

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section completed an Annual Survey and complaint investigation on 04/18/23 through 04/20/23. The complaint investigation was initiated by the Pitt County Department of Social Services on 04/05/23.	D 000		
D 215	<p>10A NCAC 13F .0605 (d) Staffing Of Personal Care Aide Supervisors</p> <p>10A NCAC 13F .0605 Staffing Of Personal Care Aide Supervisors</p> <p>(d) On third shift in facilities with a capacity or census of 61 to 90 residents, the supervisor shall be on duty in the facility for at least four hours and within 500 feet and immediately available, as defined in Rule .0601 of this Subchapter, for the remaining four hours. In facilities sprinklered for fire suppression with a capacity or census of 61 to 90 residents, the supervisor's time on duty in the facility on third shift may be counted as required aide duty.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure there was a designated supervisor on duty on third shift in the facility or within 500 feet and immediately available.</p> <p>The findings are:</p> <p>Review of the facility's Resident Midnight Census report revealed the census on 03/27/23 was 68 residents.</p> <p>Review of the facility's staff monthly scheduled for March 2023 revealed: -There was one Medication Aide (MA) scheduled</p>	D 215		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 215	<p>Continued From page 1</p> <p>to work on 03/27/23 3rd shift. -There were three Personal Care Aides (PCA) scheduled to work on 03/27/23 3rd shift.</p> <p>Review of a 2nd facility's staff monthly schedule dated from 03/25/23 to 03/27/23 revealed: -There were three PCAs scheduled to work on 03/27/23 3rd shift. -There was not a MA scheduled to work on 03/27/23 3rd shift.</p> <p>Review of staff timecards dated for 03/27/23 revealed: -There was a MA who worked on 03/27/23 from 1:50pm to 11:00pm. -There was a PCA who worked on 03/27/23 from 9:53pm to 6:40am. -There was a 2nd PCA who worked on 03/27/23 from 10:00pm to 6:28am. -There was a 3rd PCA who worked on 03/27/23 11:30pm to 6:12am. -The Business Office Manager (BOM) worked on 03/27/23 from 7:12am to 4:52pm. -The Resident Care Coordinator (RCC) worked on 03/27/23 from 5:33am to 2:00pm -There were no additional timecards of a MA/Supervisor provided to reflect a supervisor working from 10:00pm to 6:00am.</p> <p>Interview with a MA on 04/19/23 at 1:44pm revealed: -She was assigned to work the 2:00pm to 10:00pm shift on 03/27/23. -She worked the 3rd shift on 03/27/23 from 10:00pm to 11:00pm. -Her work time was monitored by clocking in and out of work on a time clock using a timecard. -She was relieved by either the Administrator or BOM. -No other MA had reported to work to relieve her.</p>	D 215		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 215	<p>Continued From page 2</p> <p>Interview with the BOM on 04/20/23 at 3:38pm revealed: -She worked from 7:00am until 5:00pm on 03/27/23. -She did not work the 3rd shift on 03/27/23. -Her work time was monitored by clocking in and out of work on a time clock using a timecard.</p> <p>Interview with the RCC on 03/27/23 at 4:13pm revealed: -The staffing shifts were 6:00am to 2:00pm, 2:00pm to 10:00pm and 10:00pm and 6:00am. -She could not remember work if she had worked on the 3rd shift on 03/27/23. -Her work scheduled was from 8:30am to 5:00pm Monday through Friday unless she had to cover a shift for a MA or PCA. -Her time was monitored by clocking in and out on a time clock using a timecard.</p> <p>Interview with the Administrator of 04/02/23 at 2:28pm revealed: -Her work time was not monitored by clocking in and out. -She worked from 8:00am to 5:00pm Monday through Friday unless she was working to assist with shift coverage. -She had written her additional shift coverage and times when she came in early on her March 2023 desk calendar. -She worked 6am to 10pm to assist with additional staff overage in March. -She did not work on March 27th 3rd shift. -There was a Licensed Practical Nurse (LPN) who worked the 3rd shift on 03/27/23. -The LPN time was monitored by clocking in and out using a timecard. -The LPN timecard was not provided.</p>	D 215		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 3	D 358		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (#5) related to a medication to reduce blood glucose and medications to treat fluid volume overload.</p> <p>The findings are:</p> <p>Review of Resident 5's FL-2 dated 08/12/22 revealed: -Diagnoses included major depressive disorder. -There was documentation Resident #5 was constantly disoriented.</p> <p>Review of Resident #5's current assessment and care plan dated 09/19/22 revealed a medical history of type II diabetes, hypertension, peripheral artery disease, and a prosthetic aortic valve.</p> <p>Resident #5's Resident Register revealed an admission date of 08/12/22.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 4</p> <p>a. Review of Resident #5's FL-2 dated 08/12/22 revealed a physician's order for Lantus insulin 26 units to be administered subcutaneously by injection every evening. (Lantus insulin is a long acting insulin used to control blood sugar levels.)</p> <p>Review of Resident #5's physician's order dated 09/19/22 revealed: -There was a physician's order to monitor finger stick blood sugar four times each day. -There was a physician's order for Lantus insulin 26 units to be administered subcutaneously by injection each morning before breakfast.</p> <p>Review of Resident #5's Standing order for monitoring blood glucose levels dated 09/19/22 revealed: -If blood sugar was less than 60mg/dl staff should: hold insulin or other diabetic medication, give 4 oz of juice and/or crackers/peanut butter or give resident one tube of Glucose Gel (15 GM) by mouth if he is alert and recheck the blood sugar in 15 minutes, if the blood sugar was still below 60mg/dl staff should contact the provider and, if the blood sugar was greater than 100, staff were to administer medication as ordered. -If blood sugar was greater than 350 mg/dl staff should: administer medications as ordered, recheck the blood sugar in 30 minutes and, if the blood sugar was still over 350, call the physician for further orders.</p> <p>Review of Resident #5's physician's consultation report dated 03/20/23 revealed: -Resident #5 was seen for a follow-up appointment. -There was documentation of hypoglycemia. -There was a physician's order to decrease Lantus insulin from 26 units to 24 units each night</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 5</p> <p>at bedtime.</p> <p>Review of Resident #5's electronic medication administration record (eMAR) for February 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Lantus insulin 26 units to be administered subcutaneously by injection each morning before breakfast and scheduled for 7:00am. -There was documentation of administration each morning from 02/01/23 through 02/20/23 and from 02/22/23 through 02/28/23. -There was documentation that Lantus insulin 26 units was not administered on 02/21/23 with the reason documented as "out of facility". -There was a computerized entry for FSBS to be monitored four times each day at 7:00am, 11:00am, 5:00pm and 8:00pm. -There was documentation fingerstick blood sugars ranged from 43-253. -There was documentation the FSBS was less than 60mg/dl three times in February with values of 59 on 02/12/23 at 5:00pm, 51 on 02/26/23 at 11:00am and 43 on 02/27/23 at 8:00pm. <p>Review of Resident #5's eMAR for March 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Lantus insulin 26 units to be administered subcutaneously by injection each morning before breakfast and scheduled for 7:00am. -There was documentation of administration each morning from 03/01/23 through 03/26/23 and from 03/28/23 through 03/31/23 -There was documentation that Lantus insulin 26 units was not administered on 03/27/23 with the reason documented as "out of facility". -There was a computerized entry for FSBS to be monitored four times each day at 7:00am, 11:00am, 5:00pm and 8:00pm. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 6</p> <ul style="list-style-type: none"> -There was documentation fingerstick blood sugars ranged from 49-292. -There documentation the FSBS was less than 60mg/dl with a value of 49 on 03/14/23 at 11:00am. <p>Review of Resident #5's eMAR for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Lantus insulin 26 units to be administered subcutaneously by injection each morning before breakfast and scheduled for 7:00am. -There was documentation of administration each morning from 04/01/23 through 04/12/23 and from 04/14/23 through 04/18/23. -There was documentation that Lantus insulin 26 units was not administered on 04/13/23 with the reason documented as "out of facility". -There was a computerized entry for FSBS to be monitored four times each day at 7:00am, 11:00am, 5:00pm and 8:00pm. -There was documentation fingerstick blood sugars ranged from 72-265. <p>Interview with Resident #5 on 04/18/23 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -He received Lantus every morning. -His finger stick blood sugar (FSBS) was taken four times a day and were usually good, but he would sometimes eat outside the facility and didn't always make good dietary decisions. <p>Interview with Resident #5's primary care provider (PCP) on 04/20/23 at 1:04pm revealed:</p> <ul style="list-style-type: none"> -She wrote an order to decrease Resident #5's Lantus from 26 units to 24 units each day because he had hypoglycemic events including a documented blood sugar of 49. -Resident #5 was at increased risk of continued hypoglycemia which could lead to fall, 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 7</p> <p>unresponsiveness or coma. -She expected Resident #5 to begin receiving the decreased dose when the order was written and the Lantus could be administered in the morning or evening.</p> <p>Refer to interview with the medication aide (MA) on 04/20/23 at 2:00pm.</p> <p>Refer to interview with the Assistant Resident Care Coordinator on 04/19/23 at 2:50pm.</p> <p>Refer to interview with the Administrator on 04/20/23 at 2:10pm.</p> <p>b. Review of Resident #5's FL-2 dated 08/12/22 revealed a physician's order for Lasix 20mg each day. (Lasix is a diuretic medication used to treat fluid retention.)</p> <p>Review of Resident #5's physician's order dated 02/20/23 revealed Lasix was increased to 40mg each morning.</p> <p>Review of Resident #5's physician's consultation report dated 03/03/23 revealed: -There was documentation of fluid overload and 2+ pitting edema up to the thigh on assessment. -There was an order to administer Lasix 40mg each morning and to administer Lasix 20mg each day at 2:00pm.</p> <p>Review of Resident #5's physician's consultation report dated 03/20/23 revealed: -There was documentation of 1-2+ pitting edema on assessment. (location unspecified) -There was an order to administer Lasix 20 mg every Monday, Wednesday and Friday at 2:00pm beginning 03/27/23 and continue Lasix 40mg each morning.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 8</p> <p>Review of Resident #5's electronic medication administration (eMAR) record for February 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Lasix 20mg each morning. -There was documentation Lasix 20mg was administered each morning from 02/01/23 through 02/20/23. -There was documentation Lasix 20mg was not administered on 02/21/23 with the reason documented as "out of facility". -There was a computerized entry for Lasix 40mg each morning. -There was documentation Lasix 40mg was administered each morning from 02/22/23 through 02/28/23. <p>Review of Resident #5's eMAR for March 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Lasix 40mg each morning. -There was documentation Lasix 40mg was administered each morning from 03/01/23 through 03/26/23 and from 03/28/23 through 03/31/23. -There was documentation Lasix 40mg was not administered on 03/27/23 with the reason documented as "out of facility". -There was a computerized entry for Lasix 20mg each day at 2:00pm. -There was documentation Lasix 20mg was administered each day at 2:00pm from 03/03/23 through 03/24/23 and from 03/26/23 through 03/31/23 instead of Lasix 20 mg on Monday, Wednesday and Friday from 03/20/23 to 03/31/23 as ordered. -There was documentation Lasix 20mg was not administered at 2:00pm on 03/25/23 with the reason documented as "out of facility". 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 9</p> <p>Review of Resident #5's eMAR for April 2023 revealed:</p> <ul style="list-style-type: none"> -There was a computerized entry for Lasix 40mg each morning. -There was documentation Lasix 40mg was administered each morning from 04/01/23 through 04/12/23 and from 04/14/23 through 04/18/23. -There was documentation Lasix 40mg was not administered on 04/13/23 with the reason documented as "out of facility". -There was a computerized entry for Lasix 20mg each day at 2:00pm. -There was documentation Lasix 20mg was administered each day at 2:00pm from 04/01/23 through 04/11/23/23 and from 04/13/23 through 04/18/23 instead of Lasix 20 mg on Monday, Wednesday and Friday from 03/20/23 to 03/31/23 as ordered. -There was documentation Lasix 20mg was not administered at 2:00pm on 04/12/23 with the reason documented as "out of facility". <p>Interview with Resident #5's primary care provider (PCP) on 04/20/23 at 1:04pm revealed:</p> <ul style="list-style-type: none"> -Resident #5 was diagnosed with heart failure was in fluid overload when she saw him on 03/03/23. -She wrote an order for Lasix 20mg to each day at 2:00pm in addition to the Lasix 40mg that was schedule for each morning on 03/03/23. -She saw Resident #5 for a follow-up visit on 03/20/23 and wrote an order to continue the Lasix 40mg each morning and administer Lasix 20mg at 2:00pm on Monday, Wednesday and Friday. -Continuing to administer the Lasix 20mg every day instead of only 3 days a week could pull too much fluid from the body which could lead to dehydration or acute kidney failure. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 10</p> <p>-It was important to administer Lasix as prescribed to ensure an appropriate fluid balance.</p> <p>Refer to interview with the medication aide (MA) on 04/20/23 at 2:00pm.</p> <p>Refer to interview with the Assistant Resident Care Coordinator on 04/19/23 at 2:50pm.</p> <p>Refer to interview with the Administrator on 04/20/23 at 2:10pm.</p> <p>Interview with a medication aide (MA) on 04/20/23 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -MAs were expected to fax new orders to the pharmacy when they were received and call the pharmacy to ensure the fax was received. -The order was given to the Resident Care Coordinator (RCC) once the order was sent. <p>Interview with the Assistant Resident Care Coordinator (RCC) on 04/19/23 at 2:50pm revealed:</p> <ul style="list-style-type: none"> -Resident #5 preferred taking medications in the morning and scheduled time of administration was sometimes changed to accommodate his preference. -New orders should be immediately faxed to the pharmacy when they were received. -She usually took Resident #5 to his appointments and she remembered taking him to the appointment on 03/20/23. -She remembered faxing the orders to the pharmacy, but she did not remember calling to ensure the orders were received. -She thought she may have gotten busy and distracted and did not call the verify fax was completed. -She did not know the medication changes ordered on 03/20/23 were not on the eMAR. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALPHA CARE ONE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 11</p> <p>-She and the RCC were responsible for ensuring orders entered by the pharmacy were accurate and approving the order to show on the eMAR for administration.</p> <p>Interview with the Administrator on 04/20/23 at 2:10pm revealed:</p> <p>-She was not aware the medications ordered on 03/20/23 were not administered as prescribed.</p> <p>-MAs can fax new orders to the pharmacy but it was usually the RCC or the Assistant RCC that would receive the order when it was written.</p> <p>-Staff were expected to fax the order to pharmacy immediately and to call and verify the pharmacy received the fax.</p> <p>-She was not sure what processes were in place to ensure medications were administered as ordered.</p> <p>_____</p> <p>The facility failed to administer medications as ordered for 1 of 5 sampled residents, including a medication used to decrease blood sugar levels and medication used to decrease fluid retention which placed the resident at risk for dehydration, kidney failure, and continued episodes of hypoglycemia. This failure was detrimental to the health and safety of Resident #5 and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/19/23 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 05, 2023.</p>	D 358		