physician's verbal                               |  |               |                         |                    |
|                          | order signed 02/15/2  |   |  |               |                         |                    |
|                          | Telephone interview   | with a Pharmacist at the                                    |  |               |                         |                    |
|                          | facility's contracted p                                     | harmacy on 04/04/23 at                                      |  |               |                         |                    |
|                          | 3:45pm revealed if R  | esident #1's Novolog was                                    |  |               |                         |                    |
|                          |   | its when her FSBS was                                       |  |               |                         |                    |
|                          | sugar to drop even lo                                       | nsulin would cause her blood                                |  |               |                         |                    |
|                          | Interview with the Ad                                       | ministrator on 04/04/23 at                                  | 1  |               |                         |                    |
|                          | 4:15pm revealed:  |   |  |               |                         |                    |
|                          |   | is on her computer and                                      |  |               |                         |                    |
|                          | printed them out sinc                                       | e there was not enough                                      |  |               |                         |                    |
|                          |   | write in Resident #1's FSBS                                 |  |               |                         |                    |
|                          | and how much insulin  |   |  |               |                         |                    |
|                          | Resident #1's current                                       | ne FSBS log she typed in                                    |  |               |                         |                    |
|                          |   | C to edit the insulin order on                              |  |               |                         |                    |
|                          | Resident #1's FSBS  |   |  |               |                         |                    |

Division of Health Service Regulation STATE FORM

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6899

8KFF11

If continuation sheet 9 of 10

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| Division of              | of Health Service Reg  | ulation   |                     |  | FORM                              | APPROVED                 |
|--------------------------|--|---|---------------------|--|-----------------------------------|--------------------------|
|                          | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | 00 50               | E CONSTRUCTION   | (X3) DATE SU<br>COMPLE            |                          |
|                          |  | FCL036035   | B. WING             |  | 04/04                             | 4/2023                   |
| NAME OF P                | ROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, STA   | ATE, ZIP CODE  |                                   |                          |
|                          | POND CARE HOME   | 101 OLD   | E COACH LANE        |  |                                   |                          |
| MALDEN                   |  | CHERRY  | VILLE, NC 2802      | 21   |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| C 330                    | Continued From pag   | e 9   | C 330               | <b>^</b>   |                                   | £:                       |
|                          | insulin order change<br>remember to update<br>-She audited the FSI<br>the correct amount of<br>administered. | told her when Resident #1's<br>d but she did not always<br>the typed order on the logs.<br>BS logs monthly to ensure<br>f insulin was being |                     |  |                                   |                          |
| -                        | -She was not aware<br>been reduced correc<br>February 2023 and N   | Resident #1's insulin had not<br>atly for FSBS less than 90 in<br>March 2023.   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     | 51   |                                   |                          |
|                          |  |   | - C. S              |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  | ,   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
|                          |  |   | ,                   |  |                                   |                          |
|                          |  |   |                     |  |                                   |                          |
| ivision of He            | alth Service Regulation  |   |                     |  | 1                                 |                          |
| TATE FORM                |  |   | 6899                | 8KFF11   | If continuatio                    | n sheet 10 of 1          |

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| Date | FSBS<br>Result | Pre-Meal<br>Units Given | Was FSBS Under 90?                                     | Area Given             | Schedule<br>Insulin    | INT Here |   |
|------|----------------|-------------------------|--|------------------------|------------------------|----------|---|
| 1    |                |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90     |                        |                        | 1        |   |
| 2    |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          | e to safely swallow Call Dr.<br>a small snack. Re check BS<br>S to eval further.  |
| 3    |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          | ely swallo<br>I snack. Re<br>I further.   |
| 4    |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          | onsive and able to safely swallo<br>resident to eat a small snack. R<br>and Notify EMS to eval further.   |
| 5    |                |                         | ()Yes Reduced by Units<br>()FSBS WAS NOT UNDER 90      |                        |                        |          | ilve and a<br>ident to e<br>J Notify E  |
| 6    |                |                         | ()Yes Reduced by Units<br>()FSBS WAS NOT UNDER 90      |                        |                        |          | s respons<br>urage res<br>im NP and   |
| 7    |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          | Resident  <br>and enco<br>abeth Scis  |
| 8    |                |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90     |                        |                        |          | initiate emergency response with EMS. If Resident is responsive and able to safely swallow Call Dr. lespoon of sugar with 802 of Orange Juice and encourage resident to eat a small snack. Re check BS z of Orange Juice and call Dr. fbrahim/Elizabeth Scism NP and Notify EMS to eval further.  |
| 9    |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        | 1        | ionse with<br>oz of Ora<br>all Dr. Ibra   |
| 10   |                |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90     |                        |                        |          | ency resp<br>gar with 8<br>lice and c   |
| 11   |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          | ste emerg<br>oon of su <sub>t</sub><br>Orange Ju  |
| 12   |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          |   |
| 13   |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          | ly call 91.<br>a it). Give<br>f sugar wi  |
| 14   |                |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90       |                        |                        |          | mmediate<br>the receive<br>lespoon o  |
| 15   |                |                         | ()Yes Reduced by Units<br>()FSBS WAS NOT UNDER 90      | y<br>1                 |                        |          | swallow i<br>lin (if he/s<br>sive 2 tab   |
| T    | UR             | NO                      | / )Y S Ret IC d by Uns<br>()F BSW ANOT U DELED         | BAC                    | CKS                    | ÍDI      | Blood Sugar Less than 60 <b>L L J</b> I I Resident is respinent in the second sugar Less than 60 <b>L L J</b> I Resident is respinent is respinent is unresponsive and unable to swallow immediately call 91.1 and initiate emergency response with EMS. If Resident is respinent is respinent is unresponsive and unable to swallow immediately call 91.1 and initiate emergency response with EMS. If Resident is respinent is respinent is unresponsive and unable to swallow immediately call 91.1 and initiate emergency response with EMS. If Resident is respinent is respinent for the second second sugar with 80 or of sugar with 80 or of sugar with 80 or of orange Juice and call Dr. Ibrahim/Elizabeth Scism NP in 30 mins if still less than 60 repeat with Give 2 tablespoon of sugar with 80 of Orange Juice and call Dr. Ibrahim/Elizabeth Scism NP in 30 mins if still less than 60 repeat with Give 2 tablespoon of sugar with 80 of Orange Juice and call Dr. Ibrahim/Elizabeth Scism NP |
| L    |                |                         | MONTH: A   |                        | <del></del>            |          | an 60<br>Islve and<br>m NP and<br>Ian 60 rep  |
|      |                |                         | LOG SCHEDULE IN  |                        |                        | NEALS    | r Less th<br>unrespoi<br>beth Scis<br>till less th  |
|      | PHYS           | ICIAN ORDER:            | AL READING COR<br>Novolog 31u SO Be<br>Reduce by 12u V | fore Lunc<br>nder 90   | h                      |          | Blood Sugar Less than 60<br>If Resident is unresponsive ar<br>ibrahim/Elizabeth Scism NP a<br>in 30mins if still less than 60   |
|      |                | 150-200=4               | Correction Premeal<br>U Over 201=5 Red                 | Reading L<br>uce by 8u | <u>unch</u><br>Under 9 | 0        |   |

| Date | FSBS<br>Result                        | Pre-Meal<br>Units Given | Was FSBS Under 90?   | Area Given | Schedule<br>Insulin | MT/SIC<br>INT Here       |   |
|------|---------------------------------------|-------------------------|--|------------|---------------------|--------------------------|---|
| 16   | YE MELTER                             |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     |                          | (ed   |
| 17   |                                       |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     |                          | check BS  |
| 18   |                                       |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     | -                        | a to safely swallow Call Dr.<br>: a small snack. Re check BS<br>5 to eval further.<br>Order Confirmed and Checked   |
| 19   |                                       |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     |                          | le to safel<br>t a small i<br>15 to eval<br>Order Co  |
| 20   |                                       |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     |                          | and initiate emergency response with EMS. If Resident is responsive and able to safely swallow Call Dr.<br>t tablespoon of sugar with 8o2 of Orange Juice and encourage resident to eat a small snack. Re check BS<br>a 8o2 of Orange Juice and call Dr. Ibrahim/Elizabeth Scism NP and Notify EMS to eval further.   |
| 21   |                                       |                         | ( )Yes Reduced by Units<br>( )FSBS WAS NOT UNDER 90                              |            |                     |                          | responsi<br>rage resit<br>n NP and  |
| 22 , | • • • • • • • • • • • • • • • • • • • |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90                                 | •          |                     |                          | esident is<br>nd encou<br>oeth Scisn  |
| 23   |                                       |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90                                 |            |                     |                          | EMS. If R<br>ge Juice a<br>him/Elizai   |
| 24   |                                       |                         | ()Yes Reduced byUnits<br>()FSBS WAS NOT UNDER 90                                 |            |                     |                          | onse with<br>22 of Oran<br>11 Dr. Ibra  |
| 25   |                                       |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     |                          | ency resp<br>ar with 8¢<br>ice and ca   |
| 26   |                                       |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     |                          | and initiate emerge<br>tablespoon of suga<br>802 of Orange Juk  |
| 27   |                                       |                         | ( )Yes Reduced by Units<br>( )FSBS WAS NOT UNDER 90                              |            |                     |                          | and initia<br>2 tablespc<br>h 8oz of (  |
| 28   |                                       |                         | ( )Yes Reduced by Units<br>( )FSBS WAS NOT UNDER 90                              |            |                     |                          | y call 911<br>it). Give 2<br>sugar with   |
| 29   |                                       |                         | ( )Yes Reduced by Units<br>( )FSBS WAS NOT UNDER 90                              |            |                     |                          | imediatel<br>le receive<br>spoon of<br>abeth Sc   |
| 30   |                                       |                         | ( )Yes Reduced byUnits<br>( )FSBS WAS NOT UNDER 90                               |            |                     |                          | wallow in<br>n (if he/s)<br>ve 2 table<br><b>im / Eliz</b>  |
| 31   |                                       |                         | ( )Yes Reduced by Units<br>( )FSBS WAS NOT UNDER 90                              |            |                     |                          | nable to s<br>iold insulii<br>at with Gi<br><b>Dr. Ibrah</b>  |
|      |                                       |                         | MONTH: AF  | 100        |                     | <u>3</u> 09 ma           | If Resident is unresponsive and unable to swallow immediately call 911 and<br>Ibrahim/Elizabeth Scism NP and hold insulin (if he/she receive it). Give 2 th<br>In 30mins if still less than 60 repeat with Give 2 tablespoon of sugar with<br>Blood Sugar Over 400- Notify Dr. Ibrahim / Elizabeth Scism NP<br>If Resident is unresonative immediately call 011 and interte amounted. |
| _    |                                       | PREME                   | DG SCHEDULE INS  | FCTIONIC   |                     | EALS 5                   | unrespo<br>beth Scl:<br>III less th<br><b>Over 4</b>  |
|      | PHYSICI                               | AN ORDER:               | Novolog 41u SQ Be<br>Reduce by 4u Un<br>rection Premeal Rea<br>6U Over 201=8 Rea | fore Break | tfast               | Blood Sugar Less than 60 | Resident is i<br>ahim/Elizat<br>30mins if st<br><b>30d Sugar</b>  |
|      |                                       | 150-200=                | 6U Over 201=8 Red  | duce by 8u | Under 9             | <u> </u>                 | BIC IP  |

Schedule Novolog- Correction Premeal Reading