

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
--	---

(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 and the Wake County Department of Social Services conducted a follow-up survey and complaint investigation on 03/28/23 - 03/30/23. The complaint investigations were initiated by the Wake County Department of Social Services on 02/15/23 and 03/20/23.	D 000	Responses to the cited deficiencies do not constitute an admission or an agreement by the facility of the facts alleged or concluding set forth in the statement of deficiencies. The POC is prepared solely as a matter of compliance.	
D 282	<p>10A NCAC 13F .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:</p> <p>(1) Facilities with a licensed capacity of 7 to 12 residents shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents were protected from contamination during the breakfast meal as evidenced by several staff did not wash their hands before plating and serving residents' food.</p> <p>The findings are:</p> <p>Observation of the breakfast meal on 03/29/23 between 8:21am and 9:00am revealed: -There was a closed end food warmer in the dining room. -The food warmer contained grits, scrambled eggs, bacon, sausage and muffins. -There were tongs and serving spoons sitting on top of the food warmer in a container.</p>	D 282	<p>All staffed verbally coached on proper handwashing techniques and procedures by the Executive Director and Dietary Manager Handwashing will be monitored daily by dietary and care staff and managers when meals are observed.</p> <p>Signage posted in both dining rooms advising all employees must wash hands before assisting with meals</p> <p>All dietary staff verbally re-educated on the butler style dining program by the Dietary Manager and Executive Director. This will be monitored daily by the dietary and care staff.</p>	<p>4/3/23</p> <p>3/30/23</p> <p>4/3/23</p>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Brandon Lanier* TITLE Executive Director (X5) DATE 5/12/23

*Reviewed and Acknowledged  
WV 5/24/23*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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 282	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-A housekeeper entered the dining room, pulled the food halfway out of the food warmer, removed the plastic covers, and started plating and serving residents.</li> <li>-A personal care aide (PCA) approached the food warmer and started plating food and started serving the residents.</li> <li>-The PCA used her hands and did not use the tongs to pick up a muffin and placed it on the resident's plate.</li> <li>-The housekeeper and the PCA did not wash their hands before plating and serving the food to the residents.</li> <li>-A medication aide (MA) came into the dining room and removed the food from the food warmer.</li> </ul> <p>Interview with a PCA on 03/29/23 at 8:40am revealed:</p> <ul style="list-style-type: none"> <li>-She had training in the butler style of the dining room which included handwashing.</li> <li>-She knew she needed to wash her hands before serving the food to the residents but she did not.</li> </ul> <p>Interview with a MA on 03/29/23 at 8:46am revealed:</p> <ul style="list-style-type: none"> <li>-The facility offered butler style dining to the residents in the Special Care Unit (SCU).</li> <li>-Butler style dining consisted of the staff going from resident to resident with the food being served on a platter and allowing the residents to see it and choose what they wanted.</li> </ul> <p>Interview with a housekeeper on 03/29/23 at 8:50am revealed:</p> <ul style="list-style-type: none"> <li>-She knew she needed to wash her hands before serving the food.</li> <li>-She forgot to wash her hands because she was doing too much.</li> </ul>	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
--	---

(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 282	Continued From page 2  Interview with the Dietary Manager (DM) on 03/29/23 at 9:55am revealed he believed he provided training to the facility staff regarding butler style dining and discussed hand washing.  Interview with the Administrator on 03/29/23 at 10:29am revealed he expected staff to wash their hands before serving food to the residents to prevent contamination.	D 282		
D 312	10A NCAC 13F .0904(f)(2) Nutrition and Food Service  10A NCAC 13F .0904 Nutrition and Food Service (f) Individual Feeding Assistance in Adult Care Homes: (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 1 resident (#3) sampled requiring assistance with meals due to cognition was assisted upon receipt of meals including failing to serve the lunch meal to the resident on 03/29/23.  The findings are:  Review of Resident #3's current FL-2 dated 03/10/23 revealed: -Diagnoses included dementia with behavioral disturbance, essential hypertension, cerebral infarct, and gastroesophageal reflux disease. -The resident was documented as constantly disoriented.	D 312	All resident dietary needs will be as directed by the current care plan including any feeding assistance requirements.  All resident meals will be served with ceramic dishware, glasses and will be monitored by the Dietary Manager and Executive Director daily.  Dietary staff verbally instructed to ensure all residents receive their meals 3x daily and to communicate with care staff. The Dietary Manager, BTR Manager, ADRC and Executive Director will monitor daily	4/3/23  4/3/23  4/3/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
--	---

(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 312	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-The resident was semi-ambulatory.</li> <li>-The resident required assistance with bathing and dressing.</li> </ul> <p>Review of Resident #3's assessment and care plan dated 10/26/22 revealed:</p> <ul style="list-style-type: none"> <li>-The resident was documented as sometimes disoriented, had significant memory loss, and must be directed.</li> <li>-The resident was documented as independent with eating, ambulation, and transferring.</li> <li>-The resident was documented as requiring limited assistance by staff with toileting, dressing, and grooming.</li> <li>-The resident was documented as requiring extensive assistance by staff with bathing.</li> </ul> <p>Review of Resident #3's facility assessment form dated 03/17/23 revealed for the task of eating/nutrition, the resident could eat independently or needed assistance with set up only.</p> <p>Telephone interview with the Clinical Manager with Resident #3's hospice provider on 03/30/23 at 1:10pm revealed:</p> <ul style="list-style-type: none"> <li>-The hospice provider discharged Resident #3 from hospice care about 1 and 1/4 weeks ago because the resident would not allow hospice staff to provide care to the resident.</li> <li>-Resident #3 needed coaxing by staff to go to the dining room for meals.</li> <li>-The resident was forgetful and confused and needed reminders for meals.</li> </ul> <p>Telephone interview with Resident #3's family member on 03/28/23 at 3:41pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's could physically feed herself but her memory was bad.</li> <li>-The resident may not remember to eat and</li> </ul>	D 312		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
--	---

(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 312	<p>Continued From page 4</p> <p>needed staff to assist with that.</p> <p>Observation of Resident #3's room on 03/28/23 at 1:27pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident was lying in bed on her back with her clothes on.</li> <li>-There was a closed styrofoam hinged plate with lid on the bed near the resident's feet.</li> <li>-The plate contained Swedish meatballs, noodles, a dinner roll, and a vegetable medley with corn, green beans, and black-eyed peas.</li> <li>-None of the food had been eaten.</li> <li>-There were 3 styrofoam cups with lids on top of the chest of drawer across the room from the resident's bed.</li> <li>-The cups were full of water, tea, and juice.</li> </ul> <p>Interview with Resident #3 on 03/28/23 at 1:27pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know if she had eaten breakfast or lunch that day, 03/28/23.</li> <li>-She did not know what was in the styrofoam plate on the bed near her feet or how long it had been there.</li> <li>-She did not know what was in the styrofoam cups.</li> </ul> <p>Observation on 03/28/23 at 1:32pm revealed a personal care aide (PCA) came into the resident's room.</p> <p>Interview with the PCA on 03/28/23 at 1:32pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 sometimes ate meals in the dining room and sometimes in her room.</li> <li>-Resident #3 could feed herself if the PCA set up the food tray for the resident.</li> <li>-She set up the resident's lunch meal earlier that day in the resident's room but was not aware the resident did not eat it.</li> </ul>	D 312		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
--	---

(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 312	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-She gave the resident an ice cream sandwich with the lunch meal that day and the resident must have eaten that since she did not see it in the room anymore.</li> <li>-The resident sometimes ate and sometimes she would not eat.</li> </ul> <p>Observation of Resident #3 on 03/28/23 at 1:41pm revealed:</p> <ul style="list-style-type: none"> <li>-The PCA opened the lunch plate and asked the resident if she wanted to eat her lunch.</li> <li>-The resident told the PCA she would try it.</li> <li>-The resident then reported to the PCA that she did not like corn.</li> <li>-The resident closed the lid of the lunch plate and pushed the plate to the side of the bed.</li> </ul> <p>Observation of Resident #3's room on 03/29/23 at 12:20pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident was lying in bed on her back with her clothes on.</li> <li>-There was a closed styrofoam hinged plate with lid on the bed near the resident's feet.</li> <li>-The plate contained half of a dinner roll and some scattered kernels of corn in one of the sections of the plate.</li> <li>-The section of the plate that contained the Swedish meatballs and noodles from lunch on the previous day, 03/28/23, was empty.</li> <li>-There were 2 styrofoam cups with lids on top of the mini refrigerator in the room.</li> </ul> <p>Interview with Resident #3 on 03/29/23 at 12:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know if she had eaten breakfast or lunch that day, 03/28/23.</li> <li>-She did not know what was in the styrofoam plate on the bed near her feet or how long it had been there.</li> <li>-She did not know what was in the styrofoam</li> </ul>	D 312		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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 312	<p>Continued From page 6</p> <p>cups sitting on top of the refrigerator or how long they had been there. -She usually ate meals in her room on a table near her bed but she did not know where the table was now. -She sometimes ate meals in the dining room by herself.</p> <p>Interview with a second PCA on 03/29/23 at 1:13pm revealed: -She did not know why Resident #3's lunch meal plate from the previous day, 03/28/23, was still in the resident's room. -Resident #3 could feed herself and she usually ate meals in her room. -She thought Resident #3 ate breakfast and lunch in her room today, 03/29/23.</p> <p>A second interview with the second PCA on 03/29/23 at 1:34pm revealed: -She did not take a lunch tray in Resident #3's room today, 03/29/23. -She thought the MA had taken a lunch tray into the resident's room today, 03/29/23.</p> <p>Interview with the MA on 03/29/23 at 1:34pm revealed: -She told Resident #3 to go to the dining room earlier for lunch while she was assisting another resident. -She did not realize Resident #3 had not been served or eaten lunch today, 03/29/23.</p> <p>Interview with the Assistant Resident Care Director (ARCD) on 03/29/23 at 1:54pm revealed: -Resident #3 sometimes ate meals in her room and sometimes in the dining room. -When Resident #3 ate meals in her room, the PCA assigned to the resident would be responsible for taking the food tray to the room</p>	D 312	<p>All staff verbally instructed to ensure all food and dishes are cleared from each resident room after meals.</p> <p>This will be monitored daily by dietary and care staff. All managers will also spot check weekly to ensure compliance</p>	4/3/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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 312	Continued From page 7  and removing the tray once the resident had finished eating. -The MAs and PCAs should be communicating with each other to ensure residents were assisted with receiving 3 meals a day.  Interview with the Administrator on 03/30/23 at 3:12pm revealed: -Resident #3 was not fully oriented and had some confusion. -He expected staff to make sure all residents, including Resident #3, were getting 3 meals per day.  Interview with Resident #3's primary care provider (PCP) on 03/30/23 at 12:32pm revealed: -Resident #3 had dementia and may be forgetful. -Resident #3 needed cueing because she would not go to the dining room. -She was concerned that Resident #3 was not served lunch during the lunch meal on 03/29/23 because the resident needed nutrition for overall health and to prevent muscle atrophy.	D 312		
D 358	10A NCAC 13F .1004(a) Medication Administration  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.  This Rule is not met as evidenced by: Based on observations, interviews, and record	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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>reviews, the facility failed to ensure medications were administered as ordered for 2 of 7 residents (#7, #8) observed during the medication pass including errors with Insulin (#7) and a topical medication used for pain and inflammation (#8); and for 1 of 6 residents (#6) sampled for record review for a medication used to treat congestion (#6).</p> <p>The findings are:</p> <p>1. The medication error rate was 7% as evidenced by 2 errors out of 26 opportunities during the 8:00am medication pass on 03/29/23.</p> <p>a. Review of Resident #7's current FL-2 dated 02/15/23 revealed: -Diagnoses included diabetes mellitus type 2, high blood pressure, anxiety, depression, and tremors. -There was an order for Lantus Insulin pen, inject 20 units once a day. (Lantus is long-acting Insulin used to lower blood sugar. According to the manufacturer, Lantus insulin pen should be primed with a 2-unit air dose before each use to assure the Insulin is flowing through the needle and to remove any air bubbles.)</p> <p>Review of Resident #7's March 2023 medication administration record (MAR) revealed: -There was an entry for Lantus insulin pen inject 20 units once a day scheduled for 8:00am. -The resident's blood sugar ranged from 118 - 314 from 03/15/23 - 03/29/23.</p> <p>Observation of the 8:00am medication pass on 03/29/23 revealed: -Resident #7's blood sugar was 118 at 8:09am. -The medication aide (MA) diluted the Lantus insulin pen to 20 units and administered it to</p>	D 358	<p>Weekly medication cart audits will be conducted by the ADRC and BTR Manager weekly to ensure all medications are on the cart. This will be monitored by the DRC and Executive Director weekly.</p> <p>DRC will complete 5 resident chart audits weekly to ensure accuracy and will be monitored by the Executive Director weekly until all audits complete.</p> <p>MS Raleigh implemented new order tracking form to ensure all medication and doctor's orders are accurate and medications are in the facility DRC will monitor weekly.</p> <p>In-service conducted on the proper processes to ensure all med orders are in the facility as directed by the provider DRC will monitor weekly.</p>	<p>4/3/23</p> <p>4/3/23</p> <p>5/10/23</p> <p>5/9/23</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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 9  Resident #7 at 8:16am. -The MA did not perform a 2-unit air shot prior to dialing the insulin pen to 20 units to ensure no air bubbles were present and insulin was flowing from the pen.  Interview with Resident #7 on 03/30/23 at 12:06pm revealed: -She usually received insulin every day and her blood sugar was "good". -She had trouble telling if her blood sugar became too low or too high because she did not have symptoms when it was high or low.  Interview with the MA on 03/29/23 at 1:06pm revealed: -She had training on the use of insulin pens by a nurse less than 8 months ago. -She was taught to perform a 2-unit air shot prior to dialing up the ordered dose of insulin to prime the insulin pen. -She forgot to perform the 2-unit air shot for Resident #7's Lantus insulin pen that morning because she was nervous.  Interview with the Assistant Resident Care Director (ARCD) on 03/29/23 at 12:56pm revealed: -The MAs had been trained on proper technique for use of insulin pens. -The MAs had been instructed to perform a 2-unit air shot prior to dialing the insulin pen to the ordered dose and make sure insulin came out of the tip of the pen needle.  Interview with the Administrator on 03/29/23 at 2:10pm revealed the MAs should use proper technique when administering insulin with insulin pens.	D 358	All care staff verbally in-serviced on utilizing the back-up pharmacy by the DRC and ADRC DRC will monitor weekly.  All medication Aides were verbally coached and in-serviced of the Five Rights of Medication. DRC will monitor weekly.  DRC and ADRC will conduct weekly med pass observation on medication aides. This will be monitored by the DRC weekly or as needed.	4/3/23  4/3/23  5/8/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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>Interview with Resident #7's primary care provider (PCP) on 03/30/23 at 12:25pm revealed: -The MAs needed to administer Resident #7's insulin pen correctly. -Leaving air bubbles in the insulin pen could cause the resident to not get the amount of insulin needed and could lead to high blood sugar.</p> <p>b. Review of Resident #8's current FL-2 dated 09/29/22 revealed diagnoses included dementia and right knee pain and swelling, suspect due to osteoarthritis.</p> <p>Review of Resident #8's physician's order dated 02/11/23 revealed an order for Voltaren Gel 1%, apply 4 grams to the right knee twice a day. (Voltaren Gel is a topical medication used to treat pain and inflammation.)</p> <p>Observation of the 8:00am medication pass on 03/29/23 revealed: -The medication aide (MA) measured 4 grams of Voltaren Gel 1% on the plastic measuring device provided by the manufacturer. -The MA applied 2 grams of Voltaren Gel 1% to Resident #8's left knee with a gloved hand at 8:31am. -The resident told the MA, "that's not the knee". -The MA told the resident, "that is the knee". -The MA then applied 2 grams of Voltaren Gel 1% to Resident #8's right knee with a gloved hand at 8:32am. -Voltaren Gel was applied to the resident's left knee without an order. -The resident was administered 2 grams of Voltaren Gel on the right knee instead of 4 grams as ordered.</p> <p>Interview with Resident #8 on 03/29/23 at 8:31am</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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>revealed she usually had Voltaren Gel applied to her right knee only.</p> <p>Review of Resident #8's March 2023 medication administration record (MAR) revealed: -There was an entry for Voltaren Gel 1% apply 4 grams to the right knee twice a day scheduled for 8:00am and 8:00pm. -Voltaren Gel was documented as administered from 03/01/23 - 03/29/23.</p> <p>Observation of Resident #8's medications on hand on 03/29/23 at 1:01pm revealed a supply of Voltaren Gel 1% dispensed on 02/28/23 with instructions to apply 4 grams to the right knee twice a day.</p> <p>Interview with the MA on 03/29/23 at 1:01pm revealed: -She usually applied Voltaren Gel to the resident's right knee only. -She administered Voltaren Gel to both of Resident #8's knees that morning because the resident had complained of pain in both knees when she transferred earlier that morning. -She was aware there was no order to apply Voltaren Gel to the resident's left knee. -She had no explanation for applying 2 grams instead of 4 grams to the resident's right knee.</p> <p>Interview with the Assistant Resident Care Director (ARCD) on 03/29/23 at 1:44pm revealed: -The MAs had been trained to follow the orders and instructions on the MARs. -The MA should not have applied Voltaren Gel to Resident #8's left knee without an order. -The MA should have contacted the primary care provider (PCP) if the resident was complaining of pain in the left knee.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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 12</p> <p>Interview with Resident #8's PCP on 03/30/23 at 12:25pm revealed: -Resident #8 should get 4 grams of Voltaren Gel on her right knee for osteoarthritis. -The resident needed the full 4 grams of Voltaren Gel on her right knee to get the full effectiveness of the medication to treat pain and inflammation.</p> <p>2. Review of Resident #6's current FL-2 dated 01/30/23 revealed diagnoses included metabolic encephalopathy, chronic anticoagulation, hypertension, history of pulmonary embolism, and hypokalemia.</p> <p>Review of Resident #6's General Message Note dated 02/04/23 at 6:27pm revealed the medication aide (MA) contacted the on-call Triage Nurse Practitioner (NP) with the primary care provider's (PCP) office regarding the resident's chest congestion and coughing up thick yellow sputum.</p> <p>Review of Resident #6's Triage Notes from the NP at the PCP's office dated 02/04/23 revealed: -The resident had chest congestion and was coughing up thick yellow sputum. -The resident was currently receiving treatment for COVID-19 (coronavirus). -There was an order for Mucinex ER 600mg take one tablet by mouth every 12 hours for 5 days (start date: 02/04/23 - stop date: 02/09/23). (Mucinex ER is an expectorant used to treat congestion by loosening and thinning mucus.) -The order was electronically signed at 8:24pm on 02/04/23 by an on-call NP with the PCP's office. -The fax stamped date at the top of the triage note was 02/04/23 at 9:45pm.</p> <p>Review of the facility's Fax Transmission Sheet</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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 13</p> <p>for Resident #6's Mucinex ER 600mg order revealed the order was faxed to the facility's contracted pharmacy on 02/04/23 at 11:26pm.</p> <p>Review of the facility's contracted pharmacy Proof of Delivery Query revealed Resident #6's Mucinex ER 600mg tablets were delivered to the facility on 02/06/23 at 6:17pm and received by a MA.</p> <p>Review of Resident #6's February 2023 medication administration record (MAR) revealed: -There was an entry for Mucinex ER 600mg take 1 tablet by mouth every 12 hours for 5 days. -Mucinex ER was scheduled for administration at 8:00am and 8:00pm. -Documented for Mucinex ER on 02/05/23 and 02/06/23 was circled and there was documentation on the back of the MAR noted as "waiting on pharmacy". -Mucinex ER was documented as administered on 02/07/23 at 8:00am.</p> <p>Review of Resident #6's Resident Services Note dated 02/07/23 at 3:00pm revealed the resident's first dose of Mucinex was administered.</p> <p>Review of the facility's Emergency Medication Procedures revealed: -If medication was needed prior to the next scheduled total delivery and was not in the back-up supply, please follow the regular process to submit the order, then call to request medications STAT (immediately). -If orders for essential medications that could not be delayed, were received after the pharmacy's normal business hours, staff should contact the emergency number provided by the pharmacy. -The answering service personnel would contact the on-call pharmacist. -Orders must be received directly from a facility</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
--	---

(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 14</p> <p>nurse or authorized care staff, if permissible or a licensed physician/prescriber, and could not be faxed, emailed, or given to answering service personnel.</p> <p>Interview with a MA on 03/30/23 at 3:13 pm revealed:</p> <ul style="list-style-type: none"> <li>-Medical providers included the word "STAT" on any medication orders if there was an urgency for the medication to be administered to the resident immediately.</li> <li>-Medication orders were received and reviewed by the MAs and faxed to the pharmacy.</li> <li>-She faxed Resident #6's medication order for Mucinex to the facility's contracted pharmacy the night of 02/04/23 and received a fax confirmation.</li> <li>-"STAT" was not listed on Resident #6's Mucinex order on 02/04/23 and she did not contacted the provider regarding the order.</li> <li>-Medications processed by the pharmacy were delivered between 11:00am - 7:00pm.</li> </ul> <p>Interview with the Memory Care Director (MCD) on 03/03/23 at 3:10pm revealed the MAs could use the back-up pharmacy when medication orders were received at night.</p> <p>Telephone interview with the Triage NP with the PCP's office on 04/03/23 at 1:34pm revealed:</p> <ul style="list-style-type: none"> <li>-She ordered Mucinex ER 600mg for Resident #6 late Saturday evening, on 02/04/23.</li> <li>-She expected the Mucinex ER order to be started the same day, 02/04/23, or the next day since the order was received late in the day on 02/04/23.</li> <li>-A delay in receiving the Mucinex ER could have caused the cough and congestion to worsen and could have resulted in the resident developing pneumonia since the resident had COVID-19.</li> <li>-A chest x-ray was done on the resident on</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607		
(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 15  02/06/23 and the results indicated the resident could have early stages of pneumonia so the resident was ordered an antibiotic.	D 358			