	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY
,	o. oo		A. BUILDING:			
		FCL017061	B. WING			₹ 25/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HIGHER	STANDARD ASSISTE	ED LIVING 596 NEAI REIDSVIL	_ RD _LE, NC 273:	20		
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
	The Adult Care Lice follow-up survey or	ensure Section conducted a n July 25, 2023.				
C 246	10A NCAC 13G .09	902(b) Health Care	C 246			
		902 Health Care ill assure referral and follow-up and acute health care needs				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to refer 2 of 3 sampled residents (#1 and #2) who were diabetics and needed their toenails trimmed, to a podiatrist.					
	The findings are:					
		ent #1's current FL-2 dated diagnoses included diabetes eral neuropathy.				
	revealed Resident	t #1's care plan dated 01/27/23 #1 was totally dependent on and grooming/personal				
	Resident #1's podia -Resident #1 was s -Resident #1 had 9 trimmed.	rt of health services from atrist provider revealed: seen on 01/12/23. toenails trimmed and 1 lesion o follow up in 3 months.				
	Professional Suppodated 05/10/23 rev	podiatry visit was 01/12/23.				

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

(X6) DATE TITLE

	IT OF DEFICIENCIES	1	(Y2) MULTIPL	E CONSTRUCTION	(X3) DATE	QLID\/EV
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION		LETED
			A. DOILDING.			
			B. WING		F	
		FCL017061	B. WING		07/2	5/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
UICUED	STANDARD ASSISTE	596 NEA	L RD			
HIGHER	STANDARD ASSISTE	REIDSVII	LLE, NC 273	20		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG	NEGOE WORT ON E		IAG	DEFICIENCY)	1 (I) (I) L	
0.040	O	4	0.246			
C 246	Continued From pa	ige 1	C 246			
		alluses on the soles of her feet				
	with hyperpigmente	ed skin.				
	Ob	:				
	8:17am revealed:	sident #1's toenails on 07/25/23	•			
	-	her left foot was broken and				
		ck, brownish/gray, and rippled				
	in appearance.	, 3 ,, 11				
		il on her left foot was				
		eighth of an inch from the top				
		I curled over the end of the				
	toe.	de teoresile vyana kath buskan				
	and jagged with sha	th toenails were both broken				
	-The resident did no					
		e had two small, callused				
	areas on the side of	· ·				
		er right foot were broken and				
	jagged with sharp e					
		he had a large, callused area				
	on the bottom of the	e foot below her first toe.				
	Intomiovivith Doois	don't #4 on 07/25/22 0:47om				
	revealed:	dent #1 on 07/25/23 8:17am				
		ed to be cut: she did not recall				
	when her toenails h	,				
		f she had an appointment to				
	get her toenails cut	•				
	-She was diabetic.					
	-A doctor used to come to the facility and cut her					
	toenails, but she had not seen him in a long time.					
	Second interview w	vith Resident #1 on 07/25/23				
	12:05pm revealed:	1 33143111 // 1 311 31723/20				
		long time without her toenails				
	being cut it hurt to v	•				
		so long that toenails broke off;				
		for a couple of days but then				
	l would feel hetter he	ecause the toenail would not				

Division of Health Service Regulation

be pressing against the end of the shoes.

STATE FORM D9KZ12 If continuation sheet 2 of 15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		FCL017061	B. WING		 	R 25/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HIGHER	STANDARD ASSISTE	D LIVING 596 NEAL REIDSVIL	. RD .LE, NC 273:	20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 2	C 246			
	-She had not told a	nyone her toenails needed to could see the toenails needed				
	Attempted telephon podiatrist on 07/25/2 unsuccessful.	e interview with the previous 23 at 1:00pm was				
		e interview with Resident #1's er (PCP) on 07/25/23 at cessful.				
	Refer to telephone on 07/25/23 at 1:58	interview with the LHPS nurse pm.				
		interview with the receptionist e on 07/25/23 at 4:03pm.				
	Refer to the intervie (MA) on 07/25/23 a	ew with the medication aide t 4:07pm.				
	Refer to telephone Administrator on 07					
	01/27/23 revealed of	ent #2's current FL-2 dated diagnoses included dementia, ase, anxiety, bipolar disorder,				
	revealed Resident # with bathing, and ex	#2's care plan dated 01/27/23 #2 required limited assistance ktensive assistance with hygiene and was totally sing.				
	Professional Suppo dated 05/10/23 reve -Resident #2 was d					

Division of Health Service Regulation

STATE FORM 6899 D9KZ12 If continuation sheet 3 of 15

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′			LETED
					_F	₹
		FCL017061	B. WING			5/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOUED	OTANDADD ACCIOTE	596 NEAL	RD			
HIGHER	STANDARD ASSISTE	ED LIVING REIDSVIL	LE, NC 273	20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 3	C 246			
	heels and toesResident #2 was s	een by podiatry on 01/12/23.				
	Resident #2's podia -The podiatrist saw -Resident #2's toen	t of health services from atrist provider revealed: resident #2 on 01/12/23. ails were trimmed. o follow up in 3 months.				
	Observation of Resident #2's toenails on 07/25/23 8:17am revealed: -The toenails on both of her feet extended past the end of her toes between one-eighth and one-fourth inches. The second toenail on her right foot was curled toward the big toe and was pushing into the right side of the end of the toeHer feet were dry and scaly.					
	Interview with Resident #2 on 07/25/23 8:17am revealed: -Her toenails needed to be cut; she did not recall when her toenails had last been cutShe did not know if she had an appointment to get her toenails cutShe was diabetic.					
	12:01pm revealed: -Her feet hurt, and wher toenails hit the c-She needed to go toenails cutShe had not told a be cut.	walking was painful because end of the shoe. to the doctor and have her nyone her toenails needed to be interview with the previous				
	nodiatrist on 07/25/					

Division of Health Service Regulation

unsuccessful.

STATE FORM 6899 D9KZ12 If continuation sheet 4 of 15

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		 F	
		FCL017061	B. WING		1	5/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HIGHER	STANDARD ASSISTE	ED LIVING 596 NEAL				
	OLIMANA DV. OTA		LE, NC 273			0.5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 4	C 246			
		ne interview with Resident #1's er (PCP) on 07/25/23 at cessful.				
	Refer to telephone on 07/25/23 at 1:58	interview with the LHPS nurse pm.				
	Refer to telephone interview with the receptionist at the podiatry office on 07/25/23 at 4:03pm. Refer to the interview with the medication aide (MA) on 07/25/23 at 4:07pm. (What is MA?)					
	Refer to telephone Administrator on 07					
	Professional Suppo at 1:58pm revealed	w with the Licensed Health ort (LHPS) nurse on 07/25/23 : were expected to receive foot				
	careThe concern would be if the residents' toenails were long, they could cut themselves with their toenails.					
		e very sensitive and were hard e any injuries to the foot.				
	podiatry office on 0 -On 07/18/23, they two diabetic resider podiatrist.	w with a receptionist at the 7/25/23 at 4:03pm revealed: received a call to schedule nts' appointments to see the were scheduled for 08/02/23.				
	Interview with the M 07/25/23 at 4:07pm -She and another [ind a podiatrist for	ledication Aide (MA) on				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		FCL017061	B. WING		I	R 25/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
HIGHER	STANDARD ASSISTE	D LIVING 596 NEA				
		REIDSVI	LLE, NC 273			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 246	Continued From pa	ge 5	C 246			
	facilities for podiatry she was told thisShe made the app see a podiatrist on when she made the -They called a lot of find one who would	trist was no longer going to y care; she did not recall when ointment for the residents to 08/02/23; she did not recall e appointments. f different podiatrist's offices to see the residents; she did not ed, "whoever popped up on				
	07/25/23 at 5:26pm -They had tried to reafter the facility's lateral someone from the called him back and going back to the fature at lateral managementsDiabetic foot care appodiatrist, or he worfor a pedicure.	w with the Administrator on revealed: each the previous podiatrist st survey (04/28/23). previous podiatry office finally distated they would not be acility; he did not recall when. effort between himself and a te a podiatrist for the could only be done by a uld have taken them to a salor did not want the foot care to				
{C 330}	(a) A family care he preparation and address prescription and no by staff are in according orders by a licer which are maintained.	004 Medication Administration ome shall assure that the ministration of medications, n-prescription and treatments	{C 330}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		FCL017	061	B. WING		l l	R 25/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HIGHER	STANDARD ASSISTE	DIIVING	596 NEAL				
	O IANDAND AGGIOTE		REIDSVIL	LE, NC 2732	20		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L:		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{C 330}	Continued From page 6		{C 330}				
	This Rule is not me FOLLOW UP TO A						
	Based on these find violation was not ab	•	vious Type B				
	Based on observati interviews, the facili was administered a residents (#1, #2) re constipation (#1); a (#2).	ity failed to en is ordered for elated to two r	sure medication 2 of 3 sampled medications for				
	The findings are:						
	1. Review of Resident #1's current FL-2 dated 01/27/23 revealed diagnoses included diabetes Type 2, peripheral neuropathy, and schizophrenia.		uded diabetes				
	a. Review of Reside dated 07/13/23 reve -Resident #1 was s clinic for constipatio -There was an orde fiber supplement) o three times per day -An upper endosco scheduled for further	ealed: een at the gas on. er to start Beno ne tablespoor to help with c py and colono	efiber (dietary n with each meal, constipation.				
	Review of Resident administration reco 07/01/23-07/25/23 In There was no entry tablespoon with each of the administered of the company of the	rd (MAR) for Crevealed: y for Benefibe ch meal three umentation Be from 07/13/23	r to take one times per day. enefiber had 3-07/25/23.				

DIVISION	<u>of Health Service Re</u>	egulation					
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDE	R/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFIC	CATION NUMBER:	A. BUILDING:		COMP	LETED
						-	,
		ECI 04	17064	B. WING		F 07/2	
		FCL01	17061	B. WC		0//2	5/2023
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			596 NEAL	RD			
HIGHER	STANDARD ASSISTE	D LIVING		LE, NC 273	20		
	OU IN 41 A FDV OTA	TEMENT OF DE					
(X4) ID PREFIX	SUMMARY STA (EACH DEFICIENCY	TEMENT OF DE		ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L			TAG	CROSS-REFERENCED TO THE APPRO		DATE
					DEFICIENCY)		
(C 220)	Cantinuad Francisa	7		(C 220)			
{C 330}	Continued From pa	ige /		{C 330}			
	hand on 07/25/23 a	it 9:53am re	vealed there was				
	no Benefiber availa	ble to be ad	ministered.				
	Telephone interview with the Pharmacist at the						
	facility's contracted						
	1:14pm revealed:						
	-Benefiber had not	been disper	sed for Resident				
	#1.	•					
	-The pharmacy had	not receive	d an order for				
	Benefiber for Resident #1 dated 07/13/23.						
-Upon further review, he located a fax from the							
	facility yesterday, 0						
	note from a provide						
	recommendation to	use Benefil	per three times				
	daily with meals and	d increase w	/ater intake.				
	-The hand-written n	ote appeare	ed to be a				
	recommendation but						
	-No one had called	to discuss E	Benefiber for				
	Resident #1.						
	-He would have exp						
	(MA) to call if Bene						
	-The MA could have		•				
	and or called to see	e why the Be	nefiber had not				
	been dispensed.						
	-Benefiber was use						
	without the medicat		t #1 may not get				
	relief from the cons	tipation.					
	1. (1	7/05/00 1.0.05				
	Interview with Resid	uent#1 on 0	1125/23 at 3:35pm				
	revealed:	الانت محمماهم	oonatir aties				
	-She had a lot of pr						
	-She had been to the						
	(ED) earlier this year	ai (Sile did N	or recail the date)				
	for constipation.	ao Cl clinic r	ocontly (cho did				
	-She had been to the						
	not recall the date)						
	-Her stomach hurt a						
	problems with havir -She had a BM on 0		novement (DIVI).				
			ld har sha paadad				
	-The provider at the	S GI CIITIIC (O	id fier stie fieeded				

STATE FORM 6899 If continuation sheet 8 of 15 D9KZ12

Division of Fleath Ser	VICE IX	egulation				
STATEMENT OF DEFICIENCE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY PLETED
AND PLAN OF CORRECTION	•	IDENTIFICATION NUMBER.	A. BUILDING	·	COIVIE	I -D
						₹
		FCL017061	B. WING		07/2	25/2023
NAME OF PROVIDER OR SU	PPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
LUCUED STANDARD AS	COLOTE	-D L N/INC 596 NE	AL RD			
HIGHER STANDARD A	201016	REIDS	VILLE, NC 273	20		
PREFIX (EACH DEF	ICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{C 330} Continued Fi	rom pa	age 8	{C 330}			
more fiberThe provide like nuts and waterThe provide something for wasThe provide colonoscopy Interview with revealed: -She reviewed were ordersShe had reviewed were ordersShe had reviewed was constipation, -She did not laxative) wereResident #1 hurting yesteResident #1 all the time, journally the time, journally the with the summary to the also trice appointment to send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send the pout that did resident was summary to the send that th	r told h green r told h r told h r told h r told h h the M ed after she wo iewed ted 07/ fax Re 23 to th alread and it know I e two o had c rday, (had c ust "of dent #1 took th h the A aled: s respon the pha d to tell with th prescriptor alway	ner to eat foods high in fiber a vegetables and to drink more received and to drink more than the second and th	e y. Y. Iry r. It			

NAME OF PROVIDER OR SUPPLIER FCL017061 STREET ADDRESS. CITY, STATE, ZIP CODE		NT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA CATION NUMBER:	` ′	E CONSTRUCTION		E SURVEY IPLETED
NAME OF PROVIDER OR SUPPLIER STREET LADDERS. CITY, STATE, ZIP CODE SPA NEAL RD REIDSVILLE, NC 27320 CAN DEPTICENCY MUST BE PRECEDED BY FILL TAG CAN DEPT	74401044	or contraction	IDEIVIII IC	WITCH NOMBER.	A. BUILDING:		00%	
NECHER STANDARD ASSISTED LIVING REIDSVILLE, NC 27320 (24) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG ROSS-REFERENCED TO THE APPROPRIATE DATE			FCL01	7061	B. WING		07	
C 330 Continued From page 9 {C 330}	NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(C 330) Continued From page 9 -Resident #1 did not like to take the fiber powderHe thought the fiber powder and Miral AX were the same as it helped one go to the bathroomHe was concerned "the ball had been dropped" and the resident #1's signed physician's orders dated 01/27/23 revealed an order for Enulose (used to treat constipation)10gm/15ml take 30mls twice a day. Review of Resident #1's medication administration for Enulose on the May, June, and July 2023 revealed: -There was no documentation of administration for Enulose on the May, June, and July 2023 revealed: -There was no documentation of administration for Enulose on the May, June, and July 2023 maRs. Observation of Resident #1's medications on hand on 07/25/23 at 9:53am revealed there was no Enulose available to be administrated. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 07/25/23 at 1:14pm revealed: -He did not see Enulose as an active order for Resident #1The original order for Resident #1's Enulose was received on 02/28/22 for Enulose 30mls twice	HIGHER	STANDARD ASSISTE	D LIVING			20		
-Resident #1 did not like to take the fiber powderHe thought the fiber powder and MiraLAX were the same as it helped one go to the bathroomHe was concerned "the ball had been dropped" and the resident did not get the help she needed. Attempted telephone interview with the provider at the GI clinic on 07/25/23 at 4:13pm was unsuccessful. b. Review of Resident #1's signed physician's orders dated 01/27/23 revealed an order for Enulose (used to treat constipation)10gm/15ml take 30mls twice a day. Review of Resident #1's medication administration record (MAR) for May, June, and July 2023 revealed: -There was no entry for Enulose 30mls twice dailyThere was no documentation of administration for Enulose on the May, June, and July 2023 MARs. Observation of Resident #1's medications on hand on 07/25/23 at 9:53am revealed there was no Enulose available to be administered. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 07/25/23 at 1:14pm revealed: -He did not see Enulose as an active order for Resident #1The original order for Resident #1's Enulose was received on 02/28/22 for Enulose 30mls twice	PREFIX	(EACH DEFICIENC)	Y MUST BE PRE	CEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	ION SHOULD BE THE APPROPRIATE	COMPLETE
-On 03/02/22, they received an order to discontinue the Enulose after a 4-day regimenHe had not received any other orders for	{C 330}	-Resident #1 did note -He thought the fibe the same as it help -He was concerned and the resident did Attempted telephor at the GI clinic on 0 unsuccessful. b. Review of Resident advances dated 01/27 Enulose (used to trake 30mls twice a Review of Resident administration recount July 2023 revealed -There was no entrailyThere was no door for Enulose on the MARs. Observation of Resident administration recount of Resident #1The original order received on 02/28/2 dailyOn 03/02/22, they discontinue the Enulose on the Enulose on 03/02/22, they discontinue the Enulose on 03/02/22, they discontinue the Enulose are interviewed are in	ot like to take or powder and ed one go to a "the ball had not get the one interview var/25/23 at 4." ent #1's sign/23 revealed eat constipated day. It #1's medicated (MAR) for the interview var/23 revealed eat constipated ay. It #1's medicated (MAR) for the interview var/23 revealed eat constipated ay. It #1's medicated (MAR) for the interview var/24 revealed eat and the interview var/25 and revealed eat	ad MiraLAX were the bathroom. In the bathroom. In the bathroom the bathroom. In the bathroom the	{C 330}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		FCL01706	s 1	B. WING		l l	R 25/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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IIIOIIEI	O IANDAND AGGIOTE	EIVING	REIDSVIL	LE, NC 2732	20		
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
{C 330}	-The pharmacy prin based on the reside -Resident #1's sign 01/27/23 were profineeded any new or -He did not review to see that Enulose physician's orders gand signed by the p-He considered the Enulose as an orde printed in error and -The facility staff sh #1's Enulose was a Interview with Residerevealed: -She did not know a recalled having to dreally bad and mad -She did not recall medication and only she had to drink. Interview with the m 07/25/23 at 4:07pm -She did not know a Resident #1's Enulose was a she had to drink.	ated off the physicant's current MA ed physician's of led because the ders. The signed physician had been repringenerated from provider. The signed physician had been repringenerated from provider. The signed physician had been repringenerated from provider. The signed physician had been though was not a current outly have clariff current order of dent #1 on 07/25 what Enulose walrink a medication had been throw up. The when she last the currently took the dication aide of the revealed: The signed physician had been throw up. The signed had been thrown up. T	R. orders dated by had not dician's orders need on the the pharmacy on's order for the it had been ent order. Died if Resident r not. 5/23 at 3:35pm as, but she on that "tasted book "that" MiraLAX that (MA) on an order for	{C 330}			
	-She did not look at physician's order, a for those orders and	[named] MA wa					
	Interview with the A 5:26pm revealed: -He and the [named signed physician's 6-A couple of days b appointment, they were print out the physician's did not review the size of the size of the A 5:26pm revealed: -He did not review to 5:26pm review to 5:26pm revealed: -He did not review to 5:26pm review to 5:26pm revealed: -He did not review to 5:26pm review to 5:26pm revealed: -He did not reveal	d] MA made surders were upon efore the reside vould request than's orders.	e FL2s, and lated. nt's le pharmacy to				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		FCL017061	B. WING		1	R 25/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HIGHER	STANDARD ASSISTE	D LIVING 596 NEAL	RD			
IIIGIILIX	STANDAND ASSISTE	REIDSVIL	LE, NC 2732	20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	the resident's curre -The Pharmacist to was off of the reside -He did not know th	ld him the medication list sent				
	primary care provid 2:14pm was unsucc					
		e interviews with the [named] 5:02pm and 5:25pm were				
	01/27/23 revealed: -Diagnoses include disease, anxiety, bit depressionThere was an order antipsychotic medical.	er for Haloperidol (an cation) 5mg to administer one cation) in the mornings and				
	07/01/23-07/25/23 rackeduled at 8:00ar scheduled at 8:00pre-There was docum	rd (MAR) for July 2023 from revealed: y for Haloperidol 5mg one-half tablets (7.5mg) m and 1 tablet (5mg) m. entation Haloperidol 7.5mg t 8:00am and 5mg at 8:00pm				
	on 07/25/23 at 9:11	ident #2's medication on hand am revealed: dose pack labeled as 8:00pm				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I LAN OF CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING:			
	FCL017061	B. WING		07/2	₹ 5/2023
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HIGHER STANDARD ASSISTE	ED LIVING 596 NEAL REIDSVIL	. RD LE, NC 273	20		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
of 07/20/23The multi-dose part one-half tablets of 7.5mg to be adminible and one-half tablets of 7.5mg to be adminible and one-half period of 7.5mg administered from Telephone interview facility's contracted 1:14pm revealed: -Resident #2's curricate one and one-hone tablet in the eventwhen the multi-dot to the facility, the famaking sure the making sure the mak	ate of 07/11/23 and a start date ckage contained one and Haloperidol 5mg to equal istered at 8:00pm. had been administered for at 8:00pm. was available to be 07/25/23-08/19/23 at 8:00pm. with the Pharmacist at the pharmacy on 07/25/23 at ent order was Haloperidol 5mg half tablets in the morning and ening. see packages were dispensed incility staff were responsible for edication contained within the ct by matching it with the ensing information he could aloperidol 7.5mg had been the 8:00am and 8:00pm he 8:00am and 8:00am and 8:00am and 8:00am and	{C 330}			

Division of Health Service Regulation STATE FORM

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Recourse Recommendation Recourse Recommendation Recommendation Recourse Recommendation Recourse Recommendation Recourse Recommendation Recourse Recour	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER HIGHER STANDARD ASSISTED LIVING PREFEX HIGHER STANDARD ASSISTED LIVING (A) ID PREFEX TAG C(A) ID PREFEX TAG C(C) 330) Continued From page 13 She took whatever medications the MA gave her and did not look at what she was taking. In the mornings she felt "real sleepy." She usually would take her morning medications and had to go back to bed for about an hour because she felt so tired. She had felt this way for "about 6 months." Interview with the MA on 07/25/23 at 4:07pm revealed: When the cycled medications were delivered to the facility, she would make sure the medications delivered matched the resident's current MAR. She checked off the medications on the MAR and underlined the medication on the multidose package for the 8:00pm medications. She referenced the front of the multidose package Haloperidol 5mg was also listed and Haloperidol 5mg was also listed and Haloperidol 5mg was also listed on the MAR. She had not counted the pills within the multidose package. She had not noticed the one-half tablet in the multidose package she the list of the medications package to show the back of the multidose package. She had not noticed the one-half tablet in the multidose package the list of the medications package to the back of the multidose package she the list of the medications.				A. BOLDING.		R	
C 330 Continued From page 13 C 330			FCL017061	B. WING		07/2	5/2023
(C 330) Sulmary Statement of Deficiencies Deficiency More to Provide the Provide Action of Consection (EACH Deficiency Must be Preceded by Full Regulatory or Use Identifying Information) Provide Action Should be CROSS-REFERENCED to The Appropriate DATE	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(C 330) (C	HIGHER	STANDARD ASSISTE	ED LIVING				
C 330 Continued From page 13 C 330 She took whatever medications the MA gave her and did not look at what she was taking. In the mornings she felt "real sleepy." She usually would take her morning medications and had to go back to bed for about an hour because she felt so tired. She had felt this way for "about 6 months."	IIIOIILIN	OTANDAND AGGIOTE	REIDSVIL	LE, NC 273	20		
-She took whatever medications the MA gave her and did not look at what she was takingIn the mornings she felt "real sleepy." -She usually would take her morning medications and had to go back to bed for about an hour because she felt so tiredShe had felt this way for "about 6 months." Interview with the MA on 07/25/23 at 4:07pm revealed: -When the cycled medications were delivered to the facility, she would make sure the medications delivered matched the resident's current MARShe checked off the medication on the MAR and underlined the medication on the multidose package to show she had matched the two togetherShe had looked at Resident #2's multidose package for the 8:00pm medicationsShe referenced the front of the multidose package Haloperidol 5mg was listed and Haloperidol 5mg was also listed on the MARShe had not counted the pills within the multidose package; she did not know that she needed toShe had not noticed the one-half tablet in the multidose packageShe did not look at the back of the multidose package to see the list of the medications	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
and did not look at what she was takingIn the mornings she felt "real sleepy." -She usually would take her morning medications and had to go back to bed for about an hour because she felt so tiredShe had felt this way for "about 6 months." Interview with the MA on 07/25/23 at 4:07pm revealed: -When the cycled medications were delivered to the facility, she would make sure the medications delivered matched the resident's current MARShe checked off the medications on the MAR and underlined the medication on the multidose package to show she had matched the two togetherShe had looked at Resident #2's multidose package for the 8:00pm medicationsShe referenced the front of the multidose package Haloperidol 5mg was listed and Haloperidol 5mg was also listed on the MARShe had not counted the pills within the multidose package; she did not know that she needed toShe had not noticed the one-half tablet in the multidose packageShe did not look at the back of the multidose package to see the list of the medications	{C 330}	Continued From pa	ige 13	{C 330}			
-She had not seen Haloperidol 5mg listed as one tablet and a second line with Haloperidol one-half tablet on the back of the multidose package for the 8:00pm administration. Interview with the Administrator on 07/25/23 at 5:26pm revealed: -The MA was responsible for making sure the medications listed on the MAR matched up to the	{C 330}	-She took whatever and did not look at and did not look at and the mornings she she usually would and had to go back because she felt so she had felt this was a linear with the Marevaled: -When the cycled in the facility, she would delivered matched and underlined the package to show shad together. -She had looked at package for the 8:0 -She referenced the package Haloperidol 5mg washe had not count multidose package; needed to. -She had not notice multidose packageShe did not look at package to see the contained in the mushe had not seen tablet and a second tablet on the back of the 8:00pm administrictive with the A 5:26pm revealed: -The MA was response.	r medications the MA gave her what she was taking. The felt "real sleepy." Itake her morning medications to bed for about an hour of tired. The felt "ay for "about 6 months." MA on 07/25/23 at 4:07pm and the felt "about 6 months." MA on 07/25/23 at 4:07pm and the felt at the medications were delivered to all did make sure the medications the resident's current MAR. The medications on the MAR medication on the multidose the had matched the two are front of the multidose of 5mg was listed and the pills within the control of the multidose also listed on the MAR. The did not know that she are the back of the multidose also from the medications altidose package. Haloperidol 5mg listed as one define with Haloperidol one-half of the multidose package for estration. Administrator on 07/25/23 at the pusible for making sure the	{C 330}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL017061	B. WING		07/2	R 5/2023
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0172	0/2020
HIGHER	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 596 NEAL RD REIDSVILLE, NC 27320					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (XX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP				(X5) COMPLETE DATE	
{C 330}	back of the multidos at the description of the colors matched -He would have expextra one-half table package. Attempted telephor mental health provious unsuccessful. The facility failed to administered as orchistory of constipatie emergency departs constipation and was gastrointestinal clin complaints of constimedication prescrib continued to experidifficulty with elimin for another medical that was not receive was administered that was not receive was administered that the morn detrimental to the homography in the morn detrimental to the homography in the facility provided the color of the facility provided the color of the color o	IAs to look at the front and se package, including looking f the tablets and making sure	{C 330}			