STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		Γ			X3) DATE SURVEY COMPLETED			
AND FLAN	OF CONNECTION	IDENTIFICAT	TON NOMBER.	A. BUILDING:				
	HAL030010		B. WING		05/1	₹ 0/2023		
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
{D 000}	Initial Comments			{D 000}				
	The Adult Care Lice follow-up survey on							
{D 310}	10A NCAC 13F .09 Service	04(e)(4) Nutriti	on and Food	{D 310}				
	10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.							
	This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to serve therapeutic diets as ordered for 1 of 3 sampled residents with an order for a nutritional supplement (Resident #2).							
	The findings are:							
	Review of Resident 03/24/23 revealed: -Diagnoses include neurocognitive diso hypertensionResident #2's diet regular.	d major vascu rder and esse	lar ntial					
	Review of Resident 04/14/23 revealed a supplements 3 time	n order or nut	ritional					
	Review of a list of re	esidents receiv	/ing nutritional					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

NAME OF PROVIDER OR SUPPLIER PS SENIOR LIVING OF MOCKSVILLE IDENTIFICATION NOWBER. A. BUILDING: B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE 192 CRESTVIEW DRIVE		
PS SENIOR LIVING OF MOCKSVILLE 191 CRESTVIEW DRIVE		
PS SENIOR LIVING OF MOCKSVILLE	NAME OF PROVIDER OR S	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X COMPANY COM	PREFIX (EACH DE	
(D 310) Continued From page 1 supplements, provided by the facility Director, on 05/09/23 revealed Resident #2 was to receive a nutritional supplement 3 times a day with meals. Review of the undated therapeutic diet list posted in the kitchen for staff guidance on 05/10/23 revealed Resident #2 was not listed to receive a nutritional supplement. Observation of the lunch meal service on 05/09/22 between 12:40pm and 1:35pm revealed: -Resident #2 was served cubed pork, mashed potatoes, peas, a roll, pineapple chunks, water, and juiceResident #2 ate about 50% of her mealResident #2 was not offered or served a nutritional supplement. Observation of the breakfast meal service on 05/10/23 between 7:57am and 8:20am revealed: -Resident #2 was served biscuits with gravy, eggs, cereal, milk, juice, and waterResident #2 as not offered or served a nutritional supplement. Observation of the kitchen on 05/10/23 at 11:04am revealed: -There were 3 cartons of nutritional supplements in the refrigeratorThe 3 cartons of nutritional supplements had been frozen, but they were thawingThe nutritional supplement container did not feel as if it was thawed enough to pour and serveThere was a box of nutritional supplements in the freezerThere was a documentation on each individual container of nutritional supplements to store frozen.	supplement 05/09/23 re nutritional single revealed Renutritional single revealed Resident # nutritional single revealed Renutritional single revealed Renutriti	

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL030010	B. WING			R 05/10/2023	
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRES	DRESS, CITY, S STVIEW DRIV LLE, NC 270				
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{D 310}	Interview with Resider revealed she was in supplement with he usually not served a meals at any time. Telephone interview care provider (PCP revealed: -Nutritional supplem 2023 for Resident #2 was not going into the different mormally didThe facility's stand weights for all resident #2's weights for a	dent #2 on 05/09/13 at 1:04pm of served a nutritional or lunch meal and she was a nutritional supplement with with Resident #2's primary on 05/10/23 at 10:34am nents were ordered in April 22 with each meal because of eating a full meal and was ining hall for meals like she ing orders included monthly	{D 310}				
	revealed: -She cooked the br made the residents -There were no nut of the freezer to the she took 3 nutrition	ritional supplements taken out the evening of 05/09/23, so al supplements out of the en she realized it on the					
	-The cooks usually supplement out of the refrigerator to the						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 3 3LIVI	OK LIVING OF WOOK	MOCKSVI	LLE, NC 27	028		
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{D 310}	Continued From pa	ge 3	{D 310}			
	the refrigerator and -She was only awar served nutritional served nutritional served nutritional served not know in nutritional supplement on the therapeus supplements was n	served it. re of 1 resident who was to be upplements and it was not Resident #2 was to be served ents because her name was it ic diet list and nutritional tot a part of Resident #2's diet 23 which was kept in the diet				
	Interview with a second cook on 05/10/23 at 11:24am revealed: -He cooked and plated the meals for the lunch meal service on 05/09/23The facility Director told him Resident #2 was to be served a nutritional supplement, but he thought she was only served the supplement with her night time medication pass and she could have one with her meals if she wanted itHe did not take out a nutritional supplement from the freezer to thaw in the refrigerator for Resident #2 for the lunch meal on 05/09/23 because he did not know she was supposed to have the supplement 3 times a day with meals.					
	revealed: -There were 3 residents in the MAs were respected residents who had a supplements with not mealsIf the cook did not supplements out of refrigerator, the respected respectional supplements out in the respectional supplements out in the respection of th	the freezer to thaw in the idents did not receive a				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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{D 310}	Continued From pa	ge 4		{D 310}			
	Resident #2 and oth being servedShe had not told the nutritional supplement available to serve 3 -Resident #2 usuall meal.	ne facility Director the ents were thawed a times daily with ea	nat ind ich meal.				
	Interview with a second 11:53am revealed: -She did not serve a Resident #2 for the because no nutrition taken out of the free solidThe cooks were renutritional supplement MAs and personal of the nutritional suppresidents who had on the meal traysThere were 3 residents who had on the meal traysThere were 3 resident #2 did not supplements 3 time and se usually received weeklyShe had not let the yesterday that the renot being taken out to thaw so that Resenutritional supplements and supplements and se usually received weeklyShe had not let the yesterday that the renot being taken out to thaw so that Resenutritional supplements are not being taken out to that the resident #2 usually linterview with the factor of the second supplements are not being taken out to that the resident #2 usually linterview with the factor of the second supplements are not being taken out to the second supplements are not being taken out to that the resident #2 usually linterview with the factor of the second supplements are not second supplements are not second supplements are not	a nutritional suppler lunch meal on 05/0 nal supplements had ezer and they were esponsible for taking ents out of the freezer aides (PCAs) alternates out of the frorders for them and lents who were to reents and Resident and Resident active them with meals a sive them with a few of the freezer in tinident #2 could receivent with her meals.	ment to 09/23 ad been frozen g the zer, and the usually got reezer for d put them eceive #2 was one onal as ordered meals ow until ents were ne enough ive her ther meal.				
	-She was responsible diet list in the kitcher received nutritional	en to include reside	nts who				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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{D 310}	Continued From pa	nge 5	{D 310}	BELLOILINGTY		
	Updated the list for the kitchen staff in a few months. -She told the cooks which residents were to received nutritional supplements and how often. -The cooks were responsible for taking the nutritional supplements out of the freezer to thaw and the MAs and PCAs were responsible for serving nutritional supplements. -She did not know nutritional shakes were not being served. -She expected the cooks to thaw nutritional supplements to have them available prior to meals being served. Interview with the Administrator on 05/10/23 at 1:51pm revealed: -He was not aware nutritional supplements were not being served as ordered for Resident #2. -There were supplements available in the facility and they should have been served as ordered. -He expected staff to thaw the nutritional supplements prior to the meals to ensure they were served as ordered for Resident #2.		{D 310}			
{D 358}	10A NCAC 13F .10 Administration	04(a) Medication	{D 358}			
	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 me	et as evidenced by:				

6899

Division of Health Service Regulation STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 191 CRESTYLEW DRIVE MOCKSVILLE, NC 27028 MOCKSVILLE, NC 2702	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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Company Comp	NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE			
Description	PS SENI	OR LIVING OF MOCK	SVILLE	_				
TYPE A2 VIOLATION Based on observations, record reviews and interviews, the facility failed to administer medications as ordered for 1 of 2 residents (#4) observed during the medication pass with an error related to a diuretic medication, and for 2 of 3 sampled residents for record review (#3 and #1) including not administering two pain medications, a stool softener, and a laxative as ordered (#1) and errors related to an antidepressant medication and insulin (#3) The findings are: 1. Review of Resident #1's current FL2 dated 02/21/23 revealed diagnoses included constipation, gastroesophageal reflux disease, anxiety disorder, trigeminal neuralgia (a chronic pain condition affecting the largest cranial nerve in the face) and intervertebral disc degeneration of the lumbar region. a. Review of Resident #1's current FL2 dated 02/21/23 revealed an order for pregabalin (used to treat nerve pain) 50mg 1 tablet 3 times daily. Review of Resident #1's electronic medication administration records (eMAR) for 03/04/23 through 03/31/23 revealed: -There was an entry for pregabalin 50mg 1 capsule 3 times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm. -There was documentation pregabalin was not administered for 7 of 27 opportunities at 8:00pm, for a total of 20 of 20 opportunities at 8:00pm for a total	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETE	
03/31/23.	{D 358}	TYPE A2 VIOLATIO Based on observati interviews, the facili medications as orde observed during the error related to a di 3 sampled residents #1) including not ad medications, a stoo ordered (#1) and er antidepressant med The findings are: 1. Review of Resid 02/21/23 revealed of constipation, gastro anxiety disorder, trig pain condition affect in the face) and inter of the lumbar region a. Review of Reside 02/21/23 revealed at to treat nerve pain) Review of Resident administration recor through 03/31/23 re- There was an entry capsule 3 times dai at 8:00am, 2:00pm, -There was docume administered for 7 of 6 of 27 opportunitie opportunities at 8:0 consecutive missed	ons, record reviews and ity failed to administer ered for 1 of 2 residents (#4) e medication pass with an uretic medication, and for 2 of s for record review (#3 and Iministering two pain I softener, and a laxative as crors related to an dication and insulin (#3) eent #1's current FL2 dated diagnoses included besophageal reflux disease, geminal neuralgia (a chronic ting the largest cranial nerve ervertebral disc degeneration in. eent #1's current FL2 dated an order for pregabalin (used 50mg 1 tablet 3 times daily. ##1's electronic medication reds (eMAR) for 03/04/23 evealed: y for pregabalin 50mg 1 ly scheduled for administration and 8:00pm. entation pregabalin was not of 27 opportunities at 8:00am, s at 2:00pm, and 7 of 27 0pm for a total of 20					

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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{D 358}	pregabalin were no medication was not Review of Resident April 2023 revealed -There was an entrocapsule 3 times dai at 8:00am, 2:00pm, -There was docume administered for 7 of of 27 opportunitie opportunities at 8:0 consecutive missed 04/30/23There was docume pregabalin were no medication was not Observation of medication was not Observation of medication was not Telephone interview the facility's contract 9:10am revealed propertimes daily was dispod/20/23 with a quartablet 3 times daily on 03/21/23/23 with Interview with Residus 12:21pm revealed:	t administered due to the in the facility. #1's March 2023 eMAR for : y for pregabalin 50mg 1 ly scheduled for administration and 8:00pm. entation pregabalin was not of 27 opportunities at 8:00am, at 2:00pm, and 7 of 27 0pm for a total of 20 doses between 04/01/23 and entation the 20 doses of tadministered due to the in the facility. ##Ications available for Resident:42pm revealed pregabalin imes daily was dispensed on 04/20/23 with a quantity of exerce 26 tablets remaining. ##Ications available for Resident:42pm revealed pregabalin imes daily was dispensed on 04/20/23 with a quantity of exerce 26 tablets remaining. ##Ications available for Resident:42pm revealed pregabalin imes daily was dispensed on 04/20/23 at regabalin 50mg 1 tablet 3 opensed to the facility on antity of 90 tablets. ##Ications available for Resident from the facility on antity of 90 tablets. ##Ications available for Resident from the facility on antity of 73 tablets. ##Ications available for Resident from the facility on antity of 90 tablets. ##Ications available for Resident from the facility on antity of 90 tablets. ##Ications available for Resident from the facility on antity of 90 tablets. ##Ications available for Resident from the facility on antity of 90 tablets.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVID	DER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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-She exter and -She back -She pregin M was -Wh experiment of the red note a few -The red note -She the		red pregabaling age in her face to the bace of the facility did remember 2023 when she calls." of her pain messed pain. dication aide (Note that it is not the facility Direct in the	te and the pain k of her head er neck, lower ty ran out of several times felt like she edication, she edication, she edication a reducen in place for cover of the ations in the ity. ector looked at medications. MAs verbally lications sident #1 was tions often dered. t #1 was out of 2023, but she e in the reduct out of	{D 358}			

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Division	<u>of Health Service Re</u>	egulation					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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					22.18.2.18.1		
{D 358}	Continued From pa	ge 9		{D 358}			
	-She did not know i						
	about increased pa	in in March and Ap	ril 2023.				
	Interview with a sec	cond MA on 05/09/2	23 at				
	2:21pm revealed:						
	-MAs did not reorde						
	-The MAs were res						
	Director know wher down to about 10 d						
	-There was a red n						
	write down medicat						
	doses remaining.						
	-She remembered	Resident #1 was oເ	ut of her				
	pregabalin and she	let the facility Direct	ctor and				
	other MAs know.						
	-Resident #1 comp		said, "I don't				
	know what I'm goin -She told Resident		mily				
	member to see if he						
	member to see if the	e dodia get nei rein	10.				
	Interview with Resid	dent #1's family me	mber on				
	05/09/23 at 2:48pm						
	-He visited Residen						
	-When Resident #1						
	facility in February 2 confusion regarding						
	current facility and						
	used different phari		•				
	-The previous facili		's				
	medication to the c	urrent facility and h	e assumed				
	there was enough to last until her next scheduled						
	doctor's appointment.						
	-There was a lot of						
	the MAs and the factorion that the master that the master is a second to the master that the master is a second to the master in the master is a second to the master in the master is a second to the master in the master in the master is a second to the master in the m						
	when she ran out o						
	her doctor's office f		5 5511140104				
	-For a long time, the		as calling				
	him and asking him	to contact Resider					
	doctors to reorder r	medications.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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		HAL03	0010	B. WING			10/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ^N REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 358}	Continued From paragramments of the pain medication. -Resident #1 complete but she complained out of her pain medication are she was out of pain. Telephone interview #1's pain manager 10:13am revealed: -Resident #1 had opain from neuropatThe pain manager Resident #1 was not as orderedResident #1's fam out to her to tell her medicationShe had not receive requests from the finotified by the facility requests from the finotified by the facility to administe orderedPregabalin was an should have been whot weaned from prexperience withdrasymptoms, fever, in pain. Interview with the facility symptoms, fever, in pain. Interview with the facility symptoms, fever, in pain.	lained of pair d of more pair d of more pair dication. Int #1 had with a sed anxiety in medication. In with a nurse nent clinic on reders for precent clinic dict administered by the facility of the facility	hdrawal and pain when e from Resident 05/10/23 at gabalin due to d not know ed her pregabalin sually reached eeded a refill of cation refill had been were out of expected the l's medications as at Resident #1 and if she was e could as including flu like ty, and increased or on 05/09/23 at ering medications in the other to 10 days	{D 358}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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medications on 05/0 -The MAs knew to we notebook that were reordered before the -When Resident #1 facility in February 2 contacting her docto but that got confusireshe and MAs would member know when low or had ran out a medication on a she member could get the she was aware Repregabalin and she prior to running out she was out of the reshe did not follow to management clinic member had requeseshe got Resident # (PCP) and her pain number from Reside a week ago, but she Resident #1's pain responsible for ensure responsible for ensure responsible for ensure reordered. -He expected Resident He did not know Resident Resident #1.	the red notebook or reorder 08/23. Write medications in the red running low so they could be ey ran out. Was first admitted to the 2023, her family member was ors to get medication refills, ng. d let Resident #1's family a medication was running and she would write the eet of paper so that the family he medication refilled. Is ident #1 had been out of let her family member know of the medication and when medication. Up with Resident #1's pain because Resident #1's family sted the refill of pregabalin. It's primary care provider's management clinic's phone ent #1's family member about the had not needed to contact management clinic yet. With the Administrator on revealed: Donsible for letting the facility medications were down to do the facility Director was buring medication running out and as ordered. The resident #1's medications to be the medication running out and as ordered. The resident #1 ran out of the facility of the medication running out and as ordered. The resident #1 ran out of the medication running out and as ordered. The resident #1 ran out of the medication running out and as ordered.	{D 358}				

Division of Health Service Regulation

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL030010	B. WING		05/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
			LLE, NC 27		DNI .	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 12	{D 358}			
{D 358}	-Resident #1 should medicationThe facility Director Resident #1's provimedication refills an #1's medications awhat. b. Review of Reside 02/21/23 revealed at treat chronic pain) of the cheek twice dailed reat chronic pain; the cheek twice dailed administration recorevealed: -There was an entriplace 1 film inside the trigeminal neuralgia at 8:00am and 8:00-There was docume administered for 3 of 8:00am and 4 of 30 total of 7 consecution 04/01/23 and 04/30-There was docume belbuca were not a medication was not Observation of medication of me	d not have run out of It should have contacted ders to get orders for and should have had Resident vailable in the facility no matter ent #1's current FL2 dated an order for belbuca (used to 600mcg film place 1 film inside ly. It #1's electronic medication rds (MAR) for April 2023 If y for belbuca 600mcg film the cheek twice daily for a scheduled for administration form. It entation belbuca was not for 30 opportunities and for opportunities at 8:00pm a for a scheduled for doses of doinistered due to the first in the facility. It dications available for Resident first 2pm revealed belbuca	{D 358}			
	was dispensed from with a quantity of 60 remaining. Telephone interview the facility's contract	1 film inside cheek twice daily the pharmacy on 04/20/23 0 films and there were 35 films with a representative from cited pharmacy on 05/10/23 at				
		elbuca 600mcg film 1 film pensed to the facility on				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPFIDENTIFICATION		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY
				A. BUILDING.		,	₹
		HAL030010		B. WING			0/2023
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENG MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 13		{D 358}			
	04/20/23 with a quantity of 60 films for a 30-day supply.						
	Telephone interview the facility's previou 05/10/23 at 9:20am film 1 film twice dail on 03/21/23 with a 30-day supply.	is contracted phar revealed belbuca ly was dispensed t	macy on 600mcg to the facility				
	Interview with Resid 12:21pm revealed: -She was always in controlled with pain-She was administed placed the film of both dailyShe had nerve darextended from her and behind her earses and hips, and frequently; she had she did not get he April 2023 and she symptomsShe had increased as she felt like she she was out of belberthe facility staff to medication available on her pain manage to refill the medication.	severe pain, but in medication. Bred belbuca for parelbuca in her cheef anage in her face a face to the back of states. Be damage in her nashe had migraine arthritis all over her belbuca for about experienced without a pain and increase was "climbing the suca in April 2023. In the did not the because they we because they we sement clinic to write a series of the pain and increase was such as they we sement clinic to write and pain and increase was such as they we sement clinic to write and pain and increase was such as they we sement clinic to write and pain and increase was such as the pain and increase was	t was usually ain; she ek twice a and the pain f her head eck, lower headaches er body. It a week in drawal ed anxiety walls" when have her ere waiting				
	Interview with a me 05/09/23 at 2:01pm -MAs did not reorde -The facility Directo medications that no notebook; the red notebook;	revealed: er medications. r told the MAs to veded to be reorde	vrite ered in a red				

Division of Health Service Regulation

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′			LETED
					-	,
		HAL030010	B. WING		05/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER		INRESS CITY S	STATE, ZIP CODE	1 00.1	0.2020
TV WIL OI	NOVIDER OR COLL FIER		STVIEW DRIN			
PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27			
()(4) ID	CLIMMA DV CTA	ATEMENT OF DEFICIENCIES				(VE)
(X4) ID PREFIX	-	/ MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ige 14	{D 358}			
	a few weeks.					
		entation on the cover of the				
		te down medications in the				
	notebook that were					
	-She did not know i	f the facility Director looked at				
		aily to reorder medications.				
		ed notebook, MAs verbally				
		ctor which medications				
	needed to be reorderedThere was once a time when Resident #2 was					
		e of her medications often				
		not being reordered.				
		out of belbuca in April 2023, but				
	she did not rememl					
	-She did not remen	nber writing belbuca in the red				
		cility Director to reorder or if				
		e facility Director belbuca				
	needed to be reord					
		oset about the facility running				
		on and Resident #1 stated she why her medications were not				
	being refilled before					
		f Resident #1 complained				
		in in March and April 2023.				
	·	·				
		cond MA on 05/09/23 at				
	2:21pm revealed:					
	-MAs did not reorde					
		ponsible to let the facility a resident's medication was				
		ays of medication remaining.				
		out of belbuca in April 2023 and				
	she told the facility	•				
		or told her that Resident #1 had				
	a primary care prov	vider (PCP) who was different				
		ontracted PCP and that she				
		dent #1's family member to let				
		uld contact Resident #1's PCP.				
		ily member had requested,				
	∣ atter finding out tha	it Resident #1 was out of				

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Division of Health Service Regulation			т			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL030010	B. WING			0/2023
		TIAE030010			03/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DO 05111	00 0/0/0 05 1400/	191 CRES	STVIEW DRIN	/E		
PS SENI	OR LIVING OF MOCK	SVILLE MOCKSV	ILLE, NC 27	028		
(VA) ID	SLIMMADV STA	TEMENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES	PRIATE	DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ige 15	{D 358}			
(000)	Continued i Tom pa	ige 15	(10 000)			
		him know if she was out and				
	he would contact he	er PCP to advise.				
		dent #1's family member on]
	05/09/23 at 2:48pm]
	-He visited Residen					
		was first admitted to the				
		2023, there was a lot of				
		g her medications because the				
	-	the facility she came from				
	used different pharr					
		ty sent Resident #1's				
		urrent facility and he assumed				
		o last until her next scheduled				
	doctor's appointmen					
		miscommunication between				
		cility Director about who				
		ons, so Resident #1 told him				
		f medication and he contacted				
	her doctor's office for					
		e facility Director was calling				
		to contact Resident #1's				
	doctors to reorder n					
	-	lained of pain from day to day,				
	•	of more pain when she was]
	out of her pain med]
		nt #1 had withdrawal]
		ased anxiety and pain when]
	she was out of pain	i medication.]
	Tolonhone intendent	wwith a purpo from Dooidant]
		wwith a nurse from Resident]
	#1s pain managem	nent clinic on 05/10/23 at]
		rders for belbuca due to]
		ruers for belbuca due to]
	chronic pain.	nont clinic did not become]
		ment clinic did not know				
		ot administered belbuca as				
	ordered.	lly member usually reached]
		lly member usually reached]
	out to her to tell her	the facility needed a refill of				

Division of Health Service Regulation

STATE FORM 6899 I1DW12 If continuation sheet 16 of 49

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPL	
I I R	
la umua	0/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
191 CRESTVIEW DRIVE	
PS SENIOR LIVING OF MOCKSVILLE MOCKSVILLE, NC 27028	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(D 358) Continued From page 16 medicationShe had not received any medication refill requests from the facility staff or had been notified by the facility that they were out of Resident #1's belbucaThe pain management provider expected the facility to administer Resident #1's medications as orderedBelbuca was a medication that Resident #1 should have been weaned off and if she was not weaned from belbuca, she could experience withdrawal symptoms including flu like symptoms, fever, nausea, anxiety, and increased pain. Interview with the facility Director on 05/09/23 at 3:25pm revealed: -She was responsible for reordering medications and they should have placed medications in the red notebook to be reordered within 8 to 10 days of the medication running outShe checked the red notebook daily and reordered medications dailyShe did not check the red notebook of reorder medications on 05/09/23The MAs knew to write medications in the red notebook that were running low so they could be reordered before they ran outWhen Resident #1 was first admitted to the facility in February 2023, her family member was contacting her doctors to get medication refills, but that got confusingShe and MAs would let Resident #1's family member know when a medication was running low or had ran out and she would write the medication no a sheet of paper so that the family member know when a medication refilledShe was aware Resident #1 had been out of belbuca and she let her family member know prior to running out of the medication and when	

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	AND PLAN OF CORRECT	CIENCIES ECTION	(X1) PROVIDER/S	SUPPLIER/CLIA FION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
PS SENIOR LIVING OF MOCKSVILLE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [A			HAL0300	010	B. WING			
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SULLATORY OR LSC IDENTIFYING INFORMATION) {D 358} Continued From page 17 -She did not follow up with Resident #1's pain management clinic because Resident #1's family member had requested the refill of belbucaShe got Resident #1's primary care provider's	NAME OF PROVIDER OF	OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D 358) Continued From page 17 -She did not follow up with Resident #1's pain management clinic because Resident #1's family member had requested the refill of belbucaShe got Resident #1's primary care provider's (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PS SENIOR LIVING	IG OF MOCK	SVILLE					
-She did not follow up with Resident #1's pain management clinic because Resident #1's family member had requested the refill of belbucaShe got Resident #1's primary care provider's	PREFIX (EACH	CH DEFICIENCY	MUST BE PRECE	DED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
number from Resident #1's family member about a week ago, but she had not not needed to contact Resident #1's pain management clinic yet. Telephone interview with the Administrator on 05/10/23 at 1:51pm revealed: -The MAs were responsible for letting the facility Director know when medications were down to the last 7 doses and the facility Director was responsible for ensuring medications were reorderedHe expected Resident #1's medications to be reordered prior to the medication running out and to be administered as orderedHe did not know Resident #1 ran out of medication and was not administered medication as ordered in March and April 2023Resident #1 should not have run out of medicationThe facility Director should have contacted Resident #1's providers to get orders for medication refills and should have had Resident #1's medications available in the facility no matter what. c. Review of Resident #1's current FL2 dated 02/21/23 revealed an order for docusate (a stool softener used to treat constipation) 100mg 1 capsule at bedtime. Review of Resident #1's electronic medication administration records (MAR) for April 2023 revealed:	-She did managen member lashe got (PCP) an number find a week aga contact Rayet. Telephono 05/10/23 - The MAs Director kathe last 7 responsible reordered to be admarked in the last of the last of the last of the experimental series of t	d not follow ement clinic or had reque of Resident and her pain from Resident ago, but she resident #1 cone interview 13 at 1:51pm As were resided prior to the dministered not know Resided prior to the dministered not know Resident #1 should tion. cility Director the fills are dications as edications as edications as edications as edications as edication recommend the fills are edication recommend to the edication recommen	up with Reside because Resisted the refill of the refill o	dent #1's family of belbuca. Are provider's clinic's phone or member about needed to gement clinic inistrator on titing the facility were down to prector was ons were cations to be running out and out of ered medication 23. out of contacted lers for e had Resident facility no matter at FL2 dated cusate (a stool n) 100mg 1	{D 358}			

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL030010	B. WING		l l	R 10/2023
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
PS SEN	IOR LIVING OF MOCK	SVILLE	ESTVIEW DRIV			
0(1) 15	CLIMMA DV STA		SVILLE, NC 270		CORRECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page 18		{D 358}			
(U 358)	capsule at bedtime at 8:00pm. -There was docume administered for 13 04/01/23 through 04-There was docume were not administer not in the facility. Observation of med #1 on 05/09/23 at 3 100mg 1 capsule dothe pharmacy on 04 capsules and there Telephone interview the facility's contract 9:10am revealed do bedtime was disperwith a quantity of 20 Telephone interview the facility's previous 05/10/23 at 9:20am capsule at bedtime on 03/06/23 with a 04/12/23 with a quantity of 20 Telephone interview the facility's previous 05/10/23 at 9:20am capsule at bedtime on 03/06/23 with a 04/12/23 with a quantity of 20 Telephone interview the facility's previous 05/10/23 at 9:20am capsule at bedtime on 03/06/23 with a 04/12/23 with a quantity of 20 Telephone interview with Residual Province with Residual Province With Residual Province Province Administration of the Province Prov	scheduled for administration and scheduled for administration and a of 30 opportunities between 4/30/23. Sentation the doses of docusared due to the medication was dications available for Reside 242pm revealed docusate aily at bedtime dispensed by 4/25/23 with a quantity of 20 were 6 capsules remaining. With a representative from a ceted pharmacy on 05/10/23 are possible to the facility on 04/25/20 tablets. With a representative from a couracted pharmacy on 05/10/23 are possible to the facility on 04/25/20 tablets.	te s nt			
	remember how long -When the facility d softener, she exper abdomen, and she bathroom for days a	g. id not administer her stool ienced cramping in her was not able to go the	OI			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	,
		HAL030010	B. WING			0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	05/09/23 at 12:33pi-Resident #1 had a softener 1 capsule - There were no not record to hold or dis-The facility had no advise that Resider request a refill Resident #1's fami requests for medica-Possible outcomes docusate as ordere abdominal pain. Interview with a me 05/09/23 at 2:01pm - MAs did not reorde - The facility Directo medications that no notebook; the red ra few weeks Prior to using the ratio to the facility Director to using the ratio of the facility Director of the facili	m revealed: n order for docusate stool at bedtime. es in Resident #1's medical scontinue the stool softener. It contacted the PCP's office to at #1 was out of docusate or to Ily member had made ations. Is of not being administered at were constipation and dication aide (MA) on a revealed: It redictions. It told the MAs to write seded to be reordered in a red atotebook had been in place for ed notebook, MAs verbally ctor which medications ered. Itime when Resident #1 was a of her medications often not being reordered. In other if Resident #1 was out of a contact about the facility running on and Resident #1 stated she why her medications were not a they ran out. In of Resident #1 complaining In April 2023. Is and MA on 05/09/23 at	{D 358}			

Division of Health Service Regulation					T	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		I COMP	LETED
					R	
		HAL030010	B. WING			0/2023
			1		1 00/1	0,2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DS SENI	OR LIVING OF MOCK	SVILLE 191 CRES	STVIEW DRIN	/E		
I O OLIVI	OK LIVING OF MOOK	MOCKSV	ILLE, NC 27	028		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				- ,		
{D 358}	Continued From pa	age 20	{D 358}			
	Director know when	n a resident's medication was				
		lays of medication remaining.				
		if Resident #1 was out of				
		it was not administered during				
	her shift.	it was not administered during				
	TIGI SIIII.					
	Interview with Resid	dent #1's family member on				
	05/09/23 at 2:48pm					
	-He visited Residen					
		was first admitted to the				
		2023, there was a lot of				
		g her mediations because the				
		the facility she came from				
	used different pharr					
		ty sent Resident #1's				
		urrent facility and he assumed				
		to last until her next scheduled				
	doctor's appointmen					
		miscommunication between				
		cility facility Director about who				
		ons, so Resident #1 told him				
		of medication and he contacted				
	her doctor's office for					
		e facility Director was calling				
		n to contact Resident #1's				
	doctors to reorder n					
		lained about being constipated				
	in April 2023.	- '				
	-Even when she wa	as getting stool softener				
	regularly, she still h	nad a little trouble with				
	constipation.					
	·					
	Interview with the fa	acility Director on 05/09/23 at				
	3:25pm revealed:	-				
		ble for reordering medications				
		ve placed medications in the				
		reordered within 8 to 10 days				
	of the medication ru					
		ed notebook daily and				
	reordered medication					

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STATE FORM 6899 I1DW12 If continuation sheet 21 of 49

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		I COMP	LETED
					F	,
		HAL030010	B. WING			0/2023
		TIALOGOTO			1 00/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DC CENII	OR LIVING OF MOCK	191 CRES	STVIEW DRIN	/E		
F3 3ENI	OR LIVING OF WOOK	MOCKSV	ILLE, NC 27	028		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				22.10.2.10.1		
{D 358}	Continued From pa	ige 21	{D 358}			
	-She did not check	the red notebook or reorder				
	medications on 05/0	08/23.				
	-When Resident #1	was first admitted to the				
	facility in February 2	2023, her family member was				
		ors to get medication refills,				
	but that got confusi					
	-She and MAs woul	ld let Resident #1's family				
	member know where	n a medication was running				
	low or had ran out a	and she would write the				
		eet of paper so that the family				
		the medication refilled.				
		esident #1 had been out of				
		et her family member know				
		of the medication and when				
	she was out of the					
		up with Resident #1's PCP				
		#1's family member had				
	requested the refill					
		#1's PCP's phone number				
		family member about a week				
		p with the PCP after Resident				
		r requested a refill of docusate				
	and did not get the	гетііі.				
	Telenhone interview	v with the Administrator on				
	05/10/23 at 1:51pm					
		ponsible for letting the facility				
		n medications were down to				
		d the facility Director was				
		uring medications were				
	reordered.					
		dent #1's medications to be				
		he medication running out and				
	to be administered	•				
		esident #1 ran out of				
		s not administered medication				
	as ordered in March					
		d not have run out of				
	medication.	2 20.				
		r should have contacted				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL030010	B. WING		05/1	R 0/2023
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/1	0,2020
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 22	{D 358}			
	medication refills ar	ders to get orders for and should have had Resident vailable in the facility no matter				
	d. Review of Resident #1's current FL2 dated 02/21/23 revealed an order for senexon-s (used to treat constipation) 2 tablets at bedtime.					
	Review of Resident #1's physician's orders dated 02/21/23 revealed an order for senexon-s 8.6mg-50mg 2 tablets at bedtime.					
	Review of Resident #1's electronic medication administration records (MAR) for April 2023 revealed: -There was an entry for senexon-s 8.6mg-50mg tablets at bedtime scheduled for administration at 8:00pm. -There was documentation docusate was not administered for 14 of 30 opportunities between 04/01/23 through 04/30/23 with 12 doses being consecutive. -There was documentation the doses of senexon-s were not administered due to the medication was not in the facility. Observation of medications available for Resident #1 on 05/09/23 at 3:42pm revealed senexon -s 8.6mg-50mg 2 tablets daily at bedtime was					
	quantity of 60 tables remaining. Telephone interview the facility's contract 9:10am revealed see	when were and there were 26 tablets with a representative from steed pharmacy on 05/10/23 at enexon-s 8.6mg-50mg 2 was dispensed to the facility on antity of 60 tablets.				

6899

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION		SURVEY PLETED
			A. BUILDING.			R
		HAL030010	B. WING			10/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
PS SEN	OR LIVING OF MOCK	SVILLE	STVIEW DRIV /ILLE, NC 27			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{D 358}	Telephone interview the facility's previou 05/10/23 at 9:20am 8.6mg-50mg 2 tabl to the facility on 03/ tablets. Interview with Residual 2:21pm revealed: -She was administed constipationShe went for a long administered her laremember how long-When the facility dishe experienced or she was not able to time. Telephone interview #1's primary care po 05/09/23 at 12:33pggggggggggggggggggggggggggggggggggg	w with a representative from us contracted pharmacy on a revealed senexon-sets at bedtime was dispensed /16/23 with a quantity of 60 dent #1 on 05/09/23 at ered senexon-s for g time without being exative, but she could not go did not administer her laxative, ramping in her abdomen, and o go the bathroom for days at a w with a nurse from Resident provider's (PCP) office on m revealed: an order for senexon-sets in Resident #1's medical scontinue the laxative. It contacted the PCP's office to ent #1 was out of senexon-s or illy member had made ations. It is of not being administered ared were constipation and revealed:				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.		 F	₹
		HAL030010	B. WING		1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRI\ LLE, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
{D 358}	Continued From pa	ge 24	{D 358}			
	a few weeks. -There was docume red notebook to wri notebook that were -She did not know i the red notebook da -Prior to using the r told the facility Dire needed to be reord -There was once a going without some because they were -She did not remen her senexon-s in Apputting residents' nabecause residents -Resident #1 got up out of her medication did not understand being refilled before	f the facility Director looked at aily to reorder medications. ed notebook, MAs verbally ctor which medications ered. time when Resident #1 was of her medications often not being reordered. The free free medications often not being reordered. The free free medications of the proof or free free medications of the medications alout of or free free medications a lot. The free free medications a lot. The free free free free medications were not be they ran out.				
	2:21pm revealed: -MAs did not reorde -The MAs were res Director know wher down to about 10 d -There was a red n write down medicat doses remainingShe did not know i senexon-s because during her shift.	ponsible to let the facility n a resident's medication was ays of medication remaining. otebook where MAs were to ions when there were no more f Resident #1 was out of e it was not administered dent #1's family member on revealed:				

Division of Health Service Regulation

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DIVIDION	Of Fleatin Service IN		ı			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		1141 020040	B. WING		I	
		HAL030010	B. WING	·····	05/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		191 CRES	TVIEW DRIN	/F		
PS SENI	OR LIVING OF MOCK	SVILLE	LLE, NC 27			
	Г	WOCKSVI	LLE, NC 21	028		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG	TEGGE TOTAL OTTE	SO IDENTIFICATION OF COMMUNICATION,	IAG	DEFICIENCY)	110112	
				·		
{D 358}	Continued From pa	ge 25	{D 358}			
	Mhan Daoident #4	a first admitted to the				
		was first admitted to the				
		2023, there was a lot of				
		her mediations because the				
		the facility she came from				
	used different phar					
		ty sent Resident #1's				
		urrent facility and he assumed				
		o last until her next scheduled				
	doctor's appointme					
	-There was a lot of	miscommunication between				
	the MAs and the fac	cility Director about who				
		ons, so Resident #1 told him				
	when she ran out o	f medication and he contacted				
	her doctor's office for	or refills.				
	-For a long time, the	e facility Director was calling				
	him and asking him	to contact Resident #1's				
	doctors to reorder r	nedications.				
		ained about being constipated				
	in April 2023.	5 .				
		s getting her laxative				
		ad a little trouble with				
	constipation.					
	_					
	Interview with the fa	acility Director on 05/09/23 at				
	3:25pm revealed:	, = 00,00, = 0 at				
		ole for reordering medications				
		ve placed medications in the				
		reordered within 8 to 10 days				
	of the medication ru	,				
		ed notebook daily and				
	reordered medication					
		the red notebook or reorder				
	medications on 05/					
		write medications in the red				
		running low so they could be				
	reordered before th					
		was first admitted to the				
		2023, her family member was				
	contacting her doct	ors to get medication refills,				

but that got confusing.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				7. BOILDING.			٦
		HAL030010		B. WING			0/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From para-She and MAs would member know whe low or had ran out a medication on a she member could get the She was aware Resenexon-s and she prior to running out she was out of the She did not follow because Resident from Resident	Id let Resident #1 In a medication wand she would wreet of paper so the medication resident #1 had be let her family mendication. The medication medication with Resident #1's family membor senexon-s. The PCP's phone family membor senexon-s. The ponsible for letting medications were determined to the facility Director of the medication rung medication rungs ordered. The medication rungs ordered and have run outer should have conders to get orders and should have have all able in the faction of the faction of the medication rungs ordered and should have the policy and should have have all able in the faction of	as running ite the nat the family filled. Item out of ember know in and when #1's PCP item had item bout a week istrator on g the facility ere down to ctor was is were in the family out and it of item distributed in the facility of item out and it of item out and	{D 358}			

Division of Health Service Regulation

STATE FORM 6899 I1DW12 If continuation sheet 27 of 49

DIVISION	of Health Service Re	egulation	1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		HAL030010	B. WING			0/2023
		TIALOGOTO			1 00/1	0/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DC CENI	OR LIVING OF MOCK	191 CRES	TVIEW DRIV	/E		
PS SEINI	OR LIVING OF WOCK	MOCKSV	ILLE, NC 27	028		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				BEI IOIEIOI)		
{D 358}	Continued From pa	ge 27	{D 358}			
	hyperlipidemia, long	g-term use of anticoagulants,				
	glaucoma, and anx					
	-There was an orde	er for torsemide (a diuretic				
	medication used to	treat fluid retention) 20mg				
	daily.	, 3				
	-					
	Review of Resident	t #4's primary care provider				
		ted 03/24/23 revealed:				
		nent with Resident #4 was				
		new resident at the facility.				
		diagnosis of chronic				
	congestive heart fa	ilure and the PCP documented				
		d lower extremity edema.				
		eck laboratory work and adjust				
	Resident #4's medi	cations.				
	Davious of Davidant	+ #4!a nhvaisian!a ardar datad				
	04/14/23 revealed:	t #4's physician's order dated				
		er to increase torgomide from				
		er to increase torsemide from				
	20mg daily to 40mg					
		er to start potassium chloride				
		ement used to treat low				
	potassium ieveis in	the blood) 20 mEq daily.				
		8:00am medication pass on				
	05/10/23 revealed:					
		dication aide (MA) pulled 13				
		om the medication cart for				
	Resident #4.					
		et of torsemide 20mg (2				
		1 tablet of potassium chloride				
		edication cards into a plastic				
		rest of his morning				
	medications.					
		lets and capsules counted in				
		and should have been 17				
	tablets.					
		esident #4 his cup of morning				
		with a small cup of water, and				
	Resident #4 took al	I his medications.				

Division of Health Service Regulation

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STATEMEN	TO THEALTH SELVICE TO NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
7.1.2.2.1.	o. oo2011011		A. BUILDING:			
		HAL030010	B. WING		05/1	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
		MOCKSV	ILLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From page 28		{D 358}			
	hand on 05/10/23 a -There was one me 20mg, take 1 tablet 04/20/23 and a disp -There were 8 out of medication cardThere were initials medication card incomplication card was dated 04/ dates and initials, we electronic medication (eMAR) indicated the administered to Retere was one me chloride 20 mEq tall dispensed date of 0 quantity of 28 tablet -There were 10 out medication cardThere were initials indicating which MA -The first tablet administered card was dated 04/2 dates and initials, we indicated that 1 table been administered 04/23/23 through 05 Observation of Res 11:25am revealed: -He was sitting in he -His lower legs were dry, slightly reddender	edication card for torsemide daily with a dispensed date of pensed quantity of 30 tablets. of 30 tablets remaining in the next to each pill bubble on the dicating which MA dose. Ininistered from the medication 19/23 and the subsequent when compared to the con administration record that one 20mg tablet had been sident #4 each day instead of the from 04/19/23 through redication card for potassium and 12/21/23 and a dispensed that to each pill bubble and administered each dose. In the first potassium and the subsequent when compared to the eMAR, let of potassium chloride had to Resident #4 each day from				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION		SURVEY PLETED
			A. BUILDING	·		R
		HAL030010	B. WING			10/2023
NAME OF I	PROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY,	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	CRESTVIEW DRI' KSVILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	age 29	{D 358}			
	one dressing to his left lateral calf; both dressings were clean, dry and intact. -There were no blisters observed but some areas of the skin on his lower legs were bumpy. Review of Resident #4's April 2023 eMAR revealed:					
	mEq take 1 tablet d -There was docume was administered d	y for potassium chloride 20 daily scheduled at 8:00am. entation potassium chloride once daily from 04/18/23				
	through 04/30/23. -There was an entry for torsemide 20mg,take 1 tablet daily scheduled at 8:00am with a stop date of 04/17/23.		ate			
	tablets (40mg total) with a start date of		ı			
	administered daily f	entation torsemide 20mg w from 04/01/23 through emide 40mg was administe through 04/30/23.				
	05/01/23 through 05					
	mEq take 1 tablet d -There was docume was administered d 05/10/23.	y for potassium chloride 20 daily scheduled at 8:00am. entation potassium chloride daily from 05/01/23 through	•			
	tablets (40mg total) -There was docume	y for torsemide 20mg take) daily scheduled at 8:00am entation that torsemide 40r daily from 05/01/23 through	ı. ng			
	revealed: -During the medica	on 05/10/23 at 8:35am tion pass that morning she red one torsemide 20mg ta				

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Division	<u>of Health Service Re</u>	egulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUF IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				D WING		F	
		HAL030010		B. WING		05/1	0/2023
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		TVIEW DRIN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN / MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 30		{D 358}			
	to Resident #4. -The medication en instructions to admi medication card instablet daily she wer -She had never adr 20mg tablets to Resident #4's torse increased, and ther medication card increased, and ther medication card increased. -Resident #4 had si was admitted to the swelling had not im admission. -Resident #4 never breath. -Resident #4 never irregular heart rate	inister 2 tablets, betructed to administered two torministered two torministered two torministered two torministered two torministered two tormident #4. The sased from 20 mg a facility had not to mide dose had be the was not a sticked dicating that the owner welling to his legs a facility in March proved or worsen appeared or sou complained about	out since the ster only 1 uctions. Issemide It's order for to 40mg. Old her that een er on the order had It since he 2023 and the end since his ended short of				
	Telephone interview the facility's contract 9:00am revealed: -Resident #4's torse was to take two 20r	eted pharmacy on emide order dated	05/10/23 at d 04/18/23				
	dailyResident #4's pota 04/18/23 was to tak -Their pharmacy to medications to the not yet dispensed to Resident #4The pharmacy disp	te one 20 mEq ta ok over dispensin facility on 04/19/2 orsemide to the fa	blet daily. ig :3 and had acility for				
	mEq tablets to the to 04/21/23 for a quantum across taff end	facility for Resider tity of 28 tablets.	nt #4 on				

the eMAR system, and someone at the facility

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DIVISION	of Health Service Re	eguiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
					R	≀
		HAL030010	B. WING		1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
10 101 1	NOVIBER OR GOLFELER		STVIEW DRIN			
PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27			
(V/A) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX	_	/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ge 31	{D 358}			
	was responsible for	checking the order and				
		e the order active on the				
	eMAR.					
		with a representative from				
	05/10/23 at 9:15am	contracted pharmacy on				
		n order on file for torsemide				
	20mg daily dated 03					
		pensed torsemide 20mg take 1				
		5/23 for a quantity of 30				
	tablets.					
		an order on file for Resident				
	#4 to take torsemid	e 40mg daily.				
	Telephone interview	w with Resident #4's PCP on				
	05/10/23 at 10:20ar					
	-She had increased	Resident #4's dose of				
		ng daily to 40mg daily to try to				
		of swelling in his legs because				
		orm blisters due to the excess				
	fluid.	d the notaceium aupplement				
		d the potassium supplement increased dose of torsemide,				
		could deplete blood				
	potassium levels.	could depicte sieed				
		ratory work collected on				
	04/03/23 showed th	nat Resident #4's potassium				
		semide dose being increased				
		nmol/L (normal reference				
	range was 3.5 - 5.1					
		Resident #4 since she				
	potassium supplem	mide dose and added the				
		e that Resident #4 had been				
		n chloride as ordered, but that				
		only administering 20mg of				
	torsemide daily inst					
		effects from not receiving the				
		orsemide included worsening,				

Division of Health Service Regulation

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STATEMENT OF DEFICIONICS MAD PLAN OF CORRECTION RADIDATION: HALO30010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTYLEW DRIVE MOCKSVILLE PS SENIOR LIVING OF MOCKSVILLE MOCKSVILLE, NC 27028 SUMMARY STATEMENT OF DEFICIENCIES PREPRIOR PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES PREPRIOR PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES PREPRIOR PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES PREPRIOR PROVIDER OR SUMMARY STATEMENT OF DEFICIENCY [0] 358) Continued From page 32 or no improvement to the swelling in Resident #4's legs or delayed healing to the bilisters on his legs. -The home health nurse (HHN) had been treating a wound to Resident #4's ankle that he had been admitted to the facility with, and the HHN had not reported any worsening condition to Resident #4's legs to her. -Possible adverse effects from receiving the potassium supplement without also taking the increased dose of torsemide included hyperkalemia (high blood potassium levels) which could eventually cause irregular heart rightme or a heart attack if the potassium level got too high. -She had not received any notification about Resident #4's ankle with a representative from Resident #4's ankle since 04/01/23. -There was no documentation about the swelling in Resident #4's ankle since 04/01/23. -There was no documentation about the swelling in Resident #4's ankle wound. -The HHN had been treating a wound on Resident #4's ankle since 04/01/23. -There was no documentation indicating a slight decrease in the size of his ankle wound. -The HHN had been treating a wound on Resident #4's ankle wound. -The HHN had been treating a wound on Resident #4's ankle wound. -The HHN had been treating a wound on Resident #4's ankle since 04/01/23. -There was no docume	DIVISION	of Health Service Re	egulation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028 192 CROSS-TREFERENCE PRODUCES OF PROVIDERS PLAN OF CORRECTION (PREFIX TAG) REQUIATORY OR LSO IDENTIFYING INFORMATION) REQUIATORY OR LSO IDENTIFYING INFORMATION (D 358) Continued From page 32 or no improvement to the swelling in Resident #4's legs or delayed healing to the blisters on his legs. -The home health nurse (HHN) had been treating a wound to Resident #4's legs to her. -Possible adverse effects from receiving the potassium supplement without also taking the increased dose of torsemide included hyperkalemia (high blood potassium level) swhich could eventually cause irregular heart rhythms or a heart attack if the potassium level got too high. -She had not received any notification about Resident #4 reporting cardiac symptoms to the facility staff. -She expected the facility staff to administer medications how she ordered them. Telephone interview with a representative from Resident #4's nakle since 04/01/23. -There was no documentation about the swelling in Resident #4's ankle since 04/01/23. -There was no documentation about the swelling in Resident #4's ankle since 04/01/23. -There was no documentation indicating a slight decrease in the size of his ankle wound. -The HHN was at the facility to see Resident #4 the day prior on 05/09/23, and had not documentation indicating a slight decrease in the size of his ankle wound. -The HHN was at the facility to see Resident #4 the day prior on 05/09/23, and had not documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028 PROVIDERS PLAN OF CORRECTION (MA) ID SUMMARY STATEMENT OF DEPICIENCIES (EXACIDERCISCH MUST BE PRECIDED BY FULL REGULATORY OR IS CIDENTIFYING INFORMATION) (D 358) Continued From page 32 or no improvement to the swelling in Resident #4's legs or delayed healing to the blisters on his legsThe home health nurse (HHN) had been treating a wound to Resident #4's ankle that he had been admitted to the facility with, and the HHN had not reported any worsening condition to Resident #4's legs to herPossible adverse effects from receiving the potassium supplement without also taking the increased dose of torsemide included hyperkalemia (high blood potassium level) got too highShe had not received any notification about Resident #4 reporting cardiac symptoms to the facility staffShe expected the facility staff to administer medications how she ordered them. Telephone interview with a representative from Resident #4's nome health provider on 05/10/23 at 10-45am revealed: -The HHN had been treating a wound on Resident #4's ankle since 04/01/23There was no documentation about the swelling in Resident #4's legs, but there was documentation indicating a slight decrease in the size of his ankle woundThe HHN was at the facility to see Resident #4 the day prior on 05/09/23, and had not documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
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-There was no documentation about the swelling in Resident #4's legs, but there was documentation indicating a slight decrease in the size of his ankle woundThe HHN was at the facility to see Resident #4 the day prior on 05/09/23, and had not documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at			_				
in Resident #4's legs, but there was documentation indicating a slight decrease in the size of his ankle wound. -The HHN was at the facility to see Resident #4 the day prior on 05/09/23, and had not documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at							
size of his ankle wound. -The HHN was at the facility to see Resident #4 the day prior on 05/09/23, and had not documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at							
-The HHN was at the facility to see Resident #4 the day prior on 05/09/23, and had not documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at							
the day prior on 05/09/23, and had not documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at							
documented any abnormal findings or new skin concerns during her visit. Interview with a second MA on 05/10/23 at							
concerns during her visit. Interview with a second MA on 05/10/23 at							
Interview with a second MA on 05/10/23 at							
		concerns during he	r visit.				
		Intonvious with a	and MA on 05/40/22 -+				
11,00 am roya aladı			condivia on 05/10/23 at				
11:00am revealed:			alv administered and terramida				
-She had always only administered one torsemide							
20mg tablet to Resident #4The eMAR sometimes gave different instructions]
for medication administration than the medication							

Division of Health Service Regulation

STATE FORM 6899 I1DW12 If continuation sheet 33 of 49

DIVIDION	Of Fleatill Service IN	galation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		HAL030010	B. WING	<u> </u>	1	0/2023
NAME OF I		CTDEET AD	DDECC CITY (STATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIN			
		MOCKSV	ILLE, NC 27	028		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE
		,		DEFICIENCY)		
{D 358}	Continued From pa	go 33	{D 358}			
(D 330)	Continued From pa	ge 33	(D 330)			
	cards instructions, a	and since they had just				
		es at the time Resident #4's				
		anged from 1 tablet to 2				
		eMAR, she figured they had				
	made a mistake.					
		or about the discrepancy				
		#4's torsemide medication				
		mide entry in the eMAR and				
		r she would follow up with the				
	pharmacyThe Director never notified the MAs if a					
	resident's medication					
		resident' record to look at a				
		she had a question about it.				
		had not become more				
	swollen in the last n					
	complained about b	peing short of breath or having				
	chest pains.					
		dent #4 on 05/10/23 at				
	11:20am revealed:					
		l a diuretic medication				
	because his legs w					
	the last month.	legs had been the same for				
		ers on his legs a month or two				
		lready dried up and healed.				
		ny chest pain or irregular heart				
	beats in the last mo					
		ness of breath, but nothing				
		eline in the last month.				
	-He was blind so he	e did not know what pills he				
		y because he could not see				
	them.					
		nentioned starting him on a				
		diuretic or a potassium				
		had not asked the staff how				
	he was receiving th	em.				
	Interview with the fe	acility Director on 05/10/23 of				
	interview with the la	acility Director on 05/10/23 at				

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation					
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		(X3) DATE SURVEY COMPLETED	
				F	
	HAL030010	B. WING		05/1	0/2023
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
	191 CRF				
OR LIVING OF MOCK	SVILLE				
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
Continued From pa	nge 34	{D 358}			
1:10pm revealed: -One month prior, seMARs once weekl -She had not check cards to see if he we torsemide daily instorderedShe was not aware administering 20mg 40mg to Resident #-None of the MAs he discrepancy betweek #4's torsemide on the eMARShe could not find cards to indicate the order, so she had not sticker on Resident cardThe MAs were trained eMAR and not to ack were not sure what left there was a dose the medication cards the eMAR instruction supposed to let her the order with them and a question receiving the potassThe swelling to Re as it had been since it had not worsened.	she started doing audits of the ly. Red Resident #4's medication was receiving two tablets of tead of one as previously The the MAs had only been go for torsemide daily instead of the medication for Residenthe medication card versus on the stickers for the medication ere had been a change in the not put a change of order the theory of the medication and to, and expected to, cation card to the order in the dminister a medication if they the correct dose was. The discrepancy between what do instruction were versus what the conservation were versus what the swere, the MAs were thought who was that she could clarify the correct dose was the same of the medication order. The discrepancy between the medication order who was that she could clarify the conservation were versus what the conservation of the started significant medication order. The about a medication order was the started significant which is legs was the same of the heart beat since he started significant was the same of the star				
	Continued From particles of Correction of Co	HAL030010 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 34 1:10pm revealed: -One month prior, she started doing audits of the eMARs once weeklyShe had not checked Resident #4's medication cards to see if he was receiving two tablets of torsemide daily instead of one as previously orderedShe was not aware the MAs had only been administering 20mg of torsemide daily instead of 40mg to Resident #4None of the MAs had asked her about the discrepancy between the instructions for Residen #4's torsemide on the medication card versus on the eMARShe could not find her stickers for the medication cards to indicate there had been a change in the order, so she had not put a change of order sticker on Resident #4's torsemide medication cardThe MAs were trained to, and expected to, compare the medication card to the order in the eMAR and not to administer a medication if they were not sure what the correct dose wasIf there was a dose discrepancy between what the eMAR instructions were, the MAs were supposed to let her know so that she could clarify the order with themAll of the MAs had access to the resident record if they had a question about a medication orderResident #4 had not complained of having chest pain or an irregular heart beat since he started receiving the potassium supplement.	TOF DEFICIENCIES OF CORRECTION X1 PROVIDER/SUPPLIER/CLIA BUILDING:	TOF DEPICIENCIES OF CORRECTION (X1) PROVIDERSUPPLERICLLA DENTIFICATION NUMBER HAL030010 STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 34 1:10pm revealed: -One month prior, she started doing audits of the eMARs once weeklyShe had not checked Resident #4's medication cards to see if he was receiving two tablets of torsemide daily instead of 40mg to Resident #4None of the MAS had asked her about the discrepancy between the instructions for Resident #4's torsemide on the medication card vorsus on the eMARShe could not find her stickers for the medication cards to indicate there had been a change in the order, so she had not put a change of order sticker on Resident #4's torsemide on the medication card to the order in the eMAR and not to administer a medication if they were not sure what the correct dose wasIf there was a dose discrepancy between what the eMAR instructions were, the MAs were supposed to let her know so that she could clarify the order with themAll of the MAs had access to the resident record of the MAs had access to the resident records and knew to check the resident record of the MAs had access to the resident records and knew to check the resident record of the MAs had access to the resident record of the MAs had access to the resident records and knew to check the resident record of the MAs had access to the resident records and knew to check the resident record of the MAs had access to the resident record of the MAs had access to the resident record of the MAs had access to the resident record of the MAs had access to the resident record of the MAs had access to the resident records and knew to check the resident record if they had a question about a medication orderResident #4 had not complained of having chest pain or an irregular heart beat since he started receiving the potassium supplementThe swelling to Resident #4	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDERS UPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 34 1:10pm revealed: -One month prior, she started doing audits of the edMARs once weekly. -She had not checked Resident #4's medication cards to see if he was receiving two tablets of torsemide daily instead of one as previously ordered. -She was not aware the MAs had only been administering 20mg of torsemide daily instead of 40mg to Resident #4. -None of the MAs had asked her about the discrepancy between the instructions for Resident #4's torsemide on the medication card sto see if he had not put a change of order sticker on Resident #4's torsemide medication card sto indicate there had been a change in the order, so she had not put a change of order sticker on Resident #4's torsemide medication card to the order the medication card to the order in the eMAR and not to administer a medication card to the order in the eMAR and not to administer a medication card to the order in the eMAR and not to administer a medication reversus what the emdication card to the order in the eMAR and not to administer a medication order. -All of the MAs had access to the resident record if they had a question about a medication order. -Resident #4 had not complained of having chest pain or an irregular heart beat since he started receiving the potassium supplement -The swelling to Resident #4's legs was the same as it had been since his admission to the facility; it had not vorsened and the skin to his legs had improved with the care of the HHN.

Division of Health Service Regulation STATE FORM

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	
AND PLAN U	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL030010	B. WING		05/1	0/2023
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENIO	R LIVING OF MOCK	SVILLE	STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
	25/10/23 at 1:50pm. He was not aware receiving the incorrection of the facility Directors. The facility Directors of the emander of the expected the stocard to the order in knew the current are administering the management of the emander of the e	with the Administrator on revealed: that Resident #4 had been ect dose of torsemide. It and the previous Resident RCC) had been doing weekly is and medication cart, and if discrepancy between a disc	{D 358}			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	,
		HAL030010	B. WING		1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRI\ ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	age 36	{D 358}			
		reason sertraline was not hat the medication was not in				
	#3 on 05/09/23 at 1 one medication car	dication on hand for Resident 1:45am revealed there was d for sertraline 50mg with a 04/20/23 and there were 9 out olets remaining.				
	Review of Resident #3's PCP appointment note dated 03/24/23 revealed: -During the visit Resident #3 was laying in bed watching televisionThe facility Director reported to her that Resident #3 had been getting up out of bed and around the facility moreThe PCP reviewed Resident #3's medicationsThere was no documentation about Resident #3 not receiving sertraline from 03/01/23 through 03/17/23.					
	-On 03/05/23, 03/08 03/15/23, there was medication aides (M her bed all day. -There was no docu	t #3's progress notes revealed: 8/23, 03/09/23, 03/14/23, and s documentation from the MA) that Resident #3 stayed in umentation that Resident #3 pressed to the staff.				
	05/09/23 at 11:55ar -The facility Directo facility who could re pharmacy, or conta -In the previous cou Director had initiate medications by place medication cart.	or was the only staff in the eorder medication, call the				

Division	<u>of Health Service Re</u>	egulation				
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		HAL030010	B. WING		05/1	0/2023
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NAME OF I	-KOVIDER OR SUFFLIER					
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	O. (MOCKS	SVILLE, NC 27	028		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
{D 358}	Continued From pa	nge 37	{D 358}			
(D 330)	Continued i Tom pa	ige 37	(D 330)			
	medications had ru	in out in the red notebook.				
	-The facility Directo	or told the MAs she would				
		book every day and refill				
		ions were listed in the				
	notebook.	ions were noted in the				
		if the facility Director checked				
	the red notebook ev					
		oposed to let the facility				
		ally if a medication needed to				
	be refilled.					
		ember if she had verbally tol				
		that Resident #3 did not have	•			
	sertraline available	on the medication cart.				
	-She had administe	ered sertraline to Resident #3				
	on 03/18/23, but did	d not remember if the				
		d a new medication card, or if				
		d had been found in the				
	medication cart.	a naa been reana in ine				
		nber Resident #3 having				
		ns of depression when she				
	was not taking serti					
			_			
		3 was admitted to the facility i				
	•	mostly stayed in her room all				
	day.					
		expressed suicidal ideations				
		if any staff were responsible				ļ
		ARs for medications not				ļ
	administered.					ļ
		or sometimes audited the				ļ
	medication cart and	d she saw another MA do a				ļ
		hin the past few weeks as we	II.			ļ
		what the MA or the facility				
		during the medication cart				ļ
	audit.	g				ļ
	Interview with a sec	cond MA on 05/09/23 at				ļ
	2:20pm revealed:	Cond WA on 00/03/23 at				
		oordor modioation refille from				ļ
		eorder medication refills from				ļ
		the facility Director could refi	II			
	medication.					

STATEMEN	OT HEALTH SERVICE RE IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		LETED
		HAL030010	B. WING		F 05/1	R <mark>0/2023</mark>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIV			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 358}	know if a medication the medication care before the medication care before the medication. The MAs notified the medication refills by Resident #3 receives sertraline from the but that was all the She verbally let the Resident #3 ran our 2023. Resident #3 never depression or suickly repression or suickly re	pected to let the facility Director on was down to the last row on d which was usually 10 doses ion ran out. The facility Director of needed y telling her in person. The det two or three tablets of pharmacy in February 2023, pharmacy sent. The facility Director know that the of sertraline in February The expressed thoughts of de. The days where Resident #3 just and other days where she got and the facility. The first moved into the facility in left her room more and ate dining room but after she had for a couple weeks, she is meals in her room. The meals in her room. The with Resident #3's power of 05/09/23 at 3:05pm revealed: een depressed since she y in January 2023, because	{D 358}			
Division of H		cted pharmacy on 05/10/23 at				

	NT OF DEFICIENCIES I OF CORRECTION		/SUPPLIER/CLIA TION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BUILDING.			R
		HAL030	010	B. WING			10/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SEN	IOR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page 9:00am revealed: -The pharmacy too to the facility on 04There was an order sertraline 50mg da -The pharmacy had for Resident #3 bed previous pharmacy. Telephone interview the facility's former 05/10/23 at 9:15am -Resident #3 had a sertraline 50mg da -On 02/17/23, they the facility for Residents to get to the of 02/20/23On 02/20/23, they the facility for ResidentsOn 03/20/23, they the facility for ResidentsOn 03/20/23, they the facility for ResidentsThey had received #3's sertraline 50m not dispensed any was too early for a Telephone interview 05/10/23 at 10:20a -She had prescribe 02/17/23 due to the depressedShe was not award been administered through 03/17/23Possible adverse of sertraline as ordered depressive sympto	k over dispensi/19/23. er on file for Rilly. d not yet dispensive the cycle had not ran over with a representated phonomer of the contracted phonomer of the cycle-fill dispensed section and the cycle-fill request of the cycle that Resider the cycle that Resider section and the cycle that Resider section are cycle that Resider section and the cycle that	esident #3 for ensed sertraline e-fill from the out yet. sentative from narmacy on 02/17/23 for entraline 50mg to quantity of 2 dispense date entraline 50mg to quantity of 28 entraline 50mg to quantity of 26 est for Resident 3/07/23 but had entraline because it ent #3's PCP on Resident #3 on entring feeling ent #3 had not en 03/01/23 ent receiving going mild	{D 358}			

Division of Health Service Regulation

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Division of Health Service Regulation			1				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUM	IDEK:	A. BUILDING:		COMP	LETED
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		HAL030010		B. WING			0/2023
		TIALOGGOTO				1 00/1	0/2020
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
De CENII	OD LIVING OF MOCK	evii i E	191 CRES	TVIEW DRIV	/E		
PS SEINI	OR LIVING OF MOCK	SVILLE	MOCKSVI	ILLE, NC 27	028		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	}	ID	PROVIDER'S PLAN OF CORRECTION	ON O	(X5)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	ΓΙΟΝ)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
					DEFICIENCY)		
{D 358}	Continued From pa	ae 40		{D 358}			
,	, ,						
	improvement of syr						
		ever reported suicida					
	ideations to her.						
		een in good spirits las	st month				
	during her visit.						
		facility to reorder med					
		ng out and to administ	er				
	medications how sh	ne ordered them.					
			0.000				
		acility Director on 05/	10/23 at				
	1:10pm revealed:						
		she started doing aud	ts of the				
	eMARs once weekl						
		she had tried to look a	at the				
	exceptions report o						
		arch 2023, she had n					
	_	n administration on a r	egular				
	basis.		•				
		ad been responsible					
		of the medication cart					
		medications were ava					
		there was no docume	entation				
	required for proof o						
		e that sertraline was r					
		ministered to Residen	ι#3 irom				
	03/01/23 through 03		4				
		slip from the delivery					
		aline 50mg tablets to					
		2/17/23 through 03/17					
		hy the sertraline was	IOI				
		ministered due to the					
	medication not bein		.m., 0000				
		Resident #3's Februa					
		outer, and sertraline 5					
		ministered on 02/18/2					
	· · · · · · · · · · · · · · · · · · ·	ocumented as admini	stered				
	from 02/20/23 throu						
		pected to let her know					
		was down to the last					
	the medication card	d so that she could re	quest the				

Division of Health Service Regulation

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					 F	.
		HAL030010	B. WING		1	0/2023
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRI\ LLE, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
{D 358}	Continued From pa	ige 41	{D 358}			
(- 243)	refillThe MAs were sup about medication re-Resident #3 had n depressed to herSince Resident #3 January 2023, there character or demeasom a lot since modern a l	oposed to let her know verbally efills needed. ever reported feeling sad or was admitted to the facility in e had been no change to her anor; she had stayed in her oving to the facility. In with the Administrator on a revealed: or was responsible for ensuring edications were ordered and				
	all the residents' medications were ordered and available for administration unless she had an RCC she could delegate that task to. -He was not aware that Resident #3 had not been administered sertraline from 02/20/23 through 03/17/23. -He expected all medications to be administered as ordered and for staff to expedite a refill of a medication that same day if it was not available on the medication cart.					
		ion, record review and termined Resident #3 was not				
	 b. Review of Resident #3's current FL2 dated 01/13/23 revealed: -An order for lantus insulin (a long-acting insulin used to control blood sugar levels) 10 units at bedtime. -An order to check fingerstick blood sugar (FSBS) twice daily before breakfast and at bedtime. Review of Resident #3's physician's order dated 01/13/23 revealed an order to change lantus from 10 units at bedtime to 8 units in the morning and 8 units in the evening. 					

Division of Health Service Regulation

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE S	
			A. BUILDING.		R	
		HAL030010	B. WING			0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	KSVILLE	STVIEW DRI\ /ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE
{D 358}	Continued From pa	age 42	{D 358}			
	02/03/23 revealed insulin to Levemir is used to control bloomorning and evening	t #3's physician's order dated an order to change lantus nsulin (a long-acting insulin od sugar levels) 8 units every ng. t #3's physician's order dated				
	02/17/23 revealed an order to increase Levemir to 10 units twice daily.					
	Review of Resident #3's physician's order dated 04/14/23 revealed an order to increase Levemir to 10 units in the morning and 14 units in the evening.					
		t #3's April 2023 electronic stration record (eMAR)				
	units every morning -Levemir was not d 8:00am on 4/27/23 04/30/23.	ry for Levemir insulin, inject 10 g scheduled at 8:00am. locumented as administered at , 04/28/23, 04/29/23, or	t			
	units every evening stop date of 04/14/2					
	units every evening start date of 04/14/	-				
	-Levemir was not documented as administered at 8:00pm on 4/27/23, 04/28/23, 04/29/23, or 04/30/23The documented reason Levemir was not		t			
	administered was t the facility.	that the medication was not in				
	scheduled at 6:30a -Resident #3's FSE					

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	·	COMP	LETED
					F	,
		HAL030010	B. WING			0/2023
		TIALOGOTO	<u> </u>		03/1	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DC CENI	OR LIVING OF MOCK	SVILLE 191 CRES	STVIEW DRIN	/E		
PS SEINI	OR LIVING OF WOOK	MOCKSV	ILLE, NC 27	028		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON NC	(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	RIALE	DATE
				BEI IOIEIVOT)		
{D 358}	Continued From pa	ge 43	{D 358}			
	-Resident #3's FSBS values from 04/27/23					
		hen she did not receive				
	Levemir ranged from					
	Leveriii ranged noi	III 139 to 337.				
	Review of Resident	t #3's May 2023 eMAR from				
	05/01/23 through 05	•				
		y for Levemir insulin, inject 10				
	units every morning	scheduled at 8:00am.				
	-Levemir was not d	ocumented as administered at				
	8:00am on 05/01/23					
		y for Levemir insulin, inject 14				
		scheduled at 8:00pm.				
		ocumented as administered at				
	8:00pm on 05/01/23					
		eason Levemir was not				
		hat the medication was not in				
	the facility.					
		y to check FSBS twice daily				
	scheduled at 6:30a					
		S values from 05/01/23				
		anged from 141 to 412. S values from 8:00am on				
	** -	on 05/02/23 when she did not				
		nged from 207 to 348.				
	receive Levelliii Tai	iged from 207 to 540.				
	Observation of med	dication on hand for Resident				
		1:45am revealed there was				
		insulin that was 2/3 full with a				
		04/30/23 and an opened date				
	of 05/02/23.	, ,, o o, = o aa a o p oa a a				
	Review of Resident	#3's progress notes revealed				
		mentation about Resident #3				
	being out of Levem	ir or experiencing symptoms				
	of high blood sugar					
		dication aide (MA) on				
	05/09/23 at 11:55ar					
		r was the only staff in the				
	facility who could re	eorder medication, call the				

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Division of Health Service Regulation					T	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	·	COMP	LETED
					F	۱ ا
		HAL030010	B. WING			0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY,	STATE ZIP CODE		
10 4012 01 1	TO VIDENCON CONTRICT		RESTVIEW DRI	•		
PS SENI	OR LIVING OF MOCK	SVILLE	KSVILLE, NC 27			
040.15	CLIMMA DV CTA				ON	0.5
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ige 44	{D 358}			
	pharmacy, or conta	ct the primary care provide	r			
	(PCP).	. , , ,				
	-The MAs were sup	pposed to let the facility				
		ally if a medication needed	to			
	be refilled.					
		ed the facility Director that				
		ut of Levemir insulin, becau hat another MA had alread [,]				
	contacted the facilit		'			
		f any of the other MAs notif	ied			
	the facility Director that Resident #3 was out of					
	Levemir.					
		displayed symptoms of				
	experiencing hyper-	- or hypoglycemia.				
	Interview with a sec	cond MA on 05/09/23 at				
	2:20pm revealed:					
		eorder medication refills fro				
	tne pnarmacy; only medication.	the facility Director could re	etili			
		pected to let the facility Dire	ctor			
		n was low or down to the la				
	weeks' worth of me					
		he facility Director of neede	d			
	,	y telling her in person.				
		old the facility Director that				
		ut of Levemir insulin on				
		did not have Levemir	<u>.</u>			
	Resident #3.	edication cart to administer	iO			
		n was ordered from the				
		sometimes take a week or	two			
		ne facility because they had				
	been having issues	with their pharmacy which				
		ntly changed pharmacies.				
		was out of Levemir insulin				
		ny high or low FSBS values				
	outside of her base					
		ot displayed symptoms of or low blood sugar levels.				
	having really high o	i iow biood adyai ievela.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL030010	B. WING			R 10/2023
	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CR	ADDRESS, CITY, S' ESTVIEW DRIV SVILLE, NC 270	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page 45 Telephone interview with a representative from		{D 358}			
	the facility's contract 9:00am revealed: -The pharmacy took to the facility on 04/-There was an order Levemir 10 units in the eveningThey had received #3's Levemir on 04/-vial of Levemir insustance should have received the facility's former 05/10/23 at 9:15am -The pharmacy had #3 for Levemir 10 units of 10/23They recently disperfor Resident #3 on 04/10/23Each Levemir insulin which was another the facility changed days after. Telephone interview 05/10/23 at 10:20ar -Resident #3 had an levels in the evening dose of Levemir in 14 unitsShe was not aware the saillity changed days after.	k over dispensing medication (19/23). For on file for Resident #3 for the morning and 14 units in a refill request for Resident (30/23), so they dispensed 1 lin on 04/30/23 and the facilitied it that same evening. We with a representative from contracted pharmacy on revealed: If an order on file for Resident (10) and (10) and (10) and (10) and (10) and (10) and (10) are contained 300 units of 15-day supply. The contained 300 units of 15-day supp	y Y f			

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Division	<u>of Health Service Re</u>	egulation				_	
	IT OF DEFICIENCIES	(X1) PROVIDER/S		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICAT	ION NUMBER:	A. BUILDING:		COMPI	LETED
						R	,
		HAL0300	10	B. WING			0/2023
		1				1 00/1	0.2020
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		TVIEW DRIV			
			MOCKSVI	LLE, NC 27	028		
(X4) ID		TEMENT OF DEFIC		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
1710			- ,	17.0	DEFICIENCY)		
(D 250)	O	10		(D 250)			
{D 358}	Continued From pa	ge 46		{D 358}			
	04/27/23 through the 8:00am dose on 05/02/23.						
	-Possible adverse effects from not receiving the						
	Levemir insulin included high blood sugar levels						
	which could cause		ed vision, thirst				
	and dry mouth, or w						
	-She was not aware		3 experiencing				
	symptoms of high b		5050				
	-The facility provide						
	for her to review, and she had last reviewed them		reviewed them				
	on 04/14/23She expected medications to be refilled prior to		ofilled prior to				
	them running out or						
	prescription needed						
	-She expected the						
	medication as orde						
	doses had been mi						
	Interview with the fa	acility Director of	on 05/10/23 at				
	1:10pm revealed:						
	-About one month p		d doing audits				
	of the eMARs once						
	-In the last month s						
	exceptions report o						
	 The former RCC h completing audits or 						
	ensure all ordered						
	the medication cart						
	documentation requ	,					
	-One of the MAs ha						
	04/27/23 regarding						
	Levemir insulin so						
	day, on 04/28/23.		ŭ				
	-She was not aware	e Resident #3's	Levemir insulin				
	was not documente		red from				
	04/27/23 through 0						
	-When a medication						
	pharmacy, it usually						
	-If a medication tha						
	not delivered from t						
	two she expected the	ne MAs to let h	er know so that				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		1 ' '	E CONSTRUCTION		SURVEY PLETED
				7t. BOILDING.		l ,	R
		HAL030010		B. WING	····		10/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	she could follow up-Resident #3 had no blood sugar on the Levemir insulin. Telephone interview 05/10/23 at 1:50pm - The facility Director all the residents' may available for admin RCC she could delever through 05/02/23. He expected all mass ordered and for medication that sar on the medication of the medication that sar on the medication of the facility failed to administered as ordered and for medication that sar on the medication of the medication of the facility failed to administered as ordered and for medication, which is the swelling in his least arrhythmia or daily potassium sup the diuretic dose in resident who had a antidepressant medication, of the swelling of depress reported improveminsulin for 11 consequences.	with the pharmacy or ot displayed symptom days she did not received with the Administrate revealed: revealed: responsible for edications were orderestration unless she has egate that task to. that Resident #3 had mir insulin from 04/27/edications to be admirstaff to expedite a refine day if it was not av	s of high ive or on ensuring ed and ad an not been 23 nistered ll of a ailable was not were ncluding la gs, and etic ment to a risk for king a land an ailable arting an arted had no red il to May	{D 358}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 05/10/2023	
		HAL030010				
NAME OF PROVIDER OR SUPPLIER PS SENIOR LIVING OF MOCKSVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N SHOULD BE COMPLETE DATE	
{D 358}	hyperglycemia (Reshad nerve damage consecutive doses resulting in the residence and not administere medication for chroresident experiencial including increased resident was not ad a stool softener in a laxative in a montexperienced constitution (Resident #1) This substantial risk for sneglect which constitution. The facility provided accordance with G. this violation.	sident #3); and a resident who and not administered 20 of a medication for nerve pain dent experiencing withdrawal gincreased pain and anxiety, ed 7 consecutive doses of a mic pain resulting in the ng withdrawal symptoms I pain and anxiety, and the dministered 13 daily doses of a month and 14 daily doses of the resulting in the resident pation and abdominal pain. failure placed residents at serious physical harm and titutes a Type A2 Violation. In a plan of protection in S. 131D-34 on 05/10/23 for TE FOR THE TYPE A2 NOT EXCEED, JUNE 9,	{D 358}			

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