TATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       ND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL033006	B. WING		R 06/01/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS C	REEK	STERN BOULEVA	RD		
		TARBO	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 000	Initial Comments		D 000			
	Edgecombe County Services conducted a complaint investigation 1, 2023. The complia initiated by the Edge	Isure Section and the Department of Social a follow-up survey and on on May 31, 2023 to June ant investigations were combe County Department of pril 11, 2023, May 2, 2023, lay 23, 2023.				
D 273	10A NCAC 13F .090	2(b) Health Care	D 273			
	•	2 Health Care assure referral and follow-up nd acute health care needs				
	This Rule is not met as evidenced by: TYPE B VIOLATION					
	interviews the facility meet the acute health sampled residents (# failing to inform the p of a toxic level of seiz to inform the PCP of (#5), failing to notify to of a medication used failing to report finger	ns, record reviews, and failed to ensure follow-up to h care needs of 4 of 5 (2, #5, #11, #13) related to orimary care provider (PCP) zure medication (#2), failing multiple refusals of insulin the PCP a resident was out to treat anxiety (#13), and rstick blood sugars (FSBS) (BP) that were outside of				
	The findings are:					
	05/15/22 revealed: -Diagnoses included encephalopathy (che	nt #2's current FL-2 dated hypertension, metabolic emical imbalance in the blood ), acute kidney failure, and				

	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
D 273	Continued From page	e 1	D 273				
	major depressive disc	order.					
		for Tegretol 200mg take 2					
	tablets 3 times a day	<b>.</b> .					
		ctions Tegretol is used to					
		seizures and certain types of					
	nerve pain. Periodic I	aboratory (lab) testing					
	should be done to mo	onitor for drug toxicity.)					
		2's emergency department					
	(ED) note dated 03/09						
	-Resident #2 was bro	•					
	vomiting.	nent Services (EMS) due to					
	lethargic.	e to communicate but was					
	with a value of 20.0 u	performed on Resident #2 ig/mL (A therapeutic Tegretol					
	value is 4.0 to 10.0 ug -Resident #2 was dia	g/mL). gnosed with nausea and					
	vomiting and a right r	enal mass.					
	-Resident #2 was dise	charged on 03/10/23 with					
		egretol for 3 days and then					
	resume and recheck	Tegretol level in 1 week.					
	Review of Resident # revealed:	2's ED note dated 03/14/23					
		ought in by EMS due to					
	having a seizure.						
	with a value of 16.1 u	•					
	<ul> <li>-A report was called t</li> <li>-It was confirmed with</li> </ul>	o staff at the facility. n facility staff that Resident					
		receive Tegretol after being					
		a critical level of 20 and					
		retol for 3 days then resume					
	with new blood work"	-					
	-The facility staff was	educated on Tegretol					
	toxicity levels and tox						
		remained "critical at 16" and					
		red to hold Tegretol for 2					

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	HAL033006	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		_	
		B. WING			R 06/01/2023	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRIDGES OF HENDRICKS CRE	EK	ESTERN BOULEVA RO, NC 27886	RD			
(X4) ID SUMMARY STAT	EMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX (EACH DEFICIENCY I	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET	
D 273 Continued From page 2	2	D 273				
-Resident #2 was disch 03/14/23 at 11:01pm. Interview with the Admi 2:02pm revealed: -When the facility receir resident the MA that receir processed the orders. -If new orders were recorreturned from the hosp faxed to the resident's president's primary care -The hospital orders were PCPs so the PCPs wore with the resident or any Interview with Resident 4:32pm revealed: -The facility made her at was sent to the ED on vomiting. -She was also made aw Resident #2 was sent to because she had a seiz -She was made aware found a mass in her bra 03/09/23. -She was not made aw Resident #2's Tegretol ED on 03/09/23 or and be held or that her Tegr rechecked. -She expected the facil	structions must be patient could end up ould result in her death". harged to the facility on nistrator on 05/31/23 at ved new orders for a ceived the orders eived after a resident ital the new orders were oharmacy as well as the provider (PCP). ere faxed to resident's uld be aware of any issues new orders. #2's PCP on 06/01/23 at aware that Resident #2 03/09/23 because she was vare by the facility that o the ED on 03/14/23 zure. by the facility that they ain at the ED visit on					

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If continuation sheet 3 of 79

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL033006	B. WING		R 06/01/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS C	REEK	STERN BOULEVA	RD		
		TARBOF	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pag	e 3	D 273			
	received for the resid	lent.				
	-Resident #2's Tegre	tol was at a toxic level when				
		ED, and it was important that				
	the facility notify her	of that so she could monitor				
		osely and make sure her				
	Tegretol level had co level.	me down to a therapeutic				
	2. Review of Resider 02/13/23 revealed:	nt #5's current FL-2 dated				
		insulin dependent type 2				
	diabetes.					
		for insulin glargine (a				
		sed to treat high blood				
	sugars) inject 30 unit	ts at bedtime.				
	Review of Resident #	#5's physician order sheet				
	dated 02/16/23 revea	aled there was an order for				
		-acting insulin used to treat				
		nject four times a day before				
		e per sliding scale: 155-184 -				
		inits; 215-244 = 3 units;				
	245-274 = 4 units.					
		#5's physician order sheet				
	dated 03/15/23 revea					
		for insulin lispro four times a				
		d at bedtime per sliding t 1 unit; 185-214 inject 2				
		3 units; 245-274 inject 4				
		5 units; 305-334 inject 6				
	· ·	7 units; over 365 inject 8				
	units.					
	-There was an order	for insulin lispro inject 5 units				
	4 times a day before	meals and at bedtime.				
	Review of Resident #	#5's March 2023 electronic				
	medication administr					
	revealed:	· · /				
	-There was an entry	for insulin lispro inject 5 units				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R			
		HAL033006	B. WING			06/01/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE				
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA RO, NC 27886	RD				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLET DATE
D 273		e 4 meals and at bedtime with a	D 273					
	start date of 03/16/23 administration at 8:00 8:00pm. -Insulin lispro 5 units							
	12:00pm, 03/23/23 at 8:00am. -There was an entry f	8:00pm, and 03/27/23 at or insulin lispro inject 4						
	sliding scale: 155-184 215-244 = 3 units; 24	eals and at bedtime per 4 = 1 unit; 185-214 = 2 units; 5-274 = 4 units scheduled 3:00am, 12:00pm, 4:00pm,						
	refused on 03/03/23 a 4:00pm, 03/09/23 at 4	scale was documented as at 8:00pm, 03/04/23 at 4:00pm, and 03/10/23 at < blood sugars (FSBS)						
	greater than or equal -There was an entry f directed per sliding so	to 155. for insulin lispro use as cale if FSBS 155-184 = 1						
		5-304 = 5 units; 305-334 = 6 its; over 365 = 8 units with a						
	8:00pm. -Insulin lispro sliding :	am, 12:00pm, 4:00pm, and scale was documented as						
	03/22/23 at 12:00pm, 03/27/23 at 4:00pm fo equal to 155.	at 4:00pm and 8:00pm, 03/23/23 at 8:00pm, and or a FSBS greater than or						
	units at bedtime sche 8:00pm.	or insulin glargine inject 30 duled for administration at nits was documented as						
	refused on 03/23/23.	s ranged from 88 to 369 in						

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STATEMENT	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		COMF	SURVEY PLETED				
		HAL033006	B. WING			R / <b>01/2023</b>				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE						
THE BRIDGES OF HENDRICKS CREEK       3210 WESTERN BOULEVARD         TARBORO, NC 27886										
(X4) ID	SUMMARY ST	SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)				
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET DATE				
D 273	Continued From page	e 5	D 273							
	4 times a day before scheduled for adminis 4:00pm, and 8:00pm. -Insulin lispro 5 units on 04/02/23 at 8:00am, 0 04/07/23 at 8:00am, 0 04/09/23 at 12:00pm, 0 4/13/23 at 12:00pm, 0 4/13/23 at 12:00pm, 0 4/20/23 at 2:00pm, 0 4/21/23 at 8:00pm, 0 04/25/23 at 4:00pm, 0 04/25/23 at 4:00pm, 0 8:00pm, 04/28/23 at 0 04/29/23 at 8:00pm, a 12:00pm. -There was an entry for directed per sliding so unit; 185-214 = 2 unit 245-274 = 4 units; 27 units; 335-364 = 7 units; 335-364 = 7 units; 335-364 = 7 units; 3 4:00pm, and 8:00pm. -Insulin lispro sliding refused on 04/02/23 at 12:00pm, 04/08/23 at 12:00pm, 04/11/23 at	for insulin lispro inject 5 units meals and at bedtime stration at 8:00am, 12:00pm, was documented as refused m, 04/05/23 at 12:00pm, 04/08/23 at 12:00pm, 04/11/23 at 12:00pm, and 4:00pm, 04/14/23 at 8:00am, 04/18/23 at 04/19/23 at 4:00pm and 4:00pm and 8:00pm, 04/24/23 at 4:00pm and 12:00pm and 8:00pm, 04/26/23 at 4:00pm and 12:00pm and 8:00pm, and 04/30/23 at 8:00am and for insulin lispro use as cale if FSBS 155-184 = 1 is; 215-244 = 3 units; 5-304 = 5 units; 305-334 = 6 its; over 365 = 8 units stration at 8:00am, 12:00pm.								
	04/28/23 at 12:00pm equal to 155. -There was an entry f	04/26/23 at 12:00pm, and for a FSBS greater than or for insulin glargine inject 30 eduled for administration at								
ision of Hea	8:00pm. -Insulin glargine was 04/20/23 and 04/28/2	documented as refused on								

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If continuation sheet 6 of 79

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
		3210 WE	ESTERN BOULEVA	RD			
THE BRID	GES OF HENDRICKS C	REEK	RO, NC 27886				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	) THE APPROPRIATE	COMPLET DATE	
D 273	Continued From page	e 6	D 273				
	April 2023.						
	Review of Resident #	<i>‡</i> 5's May 2023 eMAR					
	revealed:						
		for insulin lispro inject 5 units					
		meals and at bedtime stration at 8:00am, 12:00pm,					
	4:00pm, and 8:00pm	· • •					
		was documented as refused					
	•	05/02/23 at 12:00pm and					
		12:00pm and 8:00pm,					
	05/04/23 at 12:00pm	and 8:00pm, 05/05/23 at					
		n, 05/07/23 at 12:00pm and					
	•	12:00pm, 4:00pm, and					
	-	8:00pm, 05/11/23 at 8:00pm,					
	8:00pm, 05/15/23 at 4:00pm a	and 8:00pm, 05/13/23 at					
		nd 8:00pm, 05/17/23 at					
	• • •	nd 8:00pm, 05/18/23 at					
	• • •	n, 05/19/23 at 12:00pm,					
		, 05/21/23 at 8:00am,					
	05/22/23 at 12:00pm	and 8:00pm, 05/23/23 at					
		12:00pm and 8:00pm,					
		and 8:00pm, 05/27/23 at					
	8:00am, 05/28/23 at						
	at 8:00am and 4:00p	and 4:00pm, and 05/30/23					
		for insulin lispro use as					
	-	cale if FSBS 155-184 = 1					
		$t_{s}$ ; 215-244 = 3 units;					
	,	75-304 = 5 units; 305-334 = 6					
		nits; over 365 = 8 units					
		stration at 8:00am, 12:00pm.					
	4:00pm, and 8:00pm						
		scale was documented as					
	refused 05/01/23 at 8	•					
	-	t 12:00pm 4:00pm, and 12:00pm and 4:00pm,					
	•	12:00pm, and 8:00pm,					
	05/06/23 at 4:00pm a					1	

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If continuation sheet 7 of 79

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R		
		HAL033006	B. WING			06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA RO, NC 27886	RD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
D 273	Continued From page	e 7	D 273				
	12:00pm, 05/08/23 at	8:00pm, 05/09/23 at					
	•	d 8:00pm, 05/10/23 at					
	8:00am and 8:00pm,	•					
	•	12:00pm, 4:00pm, and					
		3:00am, 12:00pm, and					
	4:00pm, 05/15/23 at 8	3:00pm, 05/16/23 at					
	• •	d 8:00pm, 05/17/23 at					
	12:00pm, 4:00pm, an	d 8:00pm, 05/18/12 at					
	12:00pm, 05/19/23 at	12:00pm and 8:00pm,					
	05/20/23 at 12:00pm,	and 4:00pm, 05/21/23 at					
	8:00am, 05/22/23 at 2	12:00pm and 4:00pm,					
	05/23/23 at 4:00pm, 0	)5/24/23 at 8:00am and					
	12:00pm, and 8:00pm	n, 05/25/23 at 12:00pm and					
	•	12:00pm, 4:00pm, and					
	8:00pm, 05/27/23 at 4						
	•	4:00pm, and 8:00pm,					
		4:00pm, and 8:00pm, and					
		nd 4:00pm for a FSBS					
	greater than or equal						
	-	or insulin glargine inject 30					
	8:00pm.	duled for administration at					
		documented as refused on					
	05/18/23, 05/22/23, a						
	-Resident #5's FSBS May 2023.	ranged from 79 to 543 in					
	Interview with Reside revealed:	nt #5 on 06/01/23 at 2:00pm					
	-If her FSBS was too	high or too low she made a					
		her she wanted to take					
	insulin or not.						
	-If she thought her FS	BS was too low she would					
	refuse insulin.						
	-Sometimes when he	r FSBS was high she					
		se sometimes her FSBS					
		o fast if she took insulin.					
	-Her FSBS was only I		1				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
	NOVIDER OR OUT FIER						
THE BRID	GES OF HENDRICKS C	REEK	RO, NC 27886				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLETI DATE	
D 273	Continued From page	e 8	D 273				
	Interview with a medication aide (MA) on 06/01/23 at 11:18am revealed: -Sometimes Resident #5 refused insulin. -She documented on the eMAR when Resident #5 refused insulin. -She had never reported to Resident #5's primary care provider (PCP) that the resident refused insulin. Interview with a second MA on 06/01/23 at						
	-She had not notified resident refused insu -She had made the for Coordinator (RCC) a that Resident #5 refu -She used to notify the every time Resident a	ormer Resident Care nd the Administrator aware used insulin. ne RCC or the Administrator #5 refused insulin but the sing insulin so much that she					
	2:36pm revealed: -She knew Resident -She was not sure if notified about the res -She could not find a Resident #5's record	Resident #5's PCP had been sident refusing insulin.					
	Resident #5's PCP's revealed: -Resident #5 was las 2023. -She or the PCP's nu documentation in Re	with a medical assistant at office on 06/01/23 at 2:22pm at seen by the PCP in March urse did not see any sident #5's chart that the a ware that the resident had					

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If continuation sheet 9 of 79

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL033006	B. WING		06	R 5/01/2023
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS C	RFFK	STERN BOULEVAI	RD		
			RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 273	Continued From pag	e 9	D 273			
	refused insulin.					
	provider (PCP) on 06 -She expected the fat time a resident refus -She used to receive that certain residents but she had not rece -It was important for PCPs know that a re because it could cau FSBSs which could of the resident's kidney -If the PCP was not a refusing insulin the P resident's insulin dos FSBS which could of and cause hypoglyce -If she were notified insulin, she would sp why they were refusi could place the resid medication instead. -She would also eval and see if she could	a notifications from the facility is were refusing medications, ived any lately. the facility to let resident's sident was refusing insulin se the resident to have high cause long-term damage to s and eyes. aware that the resident was PCP might increase the sage to help with the higher vertreat the resident's FSBSs emia or to become ill. that a resident was refusing teak to the resident to see ng insulin and see if she ent on an oral diabetes luate the resident's FSBSs switch the resident to a on instead in conjunction with				
		interview with Resident #5's 2:22pm was unsuccessful.				
	09/12/22 revealed: -Diagnoses included	nt #13's current FL-2 dated cerebral palsy, mood disabilities, gait instability,				

## PRINTED: 06/22/2023 FORM APPROVED

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
IAME OF PF	ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE			0/01/2023	
		3210 WE					
HE BRID	GES OF HENDRICKS CF	REEK TARBOR	RO, NC 27886				
(X4) ID PREFIX TAG	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRECTIVE           REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCED		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From page	e 10	D 273				
	0.25mg, 1 tablet two	revealed an order for Xanax times a day. (Xanax, also i, is a medication used to ic disorders).					
	Review of Resident #13's April 2023 electronic administration medication (eMAR) revealed: -There was an entry for Xanax 0.25mg, 1 tablet twice a day at 8:00am and 8:00pm.						
	-There was documentation that Xanax 0.25mg, 1 tablet was not administered on 04/10/23 at 8:00am, 04/11/23 at 8:00am and 8:00pm and 04/12/23 at 8:00am with the notation "on hold." -There was no documentation Xanax 0.25mg, 1						
	tablet was administer (Blank).	ed on 04/16/23 at 8:00pm d 5 doses of his scheduled					
		13's May 2023 eMAR					
	twice a day at 8:00an	for Xanax 0.25mg, 1 tablet n and 8:00pm. tation that Xanax 0.25mg, 1					
	tablet was not admini 05/15/23 at 8:00am a 8:00am with the nota	stered on 05/13/23 through and 8:00pm and 05/16/23 at tion "on hold."					
	-Resident #13 missed Xanax during a 4-day	d 7 doses of his scheduled / period.					
	11:42am revealed:	e pharmacy on 06/02/23 at					
	05/15/23.	l using this pharmacy on x 0.25mg was dispensed for					
		pply) on 05/15/23 and sent					
	Attempted telephone	interview with Resident					

STATE FORM

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		06	R 5/ <b>01/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REEK	STERN BOULEVA RO, NC 27886	RD		
(X4) ID	-	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PROVIDER'S PLAN			(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	DATE
D 273	Continued From page	e 11	D 273			
	#13's previous pharm was unsuccessful.	acy on 06/01/23 at 11:50am				
	-	ent #13's medications on 3:00pm revealed 30 tablets				
	were in the bubble ca	ird with a dispense date of				
	05/15/23 and an expi	ration date of 05/20/24.				
		nt #13's family member on				
	06/01/23 at 2:10pm ro -She was not aware o					
	resident's medication	S.				
		e was a change in his private "abrupt" closing of the				
	previous private phar					
		dication aide (MA) on				
	06/01/23 at 12:30pm	revealed: er Resident #13's Xanax on				
		3 at 8:00am because it was				
	not available on the n					
	-	in pharmacy for Resident				
	not in the facility.	reason the medication was				
	-	inistrator that Resident				
		available on the medication				
	cart.	d" means the medication				
		ation cart and waiting to be				
	received from the pha	armacy.				
	-Resident #13 did not days.	t receive his Xanax for 3 or 4				
	Interview with a seco	nd MA on 06/01/23 at				
	4:30pm revealed:					
		er Resident #13's Xanax on				
	05/14/23 at 8:00pm b on the medication ca	ecause it was not available rt				
		ninistrator that Resident				
	#13's Xanax was not	available on the medication				

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STATEMENT	of Health Service Regu of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		06	R 5/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		3210 WE	STERN BOULEVA	RD		
	GES OF HENDRICKS C	TARBOF	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE
D 273	Continued From page	e 12	D 273			
	cart.					
		ld" means the medication				
		the medication cart but was				
	on the way from the					
	Interview with the Administrator on 06/01/23 at					
	4:45pm revealed:	ministrator on 06/01/23 at				
		ate pharmacy closed abruptly				
		other private pharmacy was				
	contracted by Resid	· · ·				
	-	s a controlled medication, a				
	"hard copy" prescript	ion had to be signed and				
	sent to the new phar	-				
		ow long it took to receive the				
		ected it to be filled as soon as				
	possible.					
	were in the facility.	e for ensuring medications				
		cility's contracted primary on 06/01/23 at 4:30pm				
	revealed:	on 00/0 1/20 at 4.00pm				
		l Resident #13 did not				
		scheduled in April and May.				
		notified if Resident #13 was				
	not receiving his Xan					
	cause increased agit	13's Xanax abruptly could				
	palpitations and swea					
	Based on observatio	ns, record reviews, and				
		termined Resident #13 was				
	not interviewable.					
	4. Review of Reside	nt #11's current FL-2 dated				
	02/23/23 revealed:					
	-	vascular dementia, insulin				
	dependent diabetes					
		ry of cerebral vascular				
	accident (CVA), oper alth Service Regulation	n angle glaucoma, recurrent				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		R 06/01/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	• • •	
		3210 WE	ESTERN BOULEVAI			
HE BRID	GES OF HENDRICKS CI	REEK TARBOF	RO, NC 27886			
(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 T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 13	D 273			
	falls, history of seizures, and history of breast cancer. -She was intermittently disoriented.					
	a. Review of Resident #11's physician order dated 02/23/23 revealed there was an order to check finger stick blood sugars (FSBS) before each					
		provider if the FSBS was				
	revealed there was a Resident #11's FSBS	n order dated 04/05/23 new order to check before each meal and f the FSBS was less than 70				
	administration record -There was an entry if day before meals at 8 4:00pm and call the p 70 or greater than 25 -There was document greater than 250 at 8 through 03/11/23, 03 03/18/23 and 03/20/2 -There was document greater than 250 at 1 03/08/23, 03/18/23, 0 03/30/23. -There was document than 250 at 4:00pm of through 03/10/23, 03	to check FSBS three times a 3:00am, 11:00am, and provider for FSBS less than 0. tation the FSBS was :00am from 03/09/23 /13/23 through 03/14/23, 23. tation the FSBS was				
	#11's FSBS was grea	ater than 250. #11's April 2023 eMAR				
	revealed:	to check FSBS three times a				

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA RO, NC 27886	RD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET	
D 273	Continued From page	e 14	D 273				
	day before meals at 8	3:00am, 11:00am, and					
	-	ider if FSBS was less than					
	70 or greater than 25	0.					
	-There was an entry	that the ordered parameter					
		tinued dated 04/05/23.					
		o check FSBS three times a					
	day before meals at 7						
		ider if FSBS was less than					
	70 or greater than 40						
		tation that the FSBS was					
	309 at 4:00pm on 04/	tation that the FSBS was					
	373 at 8:00am on 04/						
		tation that the FSBS was					
	259 at 11:00am on 04						
	-There was documen 577 at 4:00pm on 04/	tation that the FSBS was /14/23.					
		tation that the FSBS was					
	-There was documen	tation that the FSBS was					
	421 at 11:00am on 04						
		tation that the FSBS was					
	538 at 11:00am on 04						
	-Resident #11's FSBS in April 2023.	S were out of range 7 times					
	Review of Resident # revealed:	11's May 2023 eMAR					
		o check FSBS three times a					
	day before meals at 7						
	4:00pm and call provi greater than 400.	ider if FSBS less than 70 or					
	-There was documen 425 at 4:00pm on 05/	tation that the FSBS was /17/23.					
	-There was documen 406 at 4:00pm on 05/	tation that the FSBS was /22/23.					
		were out of range 2 times					
	(greater than 400) in	May 2023.					
	Review of Resident #	11's record revealed there					

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If continuation sheet 15 of 79

	of Health Service Regu of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		06	R 5/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATE	, ZIP CODE		
		3210 WI	ESTERN BOULEVA	RD		
THE BRID	GES OF HENDRICKS C	REEK	RO, NC 27886			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET DATE
D 273	Continued From page	e 15	D 273			
	notified for BSs great	on that the provider was ter than 250 in March 2023 n 400 for April 2023 and May				
	4:45pm revealed: -Resident #11 had he -Documentation of F #11's FSBS parameter requested by the sum- -She did not know if I out of range or not re reported to her privater -When there were para resident, if the facility resident's provider, the via the telemetric system -If the resident had a	PCP notification for Resident ers being out of range was veyor. Resident #11's FSBS being ceiving her insulin was the PCP. arameters out of range for a t's contracted PCP was the ne facility notified the PCP stem . private PCP, the provider a telephone call or fax and				
	-Interview with the facare provider (PCP) revealed: -It was important to no outside of parameter to treat the resident a -If a resident's FSBS be contacted so they how to treat the low F sure the FSBS respo- -If a resident's FSBS be contacted so they how to treat the high -Depending on how F treatment might be to again or treatment m	acility's contracted primary on 06/01/23 at 5:50pm notify a PCP of FSBSs s so the PCP would be able accordingly. was too low the PCP should could instruct facility staff on FSBS and to monitor to make inded to the treatment. was too high a PCP should could instruct facility staff on				

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STATEMEN	of Health Service Regu r of Deficiencies DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY LETED
		HAL033006	B. WING			R 01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		3210 WE	ESTERN BOULEVA	RD		
I HE BRID	GES OF HENDRICKS CI	TARBOF	RO, NC 27886			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	D THE APPROPRIATE	COMPLET DATE
D 273	Continued From page	e 16	D 273			
	Attempted telephone #11's PCP on 06/01/2 unsuccessful.	interview with Resident 23 at 11:00am was				
	revealed there was a #11's blood pressure	tian order dated 02/23/23 n order to check Resident (BP) daily and contact the than 90/60 or greater than				
	revealed: -There was an entry f daily and call provide than 150/90. -There was documen BP was 168/92 on 03 -There was no documen contacted. -There was documen BP was 162/94 on 03 -There was no docum	nentation the PCP was tation that Resident #11's				
	revealed: -There was an entry f daily and call provide than 150/90. -There was documen BP was 178/99 on 04 -There was no docum contacted. -There was documen BP was 161/94 on 04 -There was no docum	nentation the PCP was station that Resident #11's				
	contacted. -There was documen BP was 162/93 on 04 alth Service Regulation	tation that Resident #11's I/29/23.				

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STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL033006	B. WING		06	/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REFK	STERN BOULEVA	RD		
	1		RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 273	Continued From page	e 17	D 273			
	-There was no docun contacted.	nentation the PCP was				
	revealed:	11's May 2023 eMAR				
		to check blood pressure r if less than 90/60 or greater				
	BP was 181/89 on 05	tation that Resident #11's 5/02/23. nentation the PCP was				
	contacted. -There was documen	tation that Resident #11's				
	BP was 178/93 on 05 -There was no docun contacted.	//03/23. nentation the PCP was				
	-There was documen BP was 189/96 on 05	tation that Resident #11's 5/22/23.				
	contacted.	nentation the PCP was				
	BP was 159/95 on 05	tation that Resident #11's 5/24/23. nentation the PCP was				
	contacted.					
	Guidelines revealed:	merican Heart Association				
	as 120/80.	isted of two numbers such the pressure as your heart				
	beats and pushes blo vessels, called "syste	ood through the blood				
	-The bottom number vessels relax betwee	was the pressure when the n heart beats and was called				
		′80, high BP (hypertensive tolic value of 130-139 or the				
	diastolic value of 80/8	39, high BP (hypertensive colic value of 140 or higher or				
		90 or higher, hypertensive				

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STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		06	R 5/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS CI	REEK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 18	D 273			
	than 180 and/ or the than 120 (call MD imi- The threats of high E (blindness), heart fail Review of Resident # was no documentation notified for BPs great 2023, April 2023, and Interview with the Add 4:45pm revealed: -She did not know if F parameters being out her private PCP. -When there were par resident, if the facility resident's provider, the via the telemetric syster -If the resident had a would be notified via documented in the pri- Resident #11 had here -Documentation of Portice of the part -Documentation of Portice of the part -The sident #10 here - -The sident #11 had here -Documentation of Portice of the part -The sident #10 here - -The sident #10	BP was a stoke, vision loss ure or heart attack. A11's record revealed there on that the provider was ther than 150/90 for March d May 2023 as ordered. Ministrator on 06/01/23 at Resident #11's BP t of range was reported to rameters out of range for a 's contracted PCP was the ne facility notified the PCP tem . private PCP, the provider a telephone call or fax and rogress notes. er own private PCP. CP notification for Resident a being out of range was				
	(PCP) on 06/01/23 at -It was important to b range so a PCP could resident's BP so they needed. -If the facility contacts BPs she would have	e notified of a BP out of				
		ns, record reviews, and ermined Resident #11 was				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
					R	
		HAL033006	B. WING		06	/01/2023
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS CF	REEK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET
D 273	Continued From page	e 19	D 273			
	not interviewable.					
	Attempted telephone #11's PCP on 06/01/2 unsuccessful.	interview with Resident 23 at 11:00am was				
	acute health care neer residents. The facility care provider (PCP) to toxic level of medicat she needed monitorin PCP that a resident ( short-acting insulin an long-acting insulin an long-acting insulin wh to have high fingerstin which could cause lon residents kidneys and failed to notify the PC out of a medication us could have caused w agitation, anxiety, and failed to notify the PC elevated FSBSs which damage to the kidneys pressures which coul heart failure, or heart detrimental to the hear	failed to inform the primary that a resident (#2) had a ion in her blood for which mg and for failing to notify the #5) refused 152 doses of nich could cause the resident ck blood sugars (FSBS) ng-term damage to the d eyes. The facility also CP that a resident (#13) was sed to treat anxiety which ithdrawal symptoms such as d heart palpitations and CP of a resident's (#11) th could cause long-term ys and eyes and high blood d lead to stoke, vision loss, attack. These failures were				
	The facility provided a accordance with G.S.	a plan of protection in . 131 D-34 on 02/22/23.				
		DATE FOR THE TYPE B NOT EXCEED JULY 16,				
	10A NCAC 13F .0902					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		R 06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
חום סוח.	GES OF HENDRICKS CF	3210 WE	STERN BOULEVA	RD		
		TARBO	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 20	D 276			
	following in the reside (3) written procedures a physician or other li and (4) implementation of orders specified in Su Rule.	ssure documentation of the ent's record: s, treatments or orders from censed health professional; procedures, treatments or ubparagraph (c)(3) of this				
	facility failed to ensure implemented for 8 of	and record reviews, the e physician's orders were 8 residents (#5,#6,#7,#8,#9, no were ordered finger stick				
	1. Review of Residen 02/13/23 revealed -Diagnoses included i diabetes.	t #5's current FL-2 dated insulin dependent type 2 to check fingerstick blood a day.				
	medication administra revealed: -There was an entry f day scheduled at 8:00 -FSBS was documen and 12:00pm on 05/1	or check FSBS 3 times a Dam, 12:00pm, and 4:00pm. ted as refused at 8:00am				
	revealed:	nt #5 on 05/31/23 at 8:50am e of different insulins for her				

B. WING STREET ADDRESS, CITY, ST/ 3210 WESTERN BOULET TARBORO, NC 27886 LL DPREFIX TAG D 276 D 276 D 276 D 276 D 276 D 276 A) on 1/23 3 at		TION SHOULD BE COMPLET THE APPROPRIATE DATE
3210 WESTERN BOULET       TARBORO, NC 27886       LL     PREFIX TAG       D     D       D     D       D     O       Ose     D       hat     D       ity     D       A) on     D       1/23     D	VARD PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLET THE APPROPRIATE DATE
TARBORO, NC 27886LL PREFIX TAGD 	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLET THE APPROPRIATE DATE
D 276 D 276 D 276 D 276 D 276 D 276 D 276 D 276 D 276	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLET THE APPROPRIATE DATE
ose hat ity N) on 1/23		
nat ity () on 1/23		
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tor		
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	itor st at 3 at ed lin rent t	st at 3 at ed lin rent

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		A. BOILDING.				
		HAL033006	B. WING		06	R 5/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REEK	ESTERN BOULEVAN RO, NC 27886	RD		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE
D 276	Continued From pag	e 22	D 276			
	Review of Resident #11's physician order dated 02/23/23 revealed there was a order to check finger stick blood sugar (FSBS) three times a day before meals. Review of Resident #11's March 2023 electronic medication administration record (eMAR) revealed:					
	day before meals at a 4:00pm -There was no docur done on 03/09/23 at 03/12/23 at 7:00am a 05/13/23 at 11:00am 03/15/23 at 4:00pm a 03/16/23 at 4:00pm a	due to refused, 03/18/23 at ed, 03/23/23 at 8:00am due /23 at 4:00pm due to				
	Review of Resident # revealed: -There was an entry day before meals at 4:00pm.	#11's April 2023 eMAR to check FSBS three times a 7:00am, 11:00am and				
	done on 04/12/23 at	nentation that FSBS was 4:00pm due to refused, and and 11:00am due to refused.				
	revealed:	≇11's May 2023 eMAR to check FSBS three times a				
	day before meals. -There was no docur	nentation that FSBS was				
	05/14/23 at 7:00am a	4:00pm due to refused, and 11:00am due to refused, due to refused, and 05/17/23				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
		HAL033006	B. WING		R 06/01/2023	
IAME OF PI	ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE	, ZIP CODE		10 112020
HE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVAI	RD		
(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) COMPLE <sup>-</sup> DATE
D 276	Continued From page	e 23	D 276			
	Refer to interview with 06/01/23 at 10:30am.	h a medication aide (MA) on				
	Refer to second interview with a MA on 06/01/23 at 3:45pm.					
	Refer to third interview 4:50pm.	w with a MA on 06/01/23 at				
	Refer to interview with 06/01/23 at 2:47pm.	h the Administrator on				
	Refer to second inter on 06/01/23 at 3:00pr	view with the Administrator m.				
		terview with a pharmacist at ed pharmacy on 06/01/23 at				
	-	terview with the facility's are provider (PCP) on				
	09/14/22 revealed:	t #9's current FL-2 dated				
	-Diagnoses included coordination. -She was ambulatory disoriented.	Type II diabetes and lack of and intermittently				
		9's physician's order dated order for finger stick blood laily.				
	05/11/23 revealed an	9's physician's order dated order for FSBS to be a day before meals at d 4:30pm.				
	Review of Resident #					

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED R			
		HAL033006	B. WING		06	06/01/2023		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE					
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE		
D 276	revealed: -There was an entry f twice daily from 05/01 -There was document obtained twice daily fr 8:00am and 8:00pm. -There was an entry f three times daily begi -There was document not obtained at 7:45al exception note stating unavailable. Interview with Reside (PCP) on 06/01/23 at important Resident #S monitored because he frequently ran high ar compromised due to o Refer to interview with 06/01/23 at 10:30am. Refer to second interview at 3:45pm. Refer to interview with 06/01/23 at 2:47pm.	(eMAR) for May 2023 or FSBS to be obtained /23 to 05/10/23. tation FSBS checks were for 05/01/23 to 05/10/23 at or FSBS to be obtained nning 05/11/23. tation FSBS checks were m 05/14/23 with an g the testing strips were nt #9's primary care provider 4:30pm revealed it was 0's blood sugar was er blood sugar levels ad her kidneys were diabetes. In a medication aide (MA) on view with a MA on 06/01/23 at n the Administrator on	D 276	DEFICIEN				
	-	erview with a pharmacist at d pharmacy on 06/01/23 at						

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		HAL033006	B. WING		06	5/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 25	D 276			
	Refer to telephone int contracted primary ca 06/01/23 at 4:32pm.	terview with the facility's are provider (PCP) on				
		t #6's current FL-2 dated agnoses included Type II				
		6's physician's order dated order for finger stick blood three times a day.				
	administration record revealed: -There was an entry f three times a day. -There was documen obtained at 11:30am					
	exception note stating unavailable.					
	Refer to interview with 06/01/23 at 10:30am.	h a medication aide (MA) on				
	Refer to second inter at 3:45pm.	view with a MA on 06/01/23				
	Refer to third interview 4:50pm.	w with a MA on 06/01/23 at				
	Refer to interview with 06/01/23 at 2:47pm.	h the Administrator on				
	Refer to second inter on 06/01/23 at 3:00pr	view with the Administrator m.				
		terview with a pharmacist at ad pharmacy on 06/01/23 at				

If continuation sheet 26 of 79

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET DATE	
D 276	Continued From page	26	D 276				
	-	terview with the facility's are provider (PCP) on					
	01/04/23 revealed:	t #7's current FL-2 dated acquired absence of his left					
	leg below the knee, g weakness and abnor -He was semi-ambula	eneralized muscle mal posture. atory.					
		nentation for orientation.					
		7's physician's progress revealed a diagnosis of Type atory complications.					
	01/29/23 revealed an sugar (FSBS) checks	7's physician's order dated order for finger stick blood three times a day before re bed for a total of four					
		7's electronic medication (eMAR) for May 2023					
	times daily.	or FSBS to be obtained 4 tation Resident #9's FSBS					
	was not obtained on ( exception note stating	05/13/23 at 8:00pm with an					
		tation Resident #9's FSBS 05/14/23 at 8:00am with an g testing strips were					
	Refer to interview with 06/01/23 at 10:30am.	h a medication aide (MA) on					

	F OF DEFICIENCIES DF CORRECTION	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			R
		HAL033006	B. WING		06	6/01/2023
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS CI	REEK	STERN BOULEVA	RD		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE
D 276	Continued From page	e 27	D 276			
	Refer to second inter at 3:45pm.	view with a MA on 06/01/23				
	Refer to third intervie 4:50pm.	w with a MA on 06/01/23 at				
	Refer to interview wit 06/01/23 at 2:47pm.	h the Administrator on				
	Refer to second inter on 06/01/23 at 3:00p	view with the Administrator m.				
		terview with a pharmacist at ed pharmacy on 06/01/23 at				
	-	terview with the facility's are provider (PCP) on				
	11/23/22 revealed: -Diagnosis included h	nt #8's current FL2 dated hypertension, paroxysmal etes, congenital stenosis of				
	aortic, hypothyroidisr disease. -There was an order	n and chronic kidney value to check blood sugar, but it				
	was not noted how of	ften.				
	revealed:	(LHPS) dated 12/28/22				
	-Collection and testin samples. -Medication administ	g of fingerstick blood ration through injection.				
	Review of Resident # medication administra revealed:	48's May 2023 electronic ation record (eMAR)				
	-There was an entry a alth Service Regulation	to check finger sticks blood				

PHEE/IX TAG         CECH DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION)         PREEX TAG         CECH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         COMMENT DEFICIENCY)           D 276         Continued From page 28 sugar (FSBS) two times a day before meals at 8:00am and 8:00pm.         D 276         D 276           - There was no documentation that a FSBS was completed on 05/13/23 at 8:00pm due to blood glucose stripes not being available.         D 276         D 276           - There was no documentation that FSBS was completed on 05/13/23 at 8:00pm due to blood glucose stripes not being available.         D 276         D 276           Based on observations, record reviews, and interviews, it was determined that Resident #8 was not interview with a medication aide (MA) on 06/01/23 at 10:30am.         Refer to interview with a MA on 06/01/23 at 4:50pm.         Refer to interview with a MA on 06/01/23 at 4:50pm.           Refer to interview with the Administrator on 06/01/23 at 2:47pm.         Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/01/23 at 11:42am.         Refer to telephone interview with the facility's contracted pharmacy care provider (PCP) on         Refer to telephone interview with the facility's	STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
BID WESTER BOULEVARE TABORO. Nr. 27882           Mathematical Stream Strea			HAL033006	B. WING		06		
Intel BRIDGES OF HEINDERCKS CREEK     TARBORO, NC 27886       (24) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCEDED BY FULL (EACH DEFICIENCED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)     ID PREFIX PREFIX TAG     PROVIDER'S FUAN OF CORRECTION (EACH DEFICIENCED BY FULL (EACH DEFICIENCED BY FULL DEFICIENCY)     Over PROVIDER'S FUAN OF CORRECTION (EACH DEFICIENCY)     Over DEFICIENCY)       D 276     Continued From page 28 sugar (FSBS) two times a day before meals at 8:00am and 8:00pm.     D 276     D 276      There was no documentation that a FSBS was completed on 05/13/23 at 8:00pm due to blood glucose stripes not being available.     D 276     D 276      There was no documentation that FSBS was completed on 05/14/23 at 8:00am due to Resident #8 refusal.     Based on observations, record reviews, and interviews, it was determined that Resident #8 was not interview with a medication aide (MA) on 06/01/23 at 10:30am.     Refer to interview with a MA on 06/01/23 at 3:45pm.       Refer to interview with a MA on 06/01/23 at 4:50pm.     Refer to interview with the Administrator on 06/01/23 at 2:47pm.     Refer to telephone interview with the Administrator on 06/01/23 at 2:47pm.       Refer to telephone interview with the paramacist at the facility's contracted pharmacy on 06/01/23 at 11:42am.     Refer to telephone interview with the facility's contracted pharmacy on 06/01/23 at 11:42am.	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
Image: Trage       Trage       Trage       Trage	HE BRID	GES OF HENDRICKS CF	REEK		RD			
sugar (FSBS) two times a day before meals at 8:00am and 8:00pm.         -There was no documentation that a FSBS was completed on 05/13/23 at 8:00pm due to biood glucose stripes not being available.         -There was no documentation that FSBS was completed on 05/14/23 at 8:00am due to Resident #8 refusal.         Based on observations, record reviews, and interviews, it was determined that Resident #8 was not interviewable.         Refer to interview with a medication aide (MA) on 06/01/23 at 10:30am.         Refer to second interview with a MA on 06/01/23 at 3:45pm.         Refer to third interview with a MA on 06/01/23 at 4:50pm.         Refer to interview with the Administrator on 06/01/23 at 2:47pm.         Refer to to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/01/23 at 11:42am.         Refer to telephone interview with the facility's contracted primary care provider (PCP) on	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
8:00am and 8:00pm.         -There was no documentation that a FSBS was         completed on 05/13/23 at 8:00pm due to blood         glucose stripes not being available.         -There was no documentation that FSBS was         completed on 05/14/23 at 8:00pm due to         Resident #8 refusal.         Based on observations, record reviews, and         interviews, it was determined that Resident #8         was not interviewable.         Refer to interview with a medication aide (MA) on         06/01/23 at 10:30am.         Refer to second interview with a MA on 06/01/23 at 3:45pm.         Refer to third interview with a MA on 06/01/23 at 4:50pm.         Refer to second interview with the Administrator on         06/01/23 at 2:47pm.         Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/01/23 at 11:42am.         Refer to telephone interview with the facility's contracted pharmacy on 06/01/23 at 11:42am.	D 276	Continued From page	e 28	D 276				
7. Review of Resident #10's current FL-2 dated 05/04/23 revealed diagnoses included diabetes. Review of Resident #10's physician order sheet		<ul> <li>8:00am and 8:00pm.</li> <li>There was no docum completed on 05/13/2 glucose stripes not be There was no docum completed on 05/14/2 Resident #8 refusal.</li> <li>Based on observation interviews, it was dete was not interviews, it was dete was not interview with 06/01/23 at 10:30am.</li> <li>Refer to second intervat 3:45pm.</li> <li>Refer to third interview 4:50pm.</li> <li>Refer to interview with 06/01/23 at 2:47pm.</li> <li>Refer to second intervat 3:00pm.</li> <li>Refer to telephone intervate 11:42am.</li> <li>Refer to telephone intervate 06/01/23 at 4:32pm.</li> <li>7. Review of Residen 05/04/23 revealed dia</li> </ul>	hentation that a FSBS was 23 at 8:00pm due to blood eing available. hentation that FSBS was 23 at 8:00am due to hs, record reviews, and ermined that Resident #8 5. h a medication aide (MA) on view with a MA on 06/01/23 at h the Administrator on view with the Administrator m. terview with the Administrator m. terview with the facility's are provider (PCP) on t #10's current FL-2 dated agnoses included diabetes.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED R	
		HAL033006	B. WING		06	K 6/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS CI	REEK	STERN BOULEVA	RD		
			RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	TION SHOULD BE	(X5) COMPLE <sup>-</sup> DATE
D 276	Continued From page	e 29	D 276			
		iled there was an order for ars (FSBS) 3 times a day.				
	Review of Resident # medication administra revealed:	410's May 2023 electronic ation record (eMAR)				
	scheduled at 7:00am	for check FSBS 3 times daily , 11:00am, and 4:00pm. ted as refused at 7:00am 4/23.				
	Refer to interview wit 06/01/23 at 10:30am.	h a medication aide (MA) on				
	Refer to second inter at 3:45pm.	view with a MA on 06/01/23				
	Refer to third intervie 4:50pm.	w with a MA on 06/01/23 at				
	Refer to interview wit 06/01/23 at 2:47pm.	h the Administrator on				
	Refer to second inter on 06/01/23 at 3:00pt	view with the Administrator m.				
	-	terview with a pharmacist at ed pharmacy on 06/01/23 at				
		terview with the facility's are provider (PCP) on				
		ire, ischemic dilated				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R
		HAL033006	B. WING		06	01/2023
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS CF	REEK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN (		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLE DATE
D 276	Continued From page	e 30	D 276			
	Review of a physician order dated 04/17/23 revealed there was an order to check finger stick blood sugar ( FSBS) before breakfast and bedtime.					
	medication administra revealed: -There was an entry t	412's May 2023 electronic ation record (eMAR) to check FSBS twice a day 30am and at bedtime at				
	-There was no docun	nentation that FSBS was at 6:30am with the notation				
	Refer to interview wit 06/01/23 at 10:30am.	h a medication aide (MA) on				
	Refer to second inter at 3:45pm.	view with a MA on 06/01/23				
	Refer to third intervie 4:50pm.	w with a MA on 06/01/23 at				
	Refer to interview wit 06/01/23 at 2:47pm.	h the Administrator on				
	Refer to second inter on 06/01/23 at 3:00p	view with the Administrator m.				
	-	terview with a pharmacist at ed pharmacy on 06/01/23 at				
		terview with the facility's are provider (PCP) on				
	Interview with a medi	cation aide (MA) on				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL033006	B. WING		06/01/202	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA RO, NC 27886	RD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
D 276	Continued From page	e 31	D 276			
	06/01/23 at 10:30am	revealed:				
		ty ran short on having blood				
	glucose test strips for					
		igars could not be done				
	without the blood glud					
	-Insulin could not be a	•				
	knowing the FSBS va	lue if the resident was on a				
	sliding scale.					
	-She would notify the	Administrator when blood				
	glucose test strips we	ere running low or were out.				
	-She did not know the	e process for ordering				
	supplies for the facility	у.				
		nd MA on 06/01/23 at				
	3:45pm. revealed:					
	test strips for testing I					
	-She would notify the glucose test strips we	Administrator when blood are needed.				
	Interview with a third 06/01/23 at 4:50pm re	medication aide (MA) on evealed:				
	•	Care Coordinator (RCC)				
		ind used to ensure supplies,				
	-	test strips, were available				
		ad taken on the roll of RCC				
	and was now response					
	supplies were availab					
		ministrator that test strips				
	were needed on 05/1	-				
		trips available for FSBS				
	testing from the aftern					
	evening shift on 05/14	4/23.				
	Interview with the Adr 2:47pm revealed:	ministrator on 06/01/23 at				
	-	a MA at 3:48pm on 05/13/23				
		inning low on blood glucose				
	strips.	0 0				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R	
		HAL033006	B. WING		06	/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS CF	REEK	ESTERN BOULEVAI RO, NC 27886	RD		
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 32	D 276			
	<ul> <li>The facility had an or glucose strips.</li> <li>The MA told her that bottle of blood glucos supply on 05/12/23.</li> <li>Once she was notifie was running low on b contacted a local pha glucose strips for the -She text a MA at the 05/14/23 and made h strips were ready to b pharmacy and that so retrieve them.</li> <li>She assumed some blood glucose strips a -She did not know tha blood glucose strips a -She did not know tha blood glucose strips u 05/14/23 when anoth were no blood glucos</li> <li>She told the MA that were at a local pharm to go retrieve them.</li> <li>Second interview with 06/01/23 at 3:00pm re -The former RCC was supplies were availab RCC role in April 202</li> <li>There was no proces use or supply of blood -She relied on the MA strips were needed.</li> <li>Interview with a pharm contracted pharmacy revealed the facility d strips from the pharm</li> </ul>	verstock supply of blood she had pulled the last se strips from the overstock ed by the MA that the facility lood glucose strips she rmacy and ordered blood facility. facility at 6:00am on er aware the blood glucose be picked up from the local omeone needed to go one went to pick up the at that time. at no one had picked up the until around 3:00pm on er MA notified her that there e strips in the facility. the blood glucose strips hacy and someone needed the Administrator on evealed: s responsible for ensuring ble but she took over the 3. ss in place for monitoring the d sugar test strips. As to tell her when the test				

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA RO, NC 27886	RD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	N N	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
D 276	Continued From page	e 33	D 276				
	primary care provider 4:32pm revealed: -She did not know tha glucose strips in May -It was important that checks as ordered es insulin or an oral diab -If a resident was on a important for them to as ordered so the righ administered. -Not administering sli resident because the	residents received FSBS specially if they were taking					
D 358	<ul> <li>(a) An adult care hor preparation and admi prescription and non- by staff are in accords (1) orders by a licens which are maintained (2) rules in this Secti and procedures.</li> <li>This Rule is not met TYPE A1 VIOLATION</li> <li>Based on observatior interviews the facility medications as order residents (#2, #3, #5,</li> </ul>	A Medication Administration ne shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by:	D 358				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	SI CONNECTION	DENTIFICATION NOMBER.	A. BUILDING:			
		HAL033006	B. WING		R 06/01/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS C	REEK	STERN BOULEVA	RD		
		TARBOR	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 358	Continued From pag	e 34	D 358			
	antibiotic and a medication used to treat urinary frequency (#3), insulin (#5, #11), a medication used to treat anxiety (#13, #8), a pain medication and a sleep medication (#7), and a cream used to treat fungal infections (#9).					
	The findings are:					
	05/15/22 revealed: -Diagnoses included encephalopathy (che that affects the brain major depressive dis -Resident #2 was set -There was an order tablets 3 times a day manufacturer's instru- treat certain types of nerve pain. Periodic should be done to ma Symptoms of Tegretor breathing pattern, incompairment of consci dizziness, nausea, vol	mi-ambulatory. for Tegretol 200mg take 2 (According to actions Tegretol is used to seizures and certain types of laboratory (lab) testing onitor for drug toxicity. of toxicity include irregular creased heart rate, ousness, drowsiness, omiting, and convulsions).				
	revealed: -An accident/incident on 03/09/23 stating a 11:15pm on 03/09/23	<ul> <li>#2's event summary list</li> <li>(A/I) report was completed</li> <li>"medical event" occurred at</li> <li>tion what the medical event</li> </ul>				
	Review of Resident # there was no entry of	≴2's progress notes revealed n 03/09/23.				
	Review of Resident # (ED) note dated 03/0 -Resident #2 was bro					

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		HAL033006	B. WING		06	R <b>06/01/2023</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CI	REEK	STERN BOULEVA O, NC 27886	RD			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	E CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	COMPLET DATE	
D 358	Continued From page	e 35	D 358				
	vomiting. -Resident #2 was abl lethargic. -A Tegretol level was with a value of 20.0 u value is 4.0 to 10.0 u -Resident #2 was dia vomiting and a right r -Resident #2 was dis instructions to stop Te resume and recheck Review of Resident # -There was a hospita 03/10/23 stating Resident high. -There was an order then resume; recheck Review of Resident # 03/14/23 revealed the ED because she had Review of Resident #	gnosed with nausea and enal mass. charged on 03/10/23 with egretol for 3 days and then a Tegretol level in 1 week. 42's record revealed: I after visit summary dated ident #2's Tegretol level was to stop Tegretol for 3 days, k Tegretol level in 1 week. 42's progress note dated e resident was sent to the					
	having a seizure. -A Tegretol level was with a value of 16.1 u	•					
	#2 had "continued to seen on the 9th with instructed to hold Teg	n facility staff that Resident receive Tegretol after being a critical level of 20 and gretol for 3 days then resume					
	toxicity levels and tox -New Tegretol levels	educated on Tegretol					

6899

	of Health Service Regu TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		HAL033006	B. WING			/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
	GES OF HENDRICKS CF	3210 WE	STERN BOULEVAR	RD		
		TARBOF	RO, NC 27886			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 36	D 358			
	"stressed that these in followed, otherwise the severely harmed or it -Resident #2 was disc 03/14/23 at 11:01pm. Review of Resident # medication administrative revealed: -There was an entry fitablets 3 times a day at 9:00am, 3:00pm, a -Tegretol 200mg 2 tak administered at 9:00at to 03/14/23. -Tegretol 200mg 2 tak administered at 9:00p except on 03/14/23 w "resident unavailable" -Tegretol 200mg 2 tak as ordered on 03/10/2 -Tegretol 200mg 2 tak so ordered on 03/10/2 -Tegretol 200mg 2 tak "on hold" at 9:00am, 3 03/15/23 to 03/17/23. -Tegretol 200mg 2 tak administered at 9:00ar , 3 03/15/23 to 03/17/23. -Tegretol 200mg 2 tak refused at 3:00pm, ar -Tegretol 200mg 2 tak refused at 9:00ar, 3: 03/19/23 and at 9:00ar -Tegretol 200mg 2 tak refused at 9:00ar at 9:00ar -Tegretol 200mg 2 tak refused at 3:00pm, ar	e patient could end up could result in her death". charged to the facility on 2's March 2023 electronic ation record (eMAR) for Tegretol 200mg take 2 scheduled for administration nd 9:00pm. olets was documented as um and 3:00pm on 03/01/23 olets was documented as of on 03/01/23 to 03/13/23 here it was documented '. olets was not held for 3 days 23, 03/11/23, and 03/12/23. olets was documented as 3:00pm, and 9:00pm on olets was documented as im on 03/18/23. olets was documented as im on 03/18/23. olets was documented as on 0.03/18/23. olets was documented as on 0.03/18/23. olets was documented as on 0.03/18/23.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		-		
		HAL033006	B. WING		06	R 06/01/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	GES OF HENDRICKS CI	3210 WE	STERN BOULEVAI	RD			
	GES OF HENDRICKS CI	TARBOR	RO, NC 27886				
(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 DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE	
D 358	Continued From page	e 37	D 358				
		2's record revealed she was 03/20/23 and all scheduled continued.					
	05/31/23 at 2:45pm r -Resident #2 was ser	ent #2's family member on evealed: nt to the hospital for nausea ne in March 2023 but she					
	#2, she was told that	the exact date. the hospital to see Resident her seizure medication was had a mass in her head					
		scharge paperwork it stated off her seizure medication so					
		work was sent to the facility					
	Coordinator (RCC) a Resident #2's seizure	few days later and asked if medication had been ceived a reply from the RCC.					
	-The same day that s about the seizure me	he spoke with the RCC dication Resident #2 went to					
	level was lower than high.	d her seizure medication it was, but it was still too					
	the facility and it was	ospital spoke to someone at confirmed that Resident on was never stopped by the					
	•	ident #2 was "out of it" and ily asked for medication to					
	calm the resident. -The next day Reside	ent #2 was placed on					
	nospice, and she pas	sed away a day later.					
		2's death certificate dated e cause of death was renal					

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	GES OF HENDRICKS CI	3210 WE	STERN BOULEVA	RD			
	GES OF HENDRICKS CI	TARBOR	O, NC 27886				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TC DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 38	D 358				
	hospital about Reside the resident had disc medications the last t from the hospital. -She verified with the the medication was n #2. -She did not rememb medication or the pur -When Resident #2 c after that she was we few days. -When she came bac	evealed: eaking with someone at the ent #2 and they told her that ontinue orders for one of her ime she was discharged person at the hospital that ever stopped for Resident er the name of the pose of the medication. ame back from the hospital eak but was doing well for a ex to the facility after a sident #2 was no longer					
	2:02pm revealed: -When the facility rec resident the MA that is processed the orders -If the orders came fr were faxed to the res -If new orders were re returned from the hos faxed to the resident's resident's PCP. -MAs were expected	om the resident's PCP they ident's pharmacy by the MA. eceived after a resident spital the new orders were s pharmacy as well as the to fax the orders to the					
	pharmacy as soon as -There was a "bucket sure orders were pro- -When the orders we placed into a folder. -Once the orders wer	the order was received. system" in place to make cessed correctly. re received, they were					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
				B. WING		R
		HAL033006		06	06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
THE BRID	GES OF HENDRICKS CI	REEK	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 39	D 358			
	-The folders were che	ecked daily by the former				
	-The RCC was no lor	nger employed at the facility ne had been taking over her				
	duties until a new RC					
	medications on the re					
	eMAR. -The facility was unal	-				
		MAR and that had to be				
	-She thought someor	ne in the facility could place on the eMAR but she was				
	not sure.	anges that the pharmacy				
	made on the eMAR h	had to be approved by ty, but she was not sure.				
		hat Resident #2's Tegretol				
	-The order to hold Re	esident #2's Tegretol should ne facility's contracted				
	pharmacy as soon as facility.	it was received by the				
	Second interview with 06/01/23 at 3:00pm r	n the Administrator on evealed:				
		sent to the pharmacy by the				
	-There were times the	e facility obtained orders and /ider a few days to sign them				
	so there would be a c	delay in the order being sent. tered onto the eMAR by the				
	pharmacy.	s responsible for ensuring				
	medications were ent	tered as ordered by the ng the order in the eMAR				
	system so that the madministered.	-				
	-The former RCC was	s responsible for ensuring				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING		06	06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	3210 WE	STERN BOULEVA	RD			
		TARBOR	RO, NC 27886				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE	
D 358	Continued From page	e 40	D 358				
		by the pharmacy and the ministered as ordered.					
	revealed: -The facility should fa pharmacy including th hospital visit. -The facility's contract receive any orders from hold Resident #2's Te -The facility could not on the eMAR but they on hold if it was order -The facility was expe	on 06/01/23 at 2:12pm ox any new orders to the nose received from a ted pharmacy did not om the facility on 03/10/23 to egretol for 3 days. discontinue a medication y could place a medication red to be on hold. ected to place a medication					
	stopped for less than -If a medication was s days the pharmacy w order and a restart da eMAR.	stopped for more than 10 rould request a discontinue ate and place those on the ted pharmacy received an on 03/14/23 to hold					
	(PCP) on 06/01/23 at -She expected any ne implemented by the fa- receiving the orders. -She thought Resider for a seizure disorder because she did not I with her. -She was not aware t elevated Tegretol leve hospital on 03/09/23.	ent #2's primary care provider 4:32pm revealed: ew orders for residents to be acility within 24 hours of nt #2 was receiving Tegretol but she was not sure have the resident's records hat Resident #2 had an el when she went to the hat the facility was to hold					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
חום סחו.	GES OF HENDRICKS CI	3210 WE	ESTERN BOULEVA	RD			
	GES OF HENDRICKS CI	TARBO	RO, NC 27886				
(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 T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 41	D 358				
	Resident #2's Tegretor resident returned to t Tegretol level a few of -A Tegretol level of 20 toxic. -It was important that held as ordered since she continued to rece would remain toxic. -A Tegretol level of 10 toxic. -She was unsure of v Tegretol level could of 2. Review of Resider 02/14/23 revealed dia heart failure, coronar hypertension, atrial fi stage 3 chronic kidne bladder, and chronic a. Review of Resider summary dated 04/2	<ul> <li>D.0 ug/mL was considered</li> <li>a: Resident #2's Tegretol be</li> <li>be her level was toxic and if</li> <li>eive the medication her level</li> <li>6.1 ug/mL was considered</li> <li>what side effects a toxic</li> <li>ause.</li> <li>ause.</li> <li>ause transformed to the second second</li></ul>					
	for 7 days (Bactrim is bacterial infections).	43's April 2023 electronic					
	medication administrative revealed:						
	Review of Resident #	¢3's May 2023 eMAR					

STATEMENT	of Health Service Regu r of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		06	/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
THE BRID	GES OF HENDRICKS CI	RFFK	STERN BOULEVA O, NC 27886	RD		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
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D 358	Continued From page	e 42	D 358			
	12 hours for 7 days s at 8:00am and 8:00pt -Bactrim 800-160mg administered at 8:00a -Bactrim 800-160mg administered at 8:00a -Bactrim 800-160mg administered at 8:00p administered at 8:00p 8:00am and 8:00pm of Interview with a resid 05/19/23 at 4:12pm r -She met with Reside 05/02/23. -Resident #3 stated s taking an antibiotic, b she had not received -She spoke with the f Coordinator (RCC) at about Resident #3's r -She was told by the facility had not receiv due to a pharmacy is -Resident #3 eventua after the complainant Administrator's attent Interview with Resider revealed the urologis and it took her 5 days b. Review of Residen summary dated 04/27 Ditropan 5 mg daily ( frequent or urgent uri	was not documented as am and 8:00pm on 05/01/23. was not documented as am on 05/02/23. was documented as on on 05/02/23 and at on 05/03/23 to 05/09/23. ent representative on evealed: ent #3 at the facility on she was supposed to be out 5 days had passed and it. former Resident Care and a medication aide (MA) medication on 05/02/23. RCC and the MA that the ed Resident #3's medication sue. ally received her antibiotic to brought it to the ion. ent #3 on 05/23/23 at 2:49pm t prescribed her an antibiotic as to receive the medication. at #3's urology after visit 7/23 revealed an order for Ditropan is used to treat nation). #3's April 2023 electronic				
vision of He		for Ditropan 5mg daily.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL033006	B. WING	06	R 06/01/2023	
ME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD		
			,	PROVIDER'S PLAN (		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
D 358	Continued From page	e 43	D 358			
		nentation that Ditropan 5mg m 04/27/23 to 04/30/23.				
	Review of Resident # revealed:	3's May 2023 eMAR				
	scheduled for admini					
	-Ditropan 5mg was no administered 05/01/2 -Ditropan 5mg was de					
		except on 05/13/23 where it				
	Interview with Reside revealed:	nt #3 on 05/23/23 at 2:49pm				
		she went to a bladder doctor ad urinary tract infection				
	-The prescribed medi	ications were on the use her private pharmacy				
	urology appointment.					
	medications and the	he 1st shift MA about the MA told her the medications but she did not have an				
	order to administer th -She asked the 2nd s	e medications.				
	order to administer th					
	with her, but the Adm	trator she needed to talk inistrator never got back				
	to visit with her.	sident representative came former Resident Care				
	Coordinator (RCC) th	e facility had to get approval pharmacy before they could				
		n Resident #3 on 06/01/23 at				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		3210 WE	STERN BOULEVA	RD			
	GES OF HENDRICKS C	TARBOF	RO, NC 27886				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
D 358	Continued From page	e 44	D 358				
	-She went to her urol procedure but could it was cleared. -Her urine was cloud her bladder, and she -She told a MA that h medications to treat h -The MA told Residen the medication cart, h her because she did -She went to the sam MA told her she still of medication. -She felt bad and wa hour. -About 4 days later, h her if the medications -She told the urologis medications and he t going to call the facili -She started receiving day. Interview with a MA of revealed: -Resident #3 told her receiving new medica -She told Resident #3 the computer so she her. -She did not recall if medication cart. Interview with a seco 8:15am revealed:	ogy appointment to have a not have it done until the UTI y, she was having spasms of was urinating every hour. her urologist ordered her her UTI and bladder spasms. In #3 the medication was on but she could not give it to not have an order for it. he MA the next day and the could not give her the s itching and urinating every her urologist called asking s were working. It she did not have the old Resident #3 he was ty. g the medications the next on 05/23/23 at 3:48pm r she was supposed to be ations. 3 the medications were not in could not administer it to the medications were on the and MA on 06/01/23 at					
	she returned from he -Resident #3's urolog	about the medications when r doctor's appointment. jist sent an order for the sident's private pharmacy					

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STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			PLETED
		HAL033006	B. WING			R / <b>01/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REEK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG	· · · · · · · · · · · · · · · · · · ·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	D THE APPROPRIATE	COMPLET DATE
D 358	Continued From page	e 45	D 358			
	urologist to have the the facility. -The facility's contract the medications on the administer the medica Resident #3's private -She thought the medicate the facility the day aft appointment. Interview with the Add 2:02pm revealed: -When the facility rec resident the MA that is processed the orders -If the orders came fricting care provider (PCP) to resident's pharmacy I -If new orders were reacted faxed to the resident's resident's PCP. -MAs were expected pharmacy as soon as -There was a "bucket sure orders were pro- -When the orders were placed into a folder. -Once the orders were treatment was started a different folder. -The folders were che RCC. -The RCC was no lor as of 04/18/23 and st duties until a new RC	dication orders were sent to the Resident #3's urology ministrator on 05/31/23 at eived new orders for a received the orders to make resident's primary they were faxed to the by the MA. eceived after a resident spital the new orders were s pharmacy as well as the to fax the orders to the s the order was received. to fax the orders to the s the order was received. to system" in place to make cessed correctly. re received, they were the orders were placed into ecked daily by the former ager employed at the facility he had been taking over her to was hired.				
ision of Ho	Second interview with 06/01/23 at 9:23am re alth Service Regulation	n the Administrator on evealed:				

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	REEK	ESTERN BOULEVA RO, NC 27886	RD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	) THE APPROPRIATE	COMPLET DATE	
D 358	Continued From page	9 46	D 358				
	-When Resident #3's	medication arrived at the					
		ent's private pharmacy, the					
	-	n order for the medication.					
		er called the resident's					
	private pharmacy to h						
	medication order sen						
	-A MA went to Reside	ent #3's room to get the					
	after-visit summary fr						
	-The MA faxed the af	ter-visit summary with the					
	medication order on i	t to the facility's contracted					
	pharmacy.						
		he medication order was					
	-	same day Resident #3					
	came back from her u	urology appointment.					
		e at Resident #3's urologist					
	office on 06/01/23 at						
	for recurrent UTI and	en in the office on 04/27/23					
		Bactrim for the UTI and					
	Ditropan for overactiv						
		e facility called the office to					
	ask for an order for th	2					
		3 on either 05/01/23 or					
	05/02/23 to ask how 1						
	working.	-					
	0	d him that she did not have					
	the medications.						
	-He informed the resi	dent that he was going to					
	contact the facility ab						
		ne facility about resident #3					
	medications.						
		at the facility on 05/02/23					
		ler for the medications over					
	the telephone.						
	3. Review of Residen	t #5's current FL-2 dated					
	02/13/23 revealed:						
		insulin dependent type 2					
	diabetes.					1	

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## PRINTED: 06/22/2023 FORM APPROVED

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:		R		
		HAL033006	B. WING		06	06/01/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
HE BRID	GES OF HENDRICKS CI	REEK	ESTERN BOULEVA	RD			
		TARBOI	RO, NC 27886				
(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 T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 47	D 358				
1	fingerstick blood suga	for lancets use to check ar (FSBS) with insulin 3 symptoms of high or low					
	dated 02/16/23 revea insulin lispro (a short high blood sugars) in meals and at bedtime	5's physician order sheet aled there was an order for -acting insulin used to treat ject four times a day before e per sliding scale: 155-184 units; 215-244 = 3 units;					
	dated 03/15/23 revea insulin lispro four time bedtime per sliding si 185-214 inject 2 units 245-274 inject 4 units	45's physician order sheet aled there was an order for es a day before meals and at cale: 155-184 inject 1 unit; s; 215-244 inject 3 units; s; 275-304 inject 5 units; s; 335-364 inject 7 units; over					
	medication administrative revealed:						
	times a day before m sliding scale: 155-184 215-244 = 3 units; 24	for insulin lispro inject 4 leals and at bedtime per 4 = 1 unit; 185-214 = 2 units; l5-274 = 4 units scheduled 8:00am, 12:00pm, 4:00pm,					
	and 8:00pm. -There was an entry t	for check FSBS 3 times a 0am, 12:00pm, and 4:00pm.					
	-At 8:00am on 03/06/ was documented as	/23 2 units of insulin lispro administered for a FSBS of					
	-At 12:00pm on 03/06	units that was ordered. 6/23 2 units of insulin lispro administered for a FSBS of					
		units that was ordered. for insulin lispro with a start					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD		
			RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 48	D 358			
	if FSBS 155-184 = 1 1 215-244 = 3 units; 24 units; 305-334 = 6 un 365 = 8 units schedul 8:00am, 12:00pm. 4:0 -There was no space of insulin administere -Examples of insulin I administered when th are as follows: -At 12:00pm on 03/17/ amount of insulin lispin administered for a FS -At 4:00pm on 03/17/ of insulin lispro was d for a FSBS of 110. -At 8:00pm on 03/17/ of insulin lispro was d for a FSBS of 113. -At 8:00am on 03/20/ of insulin lispro was d for FSBSs of 114. -At 12:00pm on 03/20/ of insulin lispro was d for a FSBS of 114. -At 12:00pm on 03/20/ of insulin lispro was d for a FSBS of 98. -At 8:00am on 03/22/ of insulin lispro was d for a FSBS of 98. -At 8:00am on 03/23/ of insulin lispro was d for a FSBS of 143. -At 4:00pm on 03/23/ of insulin lispro was d for a FSBS of 143. -At 4:00pm on 03/23/ of insulin lispro was d for a FSBS of 153. -At 12:00pm on 03/26/	on the entry to record units d. ispro being documented as ie FSBS was less than 155 7/23 an undetermined ro was documented as BS of 110. 23 an undetermined amount locumented as administered 23 an undetermined amount locumented as administered				
	administered for a FS -At 12:00pm on 03/30	)/23 an undetermined				
	-	ro was documented as				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
		3210 WE	STERN BOULEVA	RD			
HE BRID	GES OF HENDRICKS CF	TARBOF	RO, NC 27886				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC 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 358	Continued From page	e 49	D 358				
	administered 10 times not indicated to be ac	scale was documented as s in March 2023 when it was					
	directed per sliding so unit; 185-214 = 2 unit 245-274 = 4 units; 27 units; 335-364 = 7 un scheduled for adminis 4:00pm, and 8:00pm. -There was no space of insulin administere -Examples of insulin I administered when the are as follows: -At 8:00am on 04/06/ of insulin lispro was d for a FSBS of 116. -At 12:00pm on 04/06/	for insulin lispro use as cale if FSBS 155-184 = 1 s; 215-244 = 3 units; 5-304 = 5 units; $305-334 = 6its; over 365 = 8 unitsstration at 8:00am, 12:00pm.on the entry to record unitsd.ispro being documented asie FSBS was less than 15523 an undetermined amountlocumented as administered$					
	administered for a FS -At 4:00pm on 04/07/ of insulin lispro was d for a FSBS of 93. -At 8:00pm on 04/16/ of insulin lispro was d for a FSBS of 136. -At 8:00am on 04/17/ of insulin lispro was d for a FSBS of 153. -At 12:00pm on 04/22	BS of 131. 23 an undetermined amount locumented as administered 23 an undetermined amount locumented as administered 23 an undetermined amount locumented as administered 2/23 an undetermined ro was documented as					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
	GES OF HENDRICKS CF	3210 WE	STERN BOULEVA	RD			
	GES OF HENDRICKS CF	TARBOF	RO, NC 27886				
(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 358	Continued From page	e 50	D 358				
	amount of insulin lisp administered for a FS -At 8:00pm on 04/29/ of insulin lispro was d for a FSBS of 116. -Insulin lispro sliding a administered 8 times not indicated to be ad -Resident #5's FSBS April 2023. Interview with a medi 06/01/23 at 11:18am -Some residents who had a place on the eM insulin could be docu -If there was nowhere she just recorded that if she did not adminis that she did not think she when she should not clicked the wrong but	ro was documented as BS of 154. 23 an undetermined amount locumented as administered scale was documented as in April 2023 when it was dministered. s ranged from 88 to 445 in cation aide (MA) on revealed: were on sliding scale insulin MAR where the units of mented, and some did not. to record units of insulin, t she administered insulin or ter the insulin she recorded nister it and why. did not have a space to units of sliding scale insulin ent #5's sliding scale listed y how much insulin to give cumented that she o Resident #5 when it a administered or she ent amount than what was we read the sliding scale					
	3:59pm revealed:	nd MA on 06/01/23 at red sliding scale insulin to					

STATEMENT	of Health Service Regu r of Deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED R		
		HAL033006	B. WING		06	06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS C	REEK	ESTERN BOULEVA RO, NC 27886	RD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	FCORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI	
D 358	Continued From page	e 51	D 358				
	eMAR and gave the a	amount of insulin ordered					
	based on FSBS resul						
	-On the days that she						
		o Resident #5 when it					
		ld, she may have looked at					
		he may have clicked the					
	wrong button on the e	EMAR.					
	Interview with the Adu	ministrator on 06/01/23 at					
	2:36pm revealed:						
		o administer insulin to					
		ly according to what was					
	ordered on her sliding						
		residents to receive the					
	correct amount of ins	ulin as ordered.					
	Interview with the fac	ility's contracted primary					
		on 06/01/23 at 4:32pm					
	revealed:						
	-It was important to a	dminister sliding scale					
	insulin as ordered.						
		n to a resident when they					
		o receive it could cause their					
	FSBS to go too low.						
	cause the resident's I	sulin to a resident could					
		use drowsiness or coma and					
		se long-term effects to a					
	resident's kidneys or						
		with Resident #5's PCP on					
	06/01/23 at 2:22pm w	vas unsuccessful.					
	4. Review of Residen 02/23/23 revealed:	t #11's current FL-2 dated					
		vascular dementia, insulin					
	dependent diabetes r						
	-	y of cerebral vascular					
		angle glaucoma, recurrent					
		es, and history of breast					

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		R 06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		3210 WE	ESTERN BOULEVA	RD		
I HE BRID	GES OF HENDRICKS C	TARBO	RO, NC 27886			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	· · ·	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 358	Continued From pag	e 52	D 358			
	cancer.					
	-She was intermitten	tly disoriented.				
		#11's physician order dated ere was an order for Novolog				
		in, inject insulin three times a				
		: 0-200=0 units, 201-250=2				
	units, 251-300=4 uni					
	351-400=8 units to b	e administered at 8:00am,				
		m. (Novolog is a rapid-acting				
	insulin used to contro	oll high blood sugar				
	(glucose).					
	Review of Resident #	#11's March 2023 electronic				
	medication administration record (eMAR)					
	revealed:	· · · · · ·				
	-There was an entry	for Novolog FlexPen U-100				
		day, inject insulin per sliding				
		, 201-250=2 units, 251-300=4				
		ts, 351-400=8 units at				
	8:00am, 12:00pm, ar	nd 4:00pm. Itation that Novolog insulin				
		d on 03/09/23 at 12:00pm				
	due to being on hold	•				
	-	ntation that insulin was				
	administered on 03/2	20/23 at 12:00pm in the				
		units documented) when the				
	FSBS was 195.					
		ave been administered based				
	on the ordered sliding	y scale.				
	Review of Resident #	#11's April 2023 eMAR				
	revealed:					
		for Novolog FlexPen U-100				
		day, inject insulin per sliding				
		, 201-250=2 units, 251-300=4				
		ts, 351-400=8 units to be				
		am, 12:00pm, 4:00pm. ntation Novolog insulin was				
		11/23 at 4:00pm in the				
alaya afilia	alth Service Regulation					

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## PRINTED: 06/22/2023 FORM APPROVED

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	GES OF HENDRICKS CF	3210 WE	STERN BOULEVA	RD			
		TARBOR	O, NC 27886				
(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 D THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 53	D 358				
	was 188 and on 04/2 (no units documented	ocumented) when the FSBS 0/23 at 4:00pm in the arm d) when the FSBS was 198. ave been administered based g scale.					
	revealed: -There was an entry f Insulin three times a of scale (0-200=0 units, 251-300=4 units, 301 units to be administer 4:00pm. -There was documen not administered on 0 12:00pm and 4:00pm -There was documen 05/17/23 at 8:00am a insulin was not admin to being on hold. -There was documen 05/17/23 at 12:00pm insulin was not admin to being on hold. -There was not admin to being on hold. -There was not admin to being on hold.	-350=6 units, 351-400=8 red at 8:00am, 12:00pm, tation Novolog insulin was 05/17/23 at 8:00am, due to being on hold tation the FSBS was 305 on					
	06/01/23 at 10:30am -The "on hold" notation the medication was n had not been receive -Sometimes the facility test strips for testing l	on on the eMAR indicated ot available on the cart and d from pharmacy yet. ty ran out of blood glucose FSBS. Igars could not be done cose test strips. administered without					

STATE FORM

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If continuation sheet 54 of 79

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL033006	B. WING	B. WING		R 5/ <b>01/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CI	REEK	STERN BOULEVA	RD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	· · ·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
D 358	Continued From page	e 54	D 358			
	sliding scale.					
	-	Administrator when glucose				
	test strips were runni	-				
		e process for ordering				
	supplies for the facilit	у.				
	Interview with the Ad	ministrator on 06/01/23 at				
	2:36pm revealed:					
		o administer insulin to				
	_	according to what was				
	ordered on the sliding					
	correct amount of ins	esidents to receive the				
		uiir as ordered.				
	Interview with the fac	ility's contracted primary				
		on 06/01/23 at 4:32pm				
	revealed:	•				
	-It was important to a	dminister sliding scale				
	insulin as ordered.					
		n to a resident when they				
		receive it could cause their				
	FSBS to go too low.					
	cause the resident's l	sulin to a resident could				
		use drowsiness or coma and				
		se long-term effects to a				
	resident's kidneys or	-				
	5. Review of Residen	t #13's current FL-2 dated				
	09/12/22 revealed:					
	-Diagnoses included					
		disabilities, gait instability,				
	and hypothyroidism.					
	-He was non-verbal.					
	Review of Resident #	13's physician progress				
		B revealed an order for				
		let two times a day. (Xanax,				
		olam, is a medication used				
	to treat anxiety and p	anic disorders).				

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If continuation sheet 55 of 79

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL033006	B. WING		06	R 06/01/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		3210 WE	STERN BOULEVA	RD			
HE BRID	GES OF HENDRICKS CF	REEK TARBOF	RO, NC 27886				
(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 ) THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	9 55	D 358				
	administration medica -There was an order of twice a day at 8:00am -There was document tablet was not admini 8:00am, 04/11/23 at 04/12/23 at 8:00am w -There was no docum tablet was administer (Blank). -Resident #13 missed a 4-day period. Review of Resident # revealed: -There was an order of twice a day at 8:00am -There was an order of twice a day at 8:00am a 8:00am with the notat -Resident #13 missed Xanax during a 4-day Telephone interview w Resident #13's private 11:42am revealed: -The resident's Xanax 60 tablets (30-day sup to the facility on 05/16 Attempted telephone	tation that Xanax 0.25mg, 1 stered on 04/10/23 at 8:00am and 8:00pm and with the notation "on hold." mentation Xanax 0.25mg, 1 ed on 04/16/23 at 8:00pm d 5 does of his Xanax during 13's May 2023 eMAR for Xanax 0.25mg, 1 tablet in and 8:00pm. tation that Xanax 0.25mg, 1 stered on 05/13/23 through ind 8:00pm and 05/16/23 at tion "on hold." d 7 doses of his scheduled in period. with a pharmacist at e pharmacy on 06/02/23 at Resident #13's private (15/23. k 0.25mg was dispensed for pply) on 05/15/23 and sent 5/23. interview with Resident e pharmacist on 06/01/23 at					
	Observation of Reside						

If continuation sheet 56 of 79

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL033006	B. WING	B. WING		R 5/ <b>01/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
D 358	Continued From page	e 56	D 358			
		3:00pm revealed 30 tablets rd with a dispensed date of				
	06/02/13 at 2:10pm re -She was not aware of resident's medication	of any issues with the s.				
		e was a change in his private "abrupt" closing of the macy.				
	Interview with a medi 06/01/23 at 12:30pm -She did not administ 05/15/23 and 05/16/2 available on the medi	revealed: er Resident #13's Xanax on 3 because it was not				
	#13 that could have b	in pharmacy for Resident been the reason the n the medication cart yet				
	-She notified the Adm	ription was required a controlled substance. inistrator that Resident available on the medication				
		d" means the medication ation cart and waiting to be acy.				
		nd MA on 06/01/23 at er Resident #13's Xanax on vas not available on the				
	medication cart. -She notified the Adm	inistrator that Resident available on the medication				
		d" means the medication the medication cart but was				

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	OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
	F CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:				
		HAL033006	B. WING		06	R 06/01/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
יטוסם ד		3210 WE	STERN BOULEVA	RD			
	GES OF HENDRICKS CI	TARBOF	RO, NC 27886				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 57	D 358				
	4:45pm revealed: -Resident #13's privation in May 2023 and and contracted by Reside -Because Xanax was "hard copy" prescription -She did not recall how prescription. -She expected prescription. -She expected prescription. -She expected medic ordered. Interview with the fact care provider (PCP) or revealed: -She was not notified receive his Xanax as -She expected the minimum as ordered to prevent -Stopping Resident #	s a controlled medication, a ion had to be signed and macy which caused a delay. ow long it took to receive the riptions to filled as soon as cations to be administered as cations to be administered as cations to be administered as cation 06/01/23 at 4:30pm I Resident #13 did not scheduled in April and May. edication to be administered t withdrawal symptoms. t13's Xanax abruptly could					
		-					
	revealed: -Diagnoses included atrial fibrillation, diabo	nt #8's FL2 dated 11/23/22 hypertension, paroxysmal etes, congenital stenosis of n and chronic kidney value					
	-There was an order	for Alprazolam (Xanax) at 8:00pm and as needed					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL033006	B. WING		06	R 06/01/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
HE BRID	GES OF HENDRICKS CF	REEK	ESTERN BOULEVA RO, NC 27886	RD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 58	D 358				
	-Resident #8 was cor	nstantly disoriented.					
	Resident #8 dated 05	n order refill request for 5/06/23 revealed the facility scription for Alprazolam time.					
	Review of Resident # summary dated 05/24 order for Alprazolam	1/23 revealed there was an					
		ent #8's medications on 3:46pm revealed the Xanax e to be administered.					
	0.5mg one tablet at b -There was documen	o administer Alprazolam					
	-There was no docum	nentation Alprazolam 0.5mg ed on 05/05/23 through					
	report revealed there	023 controlled substance was no documentation inistered from 05/05/23 to					
	via fax requesting a n sent to the pharmacy	evealed: uest to the PCP on 03/18/23 new order for Alprazolam be					
	Based on observatior	as record reviews and					

	OF DEFICIENCIES OF CORRECTION	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING	B. WING		R 06/01/2023	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			10112020	
	NOVIDER OR GOI T EIER						
THE BRID	GES OF HENDRICKS C	REEK	RO, NC 27886				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE	
D 358	Continued From pag	e 59	D 358				
	interviews, it was det not interviewable.	ermined Resident #8 was					
	3:51pm revealed:	ond MA on 06/01/23 at					
	over a month.	t taken the Alprazolam for					
	-Resident #8 had not anxiousness.	t shown any signs of					
	Interview with the Ad 3:00pm revealed:	ministrator on 06/01/23 at					
		sent to the pharmacy by the					
	primary care provide						
		e facility obtained orders and vider a few days to sign them					
		delay in the order being sent.					
		tered onto the eMAR by the					
	-The former Residen	t Care Coordinator (RCC)					
		ensuring medications were					
		y the provider and approving					
	the order in the eMA medication could be	•					
		s responsible for ensuring					
		by the pharmacy and the					
		ministered as ordered.					
	-She had taken on th in April 2023.	e RCC's duties since she left					
		ent #8's local Pharmacist at d pharmacy on 06/01/23 at					
	4:10pm revealed:						
	-The Alprazolam had 2023.	not been dispensed for May					
	-The medication did needed a new prescr	not have any refills and ription.					
	-	ts of Alprazolam 0.5mg					
		ts of Alprazolam 0.5mg					

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If continuation sheet 60 of 79

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED		
		HAL033006	B. WING		R 06/01/2023			
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		<u>, 0 112020</u>		
		3210 WE	ESTERN BOULEVA					
I HE BRID	GES OF HENDRICKS CI	REEK TARBOI	RO, NC 27886					
(X4) ID PREFIX TAG					ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 358	Continued From page	e 60	D 358					
	dispensed on 01/30/2 -There were 30 table dispensed on 02/26/2 -There were 30 table dispensed on 03/30/2 -There were a total o 0.5mg dispensed thro Interview with Resider 4:32pm revealed: -She had last seen R -She sent a new pres 0.5mg. 7. Review of Resider 01/04/23 revealed: -Diagnoses included leg below the knee, g weakness and abnor -He was semi-ambula -There was no docum a. Review of Resident # administration record there was no entry for	23. ts of Alprazolam 0.5mg 23. ts of Alprazolam 0.5mg 23. f 120 tablets Alprazolam ough April 2023. ent #8's PCP on 06/01/23 at tesident #8 on 05/03/23. scription for Alprazolam at #7's current FL-2 dated acquired absence of his left generalized muscle mal posture.						
	administration record -There was an entry to be administered ea	<sup>‡</sup> 7's electronic medication I for May 2023 revealed for Tylenol 500mg, 2 tablets, ach night at bedtime.						
	from 05/01/23 to 05/1	nentation of administration 15/23. itation of administration from						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		SURVEY PLETED
		HAL033006	B. WING			R / <b>01/2023</b>
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
חב פטוט	GES OF HENDRICKS CI	3210 WE	ESTERN BOULEVAI	RD		
	GES OF HENDRICKS CI	TARBOF	RO, NC 27886			
(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 ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	ACTION SHOULD BE CC TO THE APPROPRIATE	
D 358	Continued From page 61		D 358			
	05/16/23 to 05/30/23.					
	revealed he had pain that had improved sir	ent #7 on 05/31/23 at 3:40pm in both shoulders frequently nee he began getting Tylenol d along with the cream he ng.				
	care provider (PCP) or revealed: -Resident #7 had chr -She expected orders hours.	with Resident #7's primary on 06/01/23 at 4:30pm onic pain in his shoulders. s to be processed within 24 ations to be administered as esident promptly and				
		evealed:				
		it #7's physician's order iled melatonin 3mg was to n night at bedtime.				
	administration record there was no entry fo	7's electronic medication for April 2023 revealed r Melatonin 3mg to be ght at bedtime and no ninistration.				
	administration record					

TATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL033006	B. WING		R 06/01/2023	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3210 WE	STERN BOULEVA	RD		
	GES OF HENDRICKS CF	TARBOR	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 62	D 358			
	05/10/23 to 05/30/23. -There was documen	tation of administration from				
	Interview with Resident #7 on 05/31/23 at 3:40pm revealed: -He sometimes had trouble sleeping at night. -He thought it was getting better since melatonin was added earlier in the month but he did not know exactly when he began receiving the medication.					
	facility's contracted pl 11:42am revealed: -Melatonin was an ov used to help people fi -Resident #7's order i night dated 04/05/23 the facility on 05/07/2 05/08/23.	for melatonin 3 mg each was received by fax from				
		signed by the provider so				
	2:02pm revealed: -When the facility rec resident the MA that i					
	were faxed to the res -If new orders were re returned from the hos	om the resident's PCP they ident's pharmacy by the MA. eceived after a resident spital the new orders were				
	resident's PCP.	s pharmacy as well as the to fax the orders to the				

ANALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3210 WESTERN BOULEVARD TARBORO, NC 27885 TAG VALUE OF ADDRESS OF HENDRICKS CREEK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 63 pharmacy as soon as the order was received. - There was a "bucket system" in place to make sure orders were processed correctly. -When the orders were approved and the treatment was started the orders were placed into a different folder. - The folders were checked daily by the former RCC. - The RCC was no longer employed at the facility as of 04/18/23 and she had been taking over her duties until a new RCC was hired. Second interview with the Administrator on 06/01/123 at 3:00pm revealed: - Orders were entered onto the pharmacy by the primary care provider. - There were times the facility obtained orders and it would take the provider a few days to sign them so there would be adley in the order figs ent. - New orders were entered onto the eMAR by the pharmacy. - The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as odreed by the proving the order in the eMAR system so that the medication could be administered. - The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as odreed by the proving the order in the eMAR system so that the medication could be administered. - The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as odreed by the proving the order in the eMAR system so that the medication could be administered. - The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as odreed by the proving the order in the eMAR system so that the medication could be administered. - The former Resident Care Coordinator (RCC)	STATEMENT	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
Display       Summary statement of Deficiencies (BACH DEPICENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       ID PREFX TAG       PROVIDER'S PLAN OF CORRECTION (EACH DEPICENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       ID PREFX TAG       PROVIDER'S PLAN OF CORRECTION (EACH DEPICENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       ID PREFX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       O         D 358       pharmacy as soon as the order was received. - There was a "bucket system" in place to make sure orders were received, they were placed into a folder. - Once the orders were received, they were placed into a folder. - Once the orders were schecked daily by the former RCC. - The RCC was no longer employed at the facility as of 04/18/23 and she had bene taking over her duties until a new RCC was hired.       Second interview with the Administrator on 06/01/23 at 3:00pm revealed: - Orders were enclosed orders and ti would take the provider a faw days to sign them so there would be a delay in the order being sent. - New orders were entered onto the eMAR by the pinany care provider. - The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as ordered by the provider and approving the order in the eMAR system so that the medication could be administred. - The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as ordered by the provider and approving the order in the eMAR system so that the medication could be administred. - The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as ordered by the provider and approving the order in the eMAR systens to that the medication could be administere			HAL033006	B. WING		R 06/01/202	
CHE BRIDGES OF HEURICKS CREEK       TARBORO, NC 27886         (24) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WAST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       ID CACS-AREFERENCED TO THE APPROPRIATE DEFICIENCY)       ID D 358         D 358       Continued From page 63 -There was a "bucket system" in place to make sure orders were processed correctly. -When the orders were processed correctly. -When the orders were approved and the treatment was started the orders were placed into a different folder. -The folders were checked daily by the former RCC. -The RCC was no longer employed at the facility as of 04/18/23 and she had been taking over her duties until a new RCC was hired.       Second interview with the Administrator on 06/01/23 at 3:00pm revealed: -Orders were times the facility obtained orders and it would take the provider a few days to sign them so there would be adelay in the order being sent. -New orders were entered onto the eMAR by the phramacy. -The former Resident Care Coordinator (RCC) was responsible for ensuring the order in the eMAR system so that the medication could be administered. -The former RCC was neoponsible for ensuring	NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TARBORO, NC 27886         (M) ID PRETX TAG       SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       ID PRETX TAG       PROVIDER'S PLAN OF CORRECTION (EACH ODRRECTUR ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)       or Construction         D 358       Continued From page 63       D 358       D 358       D 358         pharmacy as soon as the order was received. -There was a "bucket system" in place to make sure orders were processed correctly. -When the orders were received, they were placed into a folder. -Once the orders were placed into a different folder.       D 358         - Once the orders were approved and the treatment was started the orders were placed into a different folder.       -The folders were checked daily by the former RCC. - The RCC was no longer employed at the facility as of 04/18/23 and she had been taking over her duties until a new RCC was hired.       Second interview with the Administrator on 06/01/23 at 3:00pm revealed: -Orders were usually sent to the pharmacy by the primary care provider. - There were times the facility obtained orders and it would take the provider and approving the order in the eMAR system so that the medication could be adeliap in the order being sent. - New orders were entered on the eMAR by the pharmacy. - The former Resident Care Coordinator (RCC) was responsible for ensuring the order in the eMAR system so that the medication could be administered. - The former RCC was responsible for ensuring       USA			3210 WE	STERN BOULEVA	RD		
Image: TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREEX TAG       CEACH CORRECTVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       c         D 358       Continued From page 63       D 358       D 358         pharmacy as soon as the order was received. -There was a "bucket system" in place to make sure orders were processed correctly. -When the orders were epixed and the treatment was started the orders were placed into a different folder. -Once the orders were approved and the treatment was started the orders were placed into a different folder. -The RCC was no longer employed at the facility as of 04/18/23 and she had been taking over her duties until a new RCC was hired.       Second interview with the Administrator on 06/01/23 at 3:00pm revealed: -Orders were usually sent to the pharmacy by the primary care provider. -There were times the facility obtained orders and it would take the provider a few days to sign them so there would be a delay in the order being sent. -New orders were entered onto the eMAR by the pharmacy. -The former RecC was responsible for ensuring         -The former RCC was responsible for ensuring the order in the eMAR system so that the medication could be administered. -The former RCC was responsible for ensuring	HE BRID	IGES OF HENDRICKS CI	TARBOF	RO, NC 27886			
pharmacy as soon as the order was received. -There was a "bucket system" in place to make sure orders were processed correctly. -When the orders were received, they were placed into a folder. -Once the orders were approved and the treatment was started the orders were placed into a different folder. -The folders were checked daily by the former RCC. -The folders were checked daily by the former RCC. -The RCC was no longer employed at the facility as of 04/18/23 and she had been taking over her duties until a new RCC was hired. Second interview with the Administrator on 06/01/23 at 3:00pm revealed: -Orders were usually sent to the pharmacy by the primary care provider. -There were times the facility obtained orders and it would take the provider a few days to sign them so there would be a delay in the order being sent. -New orders were entered onto the eMAR by the pharmacy. -The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as ordered by the provider and approving the order in the eMAR system so that the medication could be administered. -The former RCC was responsible for ensuring	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TC	TION SHOULD BE	(X5) COMPLET DATE
<ul> <li>-There was a "bucket system" in place to make sure orders were processed correctly.</li> <li>-When the orders were received, they were placed into a folder.</li> <li>-Once the orders were approved and the treatment was started the orders were placed into a different folder.</li> <li>-The folders were checked daily by the former RCC.</li> <li>-The RCC was no longer employed at the facility as of 04/18/23 and she had been taking over her duties until a new RCC was hired.</li> <li>Second interview with the Administrator on 06/01/23 at 3:00pm revealed:</li> <li>-Orders were usually sent to the pharmacy by the primary care provider.</li> <li>-There were times the facility obtained orders and it would take the provider a few days to sign them so there would be a delay in the order being sent.</li> <li>-New orders were entered onto the eMAR by the pharmacy.</li> <li>-The former Resident Care Coordinator (RCC) was responsible for ensuring medications were entered as ordered by the provider and approving the order in the eMAR system so that the medication could be administered.</li> <li>-The former RCC was responsible for ensuring</li> </ul>	D 358	Continued From page	e 63	D 358			
orders were received by the pharmacy and the medications were administered as ordered. Telephone interview with Resident #7's primary care provider (PCP) on 06/01/23 at 4:30pm revealed: -She expected orders to be processed within 24 hours. -She expected medications to be administered as		<ul> <li>There was a "bucket sure orders were pro- When the orders were placed into a folder.</li> <li>Once the orders were treatment was started a different folder.</li> <li>The folders were che RCC.</li> <li>The RCC was no lor as of 04/18/23 and st duties until a new RC</li> <li>Second interview witt 06/01/23 at 3:00pm re- Orders were usually primary care provider</li> <li>There were times the it would take the provision there would be a co- New orders were en- pharmacy.</li> <li>The former Resident was responsible for e entered as ordered by the order in the eMAF medication could be a orders were received medications were adured Telephone interview of care provider (PCP) of revealed:</li> <li>She expected orders hours.</li> </ul>	e system" in place to make cessed correctly. re received, they were re approved and the d the orders were placed into ecked daily by the former ager employed at the facility he had been taking over her C was hired. In the Administrator on evealed: sent to the pharmacy by the c. e facility obtained orders and rider a few days to sign them delay in the order being sent. tered onto the eMAR by the t Care Coordinator (RCC) ensuring medications were y the provider and approving R system so that the administered. s responsible for ensuring by the pharmacy and the ministered as ordered. with Resident #7's primary on 06/01/23 at 4:30pm s to be processed within 24				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY
		HAL033006	B. WING		R 06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
	GES OF HENDRICKS CI	3210 WE	ESTERN BOULEVAI	RD		
		TARBO	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 358	Continued From page	e 64	D 358			
	09/14/22 revealed:	at #9's current FL-2 dated Type II diabetes and lack of and intermittently				
		9's current care plan dated e required limited assistance ng and hygiene.				
	revealed: -Resident #9 had a ra inside of her thighs a -There was documen in the folds of her gro -There was an order units/g to be applied	for Nystatin cream 100,000 to affected area every 8 ystatin is a medication used				
	revealed: -She had a rash on h remember when it be -It used to be painful	but was it was better. nber if she received any				
	administration record	9's electronic medication (eMAR) for May 2023 o entry for Nystatin cream n of administration.				
	#9 on 06/01/23 at 5:0	ations on hand for Resident 0pm revealed there was no able for administration.				

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL033006	B. WING		06	/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CF	REEK	ESTERN BOULEVA	RD		
		TARBOF	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
D 358	Continued From page	e 65	D 358			
	Telephone interview v	with the Pharmacist at				
		ted pharmacy on 06/01/23				
	at 4:00pm revealed:					
	-	ed an order for Nystatin 9.				
	-The medication was	used to treat yeast on the				
	skin and a delay in tre	eatment could cause the				
	infection to extend an	d become worse and the				
	resident would remain	n uncomfortable for longer.				
	Interview with a medi 06/01/23 at 4:50pm re	· · ·				
	-Resident #9 had a ra					
	approximately 2 weel					
	-There had been no s	scheduled treatment to the				
	area.					
		with Resident #9's primary on 06/01/23 at 4:30pm				
	-She expected orders hours.	to be processed within 24				
	-She expected medic order to treat the resident offectively.	ations to be administered as dent promptly and				
	,	eam was ordered by a				
	covering provider in h	-				
		tion to be administered per				
	the order to treat the the pain and discomfo	yeast infection and decrease ort.				
	Interview with the Adr	ministrator on 05/31/23 at				
	2:02pm revealed:					
		eived new orders for a				
	resident the MA that r					
	processed the orders					
		om the resident's PCP they				
		ident's pharmacy by the MA. eceived after a resident				
		spital the new orders were				
	alth Service Regulation					

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STATEMEN	of Health Service Regu TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
		HAL033006	B. WING	B. WING		/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CF	3210 WE	STERN BOULEVA	RD		
		TARBOR	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 358	Continued From page	e 66	D 358			
	resident's PCP. -MAs were expected pharmacy as soon as -There was a "bucket sure orders were proo- -When the orders were placed into a folder. -Once the orders were treatment was started a different folder. -The folders were che RCC. -The RCC was no lon as of 04/18/23 and sh duties until a new RC Second interview with 06/01/23 at 3:00pm re -Orders were usually primary care provider -There were times the it would take the prov so there would be a d -New orders were ent pharmacy. -The former Resident was responsible for e entered as ordered by the order in the eMAF medication could be a -The former RCC was orders were received	re received, they were e approved and the d the orders were placed into ecked daily by the former ager employed at the facility he had been taking over her C was hired. The Administrator on evealed: sent to the pharmacy by the c. e facility obtained orders and ider a few days to sign them lelay in the order being sent. tered onto the eMAR by the Care Coordinator (RCC) nsuring medications were y the provider and approving R system so that the administered. s responsible for ensuring by the pharmacy and the				
	The facility failed to a ordered to 8 of 12 sar #2 was sent to the en nausea and vomiting	ninistered as ordered. dminister medications as mpled residents. Resident nergency room (ER) for and it was found that her as at a toxic level which				

## PRINTED: 06/22/2023 FORM APPROVED

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL033006	B. WING		R 06/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REEK	STERN BOULEVA	RD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 358	Continued From page	e 67	D 358			
	causes symptoms su	ch as nausea and vomiting				
		which her seizure medication				
	was ordered to be pla	aced on hold. The seizure				
	medication was not p	laced on hold by the facility				
	and the resident retur	rned to the ER after having a				
	seizure and her medi	cation level was still at a				
		#3 was diagnosed with a				
		(UTI) and placed on an				
		tion used to treat urinary				
		aused by the UTI. The				
		administered for 5 days				
	-	nd the resident continued to d urinary frequency of				
		ry hour. The failure of the				
		ious physical harm and				
	-	es a Type A1 Violation.				
		a plan of protection in . 131D-34 on 05/31/23 for				
	THE CORRECTION	DATE FOR THE TYPE A1				
		NOT EXCEED JULY 1, 2023.				
D 367	10A NCAC 13F .1004	4(j) Medication	D 367			
	Administration					
	10A NCAC 13F .1004	4 Medication Administration				
	(i) The resident's me	dication administration				
		e accurate and include the				
	following:					
	(1) resident's name;					
	. ,	cation or treatment order;				
	. , _	age or quantity of medication				
	administered;					
		ministering the medication				
	or treatment;	tion for the administration of				
	. , .	tion for the administration of nents as needed (PRN) and				
	medications of tredth	ichte as heeueu (Frin) allu				1

Division of Health Service Regulation STATE FORM

6899

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL033006	B. WING		06	R 5/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	· · ·	
THE BRID	GES OF HENDRICKS CI	RFFK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
	<ul> <li>(6) date and time of a</li> <li>(7) documentation of medications or treatmomission, including re</li> <li>(8) name or initials of the medication or treat signature equivalent documented and main administration record</li> <li>This Rule is not met TYPE B VIOLATION</li> <li>Based on observation interviews, the facility electronic medication (eMAR) for 2 of 2 resiscale insulin orders (a amount of insulin administration administration)</li> </ul>	any omission of nents and the reason for the efusals; and, if the person administering atment. If initials are used, a to those initials is to be intained with the medication I (MAR). as evidenced by: ns, record reviews, and y failed to ensure an accurate a administration record idents sampled with sliding #5, #11) as evidenced by the ninistered per the ordered g documented for residents				
	02/13/23 revealed dia dependent type 2 dia Review of Resident # dated 02/16/23 revea insulin lispro (a short- high blood sugars) in meals and at bedtime	at #5's current FL-2 dated agnoses included insulin betes. #5's physician order sheet aled there was an order for -acting insulin used to treat ject four times a day before e per sliding scale: 155-184 - nits; 215-244 = 3 units;				
		5's physician order sheet aled there was an order for				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL033006	B. WING		06	R 06/01/2023	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GES OF HENDRICKS CF	REEK	STERN BOULEVA	RD			
		TARBOR	O, NC 27886				
(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 D THE APPROPRIATE	(X5) COMPLET DATE	
D 367	D 367 Continued From page 69 insulin lispro four times a day before meals and at bedtime per sliding scale: 155-184 inject 1 unit; 185-214 inject 2 units; 215-244 inject 3 units; 245-274 inject 4 units; 275-304 inject 5 units; 305-334 inject 6 units; 335-364 inject 7 units; over 365 inject 8 units.		D 367				
	medication administra revealed: -There was an entry f date of 03/16/23 use if FSBS 155-184 = 1 215-244 = 3 units; 24 units; 305-334 = 6 un 365 = 8 units schedul 8:00am, 12:00pm. 4:0 -There was no space of insulin administere -At 12:00pm on 03/17 amount of insulin lisp	for insulin lispro with a start as directed per sliding scale unit; 185-214 = 2 units; 5-274 = 4 units; 275-304 = 5 its; 335-364 = 7 units; over led for administration at 00pm, and 8:00pm. on the eMAR to record units d. 7/23 an undetermined ro was documented as					
	of insulin lispro was d for a FSBS of 110. -At 8:00pm on 03/17/. of insulin lispro was d for a FSBS of 113.	BS of 110. 23 an undetermined amount locumented as administered 23 an undetermined amount locumented as administered 23 an undetermined amount					
	of insulin lispro was d for FSBSs of 114. -At 12:00pm on 03/20 amount of insulin lisp administered for FSB -At 8:00am on 03/22/ of insulin lispro was d	locumented as administered )/23 an undetermined ro was documented as					
		23 an undetermined amount locumented as administered					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL033006	B. WING		R 06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REEK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE)       REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED       DEFICI     DEFICI     DEFICI		CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE		
D 367	Continued From page	e 70	D 367			
	of insulin lispro was of for a FSBS of 153. -At 12:00pm on 03/20 amount of insulin lisp administered for a FS -At 12:00pm on 03/30 amount of insulin lisp administered for a FS -There was no way to insulin was administe when sliding scale in -Insulin lispro sliding administered at 8:000 03/21/23,03/24/23, 0 03/29/23 with no doc units administered. -Insulin lispro sliding administered at 12:00 03/25/23, 03/29/23, a documentation of the administered at 12:00 03/25/23, 03/29/23, a documentation of the administered at 4:00p and 03/30/23 with no number of units admi -Insulin lispro sliding administered at 4:00p and 03/30/23 with no number of units admi -Insulin lispro sliding administered at 8:00p 03/27/23, and 03/30/ the number of units admi -Insulin lispro was do 29 times in March 20 the number of units at Review of Resident # revealed: -There was an entry	D/23 an undetermined ro was documented as SBS of 134. o determine how much ered on these days and times sulin should have been held. scale was documented as am on 03/18/23, 3/25/23, 03/28/23, and umentation of the number of scale was documented as Dpm on 03/18/23, 03/23/23, and 03/31/23 with no e number of units scale was documented as om on 03/18/23, 03/21/23, documentation of the inistered. scale was documented as om on 03/18/23, 03/21/23, 23 with no documentation of idministered. cumented as administered 23 with no documentation of idministered. scale was documented as of on 03/18/23, 03/21/23, 23 with no documentation of idministered. scale was documented as of on 03/18/23, 03/21/23, 23 with no documentation of idministered. scale if FSBS 155-184 = 1				

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	HAL033006	B. WING		R 06/01/2023	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRIDGES OF HENDRICKS CR	EEK	STERN BOULEVA RO, NC 27886	RD		
	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(XE)
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN O       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE AC       REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO       DEFICIENCY     DEFICIENCE     DEFICIENCE		FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 367 Continued From page	71	D 367			
<ul> <li>4:00pm, and 8:00pm.</li> <li>-At 8:00am on 04/06/2 of insulin lispro was do for a FSBS of 116.</li> <li>-At 12:00pm on 04/06/2 amount of insulin lispri administered for a FSB -At 4:00pm on 04/07/2 of insulin lispro was do for a FSBS of 93.</li> <li>-At 8:00pm on 04/16/2 of insulin lispro was do for a FSBS of 136.</li> <li>-At 8:00am on 04/17/2 of insulin lispro was do for a FSBS of 153.</li> <li>-At 8:00pm on 04/22/2 amount of insulin lispri administered for a FSB -At 12:00pm on 04/25/2 amount of insulin lispri administered for a FSB -At 8:00pm on 04/29/2 of insulin lispro was do for a FSBS of 116.</li> <li>-There was no way to insulin lispro sliding s administered at 8:00ai 04/05/23, 04/08/23, 04 04/13/23, 04/14/23, 04 04/22/23, and 04/29/2 the number of units ac -Insulin lispro sliding s</li> </ul>	tration at 8:00am, 12:00pm. 3 an undetermined amount boumented as administered (23 an undetermined o was documented as 35 of 131. 3 an undetermined amount boumented as administered (3 an undetermined amount boumented as administered (3 an undetermined amount boumented as administered (23 an undetermined amount boumented as administered (23 an undetermined o was documented as 35 of 135. (23 an undetermined o was documented as 35 of 135. (23 an undetermined o was documented as 35 of 154. 3 an undetermined amount boumented as administered determine how much ed on these days and times ulin should have been held. cale was documented as m on 04/01/23, 04/03/23, (/09/23, 04/10/23, 04/11/23, (/15/23, 04/16/23, 04/27/23, 3 with no documentation of				

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STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		HAL033006	B. WING		06	/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REFK	STERN BOULEVA	RD		
		TARBOR	RO, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
D 367	Continued From page	e 72	D 367			
	04/16/23, 04/17/23, 0 04/27/23, and 04/29/2 the number of units a -Insulin lispro sliding administered at 4:00p 04/12/23, 04/15/23, 0 04/28/23, 04/24/23, 0 04/28/23 with no docu units administered. -Insulin lispro sliding administered 67 time documentation of the administered. Review of Resident # revealed: -There was an entry f directed per sliding se unit; 185-214 = 2 unit 245-274 = 4 units; 27 units; 335-364 = 7 un scheduled for adminis 4:00pm, and 8:00pm. -Insulin lispro sliding administered at 8:00a 05/03/23, 05/07/23, 0 05/15/23, 05/16/23, 0 05/20/23, 05/16/23, 0 05/20/23, 05/10/23, 0 05/27/23 with no docu units administered.	4/21/23, 04/23/23, 04/24/23, 23 with no documentation of dministered. scale was documented as om on 04/05/23, 04/08/23, 4/16/23, 04/19/23, 04/20/23, 4/26/23, 04/27/23, and umentation of the number of scale was documented as s in March 2023 with no number of units 5's May 2023 eMAR for insulin lispro use as cale if FSBS 155-184 = 1 s; 215-244 = 3 units; 5-304 = 5 units; 305-334 = 6 its; over 365 = 8 units stration at 8:00am, 12:00pm. scale was documented as am on 05/01/23, 05/02/23, 15/09/23, 05/11/23, 05/12/23, 15/09/23, 05/18/23, 05/19/23, 15/23/23, 05/25/23, 05/26/23, documentation of the				

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If continuation sheet 73 of 79

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL033006	B. WING			R / <b>01/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REEK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID			(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 367	Continued From page	e 73	D 367			
	administered at 8:00p 05/07/23, 05/11/23, 0 05/21/23, 05/22/23, a documentation of the administered. -Insulin lispro sliding a administered 44 time documentation of the administered. Refer to interview wit 06/01/23 at 11:18am. Refer to interview wit 06/01/23 at 2:47am Refer to interview wit 16/01/23 at 2:47am	number of units scale was documented as s in May 2023 with no number of units h a medication aide (MA) on h a second MA on 06/01/23 h the Administrator on h a pharmacist at the harmacy on 06/01/23 at h the facility's primary care				
	2. Review of Residen 02/23/23 revealed:	t #11 current FL-2 dated				
	dependent diabetes r	, ,				
	accident (CVA), open falls, history of seizur	y of cerebral vascular angle glaucoma, recurrent es, and history of breast				
	cancer. -She was intermittent	ly disoriented.				
		11's physician order dated ere was an order for Novolog				

STATEMEN	of Health Service Regu r of Deficiencies DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		HAL033006	B. WING		06	R / <b>01/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS CI	RFFK	STERN BOULEVA	RD		
		TARBOR	RO, NC 27886			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 74	D 367			
	scale: 0-200=0 units, units, 301-350=6 unit administered at 8:00a Review of Resident # administration record -There was an order Insulin, inject insulin units, 201-250=2 unit 301-350=6 units, 351 administered at 8:00a -There was no space of insulin administere -There was documen administered at 8:00a 03/10/23, 03/14/23, 00 03/27/23 and 03/30/2 documentation of uni -There was documen administered at 12:00 03/10/23, 03/11/23, 00 03/20/23, 03/26/23, 00 no documentation of -There was documen administered at 4:00p 03/09/23, 03/10/23, 00	for Novolog FlexPen U-100 per sliding scale: 0-200=0 is, 251-300=4 units, -400=8 units to be am, 12:00pm, and 4:00pm. on the entry to record units ed. tation Novolog insulin was am on 03/06/23, 03/09/23, 03/16/23, 03/18/23, 03/20/23, 23 at 8:00am with no ts administered. tation Novolog insulin was 0pm on 03/06/23, 03/08/23, 03/14/23, 03/15/23, 03/08/23, 03/27/23, and 03/30/23 with units administered tation Novolog insulin was om on 03/06/23, 03/07/23, 03/14/23, 03/17/23, 03/20/23, 03/14/23, and 03/29/23 with units administered.				
	units administered in	s with no documentation of March 2023. 411's April 2023 eMAR				
	Insulin, inject insulin units, 201-250=2 unit 301-350=6 units, 351					

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IAME OF PRO THE BRIDGE (X4) ID PREFIX TAG D 367 C		3210 WE	A. BUILDING: B. WING DDRESS, CITY, STATE		PLETED R /01/2023
(X4) ID PREFIX TAG D 367 C	ES OF HENDRICKS CF	STREET A 3210 WE	DDRESS, CITY, STATE		
(X4) ID PREFIX TAG D 367 C	ES OF HENDRICKS CF	3210 WE			
(X4) ID PREFIX TAG D 367 C	SUMMARY ST	REEK	STERN BOULEVA	, ZIF CODE	
(X4) ID PREFIX TAG D 367 C	SUMMARY ST	TARBOR		RD	
D 367 C			RO, NC 27886		
TAG D 367 C	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	(X5)
	REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	COMPLET
-	Continued From page	975	D 367		
	-	on the entry to record units			
	of insulin administere				
		tation Novolog insulin was			
		am on 04/03/23, 04/04/23,			
	04/05/23, 04/07/23, 04/08/23, 04/09/23, 04/15/23,				
	04/17/23, 04/18/23, 04/23/23, 04/25/23, 04/26/23, 04/27/23, 04/29/23 with no documentation of				
	units administered.				
	-There was documentation Novolog insulin was				
		0pm 04/03/23, 04/04/23,			
		4/10/23, 04/15/23, 04/16/23,			
		4/19/23, 04/22/23, 04/23/23,			
	04/26/23, 04/28/23, 04/29/23, 04/30/23 with no				
	documentation of units administered.				
-	-There was documentation Novolog insulin was				
a	administered at 4:00pm on 04/03/23, 04/04/23,				
0	04/07/23, 04/08/23, 04/09/23, 04/11/23, 04/13/23,				
	04/14/23, 04/15/23, 04/16/23, 04/20/23, 04/25/23,				
	04/27/23, 04/28/23, 04/20/23, 04/30/23 with no				
	documentation of units documented				
	administered. -Novolog insulin was documented as				
	administered 46 times with no documentation of				
u	inits administered in	April 2023.			
	Review of Resident # evealed:	11's May 2023 eMAR			
		for Novolog FlexPen U-100			
		per sliding scale: 0-200=0			
	units, 201-250=2 units, 251-300=4 units, 301-350=6 units, 351-400=8 units to be administered at 8:00am, 12:00pm, and 4:00pm.				
	-There was no space on the entry to record units				
	of insulin administered				
	-There was documentation Novolog insulin was				
		am on 05/01/23, 05/07/23,			
		5/11/23, 05/12/23, 05/15/23,			
		documentation of units			
	administered.				
		tation Novolog insulin was			

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		HAL033006	B. WING		06	R 5/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE BRID	GES OF HENDRICKS C	REEK	ESTERN BOULEVA RO, NC 27886	RD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 367	Continued From page	e 76	D 367			
	05/05/23, 05/07/23, 0 05/12/23, 05/13/23, 0 documentation of un -There was documen administered at 4:00p 05/05/23, 05/06/23, 0 and 05/16/23 with no administered -There were 26 times documented as admi documentation of un Refer to interview wit 06/01/23 at 11:18am. Refer to interview wit 06/01/23 at 2:47am Refer to interview wit 06/01/23 at 2:47am Refer to interview wit facility's contracted pl 11:42am. Refer to interview wit provider (PCP) on 06 Interview with a medi 06/01/23 at 11:18am -Some residents who had a place on the el administration record insulin could be docu -She did not know ho	its administered. Itation Novolog insulin was pom on 05/01/23, 05/03/23, 15/08/23, 05/09/23, 05/11/23, documentation of units a Novolog insulin was nistered in May 2023 with no its administered. h a medication aide (MA) on h a second MA on 06/01/23 h the Administrator on h a pharmacist at the harmacy on 06/01/23 at h the facility's primary care i/01/23 at 4:32pm. cation aide (MA) on revealed: were on sliding scale insulin				
	there. -If there was nowhere	e to record units of insulin,				
	she just recorded tha	t she administered insulin or				

AND PLAN OF CORRECTION		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R	
		HAL033006			06	/01/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
THE BRID	GES OF HENDRICKS CI	REEK	ESTERN BOULEVA RO, NC 27886	KD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 367	Continued From page	77	D 367			
2 001		ter the insulin she recorded				
	3:59pm revealed she units of insulin on the	nd MA on 06/01/23 at thought the place to record eMAR was put there by esident Care Coordinator trator.				
	2:47pm revealed: -She did not know wh Resident #5 and Res the number of units o administered for their -She was not sure ho was put on the eMAF for making sure they -It was important that administered was rec be certain the resider correct dosage of ins	the units of insulin corded so the facility could nts were receiving the ulin.				
	facility's contracted p 11:42am revealed it v	e sure there was a place on he units of insulin				
	provider (PCP) on 06 -It was important that eMAR to record how insulin residents rece receiving the correct -It was important to a insulin to residents as -Not administering er	dminister sliding scale				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL033006	B. WING	06	R 06/01/2023	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
		3210 WE	STERN BOULEVA	RD		
	GES OF HENDRICKS CF	TARBOF	RO, NC 27886			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT		TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 367	Continued From page	e 78	D 367			
	too much insulin coul to be too low. -Low FSBSs could ca and high FSBSs could a resident's kidneys of The facility failed to to aides were able to do insulin administered f (#5, #11) who were o which resulted in an i administration record detrimental to the hea the residents and cor That facility provided accordance with G.S. this violation.	d cause a resident's FSBS ause drowsiness or coma d cause long-term effects to or eyes. o ensure the medication ocument the amount of for 2 of 2 sampled residents rdered sliding scale insulin, naccurate medication . This failure was alth, safety, and welfare of nstitutes a Type B Violation a plan of protection in . 131D-21 on 06/01/23 for				