STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL092215			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R-C 06/01/2023	
		B. WING				
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
	GARNER		GLEWOOD DRIVE R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	County Department	nsure Section and Wake of Social Services conducted nd complaint investigation on une 1, 2023.				
D 377	10A NCAC 13F .100	6(a) Medication Storage	D 377			
	(a) Medications that stored in the resider safe and secure ma	06 Medication Storage t are self-administered and at's room shall be stored in a nner as specified in the adult tion storage policy and				
	review the facility fai medications stored i safe and secured, a	ons, interviews, and record led to ensure that n a resident's room (#3) were s evidenced by four n unlocked side table and two				
	The findings are:					
	Review of the facility	's Resident Self-				

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		B. WING		R-C 06/01/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CADENCE	GARNER		GLEWOOD DRIVE R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 377	Continued From page	e 1	D 377			
	Continued From page 1 Management and Storage of Medications policy dated 09/18/19 revealed: -If a resident is allowed to keep his/her own medications, the Resident Services Director (RSD) ensures all medications are kept in a secure environment that is accessible only to the resident and community staff. -Locked storage is maintained in the resident's room to prevent access by other residents. -The resident's apartment must be kept locked at any time when the resident is out of the apartment. Review of Resident #3's current FL-2 dated 10/01/22 revealed: -Diagnoses included mal neoplasm of left bronchus lung (lung cancer), secondary malignant neoplasm of brain, neuropathy, depressive anxiety disorder, and hypertension. -The resident was ambulatory. Review of Resident #3's care plan dated 07/06/22 revealed the resident may self-administer					
		s oriented, and her memory				
	self-management of I -The most recent ass self-management of I on 05/01/23.	medications revealed: sessment for medications was completed				
	-The resident was as self-management of r	sessed with no risks of medications.				
	2:21pm revealed:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092215			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDERTIFICIATION TO ATOMBETA	A. BUILDING:				
		B. WING			R-C 06/01/2023		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CADENCE	GARNER		GLEWOOD DRIVE				
		GARNEI	R, NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 377	Continued From page	e 2	D 377				
	(Amlodipine is used to Levetiracetam 250mg treat seizures), Losar (Losartan Potassium pressure), and Gaba is used to treat nerve -There were two med medicine cabinet that Gabapentin 100mg a -There was a pill box contained the followin and Saturday; Amlod 250mg, and Losartan Interview with Reside revealed: -She was allowed to -She did not take the -She had not reporter stopped taking Gaba -She had not been pr medications in a seco -She was not aware to be locked. -She usually left her nor her room could be loo -The hospice nurse fi medications once or Interview with the Re (RSD) on 06/01/23 at -She and the Executi	o treat high blood pressure), g (Levetiracetam is used to tan Potassium 100mg is used to treat high blood pentin 100mg. (Gabapentin pain). lications in her bathroom t were not locked; and a bottle of Aspirin 81mg. on her bathroom sink that ng medications for Friday lipine 10mg, Levetiracetam n Potassium 100mg. ent #3 on 06/01/23 at 2:23pm take her own medications. Gabapentin anymore. d to the facility staff that she pentin. rovided with a key to lock her ure location in her room. that her medications had to room unlocked when she the dining room. n by herself and the door to cked. illed her pill box with twice a week. sident Service Director t 3:07pm revealed: ve Director had discussed importance of keeping her					
	-She was not aware t	that the resident did not have ired in a locked device in her					
	room. -She was not aware t alth Service Regulation	that the resident did not have					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092215		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		R-C 06/01/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CADENCI	E GARNER		GLEWOOD DRIVE R, NC 27529				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	FCORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE	
D 377	Continued From page	23	D 377				
	medications. -The resident had been could self-administer was a physician order her medications. -Resident #3's medicat locked in a secure loce -She and the medicat responsible for ensuring medications locked in Interview with the Exec at 5:30pm revealed: -The MAs and RSD w Resident #3 kept her area in her room. -The MAs were expect in condition to the RS provider (PCP) to ensise self-administer mer been completed on R PCP order to self-administer -He and the RSD had review the importance locked in her room.	ion aides (MAs) were ing the resident kept her her room. ecutive Director on 06/01/23 vere responsible for ensuring medications in a locked cted to report any changes D and the primary care sure she could still edications. dication assessment had esident #3 and she had a ninister her medications. I met with the resident to e of keeping her medications at Resident #3 did not have					

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