	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL030010	B. WING			R 24/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRI\ /ILLE, NC 27			
(V4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
		ensure Section conducted a 08/23/23 through 08/24/23.				
D 296	10A NCAC 13F .09 Service	04(c)(7) Nutrition And Food	D 296			
	(c) Menus in Adult (7) The facility shall diet menu for all ph	04 Nutrition And Food Service Care Homes: Il have a matching therapeutic ysician-ordered therapeutic of food service staff.				
	reviews, the facility matching therapeut sampled residents	et as evidenced by: ons, interviews, and record failed to ensure there was a ic diet menu for 2 of 3 (#2, #4) who had physician's nical soft (MS) diet with				
	The findings are:					
	11:23am revealed: -There was a list of served therapeutic -The list of therapeutic added salt (NAS) at chopped meatsThere was a therapeutic salt (NAS), and condicts, but was not a MS die with chopped	utic diets included regular/no nd mechanical soft (MS) with peutic diet menu for no added asistent carbohydrate (CCHO) therapeutic diet menu for a ed meats.				
	1. Review of Reside 03/24/23 revealed:	ent #2's current FL2 dated				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					 F	2
		HAL030010	B. WING		1	4/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
(VA) ID	STIMMA DV STA	TEMENT OF DEFICIENCIES	LLE, NC 27		- NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MEMONI 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
D 296	Continued From pa	ge 1	D 296			
	-Diagnoses include neurocognitive disc -There was an orde	rder and hypertension.				
		:#2's diet order dated an order for a MS diet with				
	Review of the facility's therapeutic diet list posted in the kitchen revealed Resident #2 was to be served a MS diet with chopped meat.					
	Review of the regular diet menu for the lunch meal on 08/23/23 revealed veal parmesan, spaghetti noodles, Italian blend mixed vegetables, garlic bread knot, banana parfait, coffee, and tea were to be served.					
	Observation of the lunch meal service for Resident #2 on 08/23/23 between 12:30pm and 1:07pm revealed: -Resident #2 was served a breaded chicken cutlet cut into 1-inch pieces, spaghetti, mixed vegetables, a roll, mixed fruit, water, and a red colored beverageResident #2 consumed 75% of the meal.					
	served the appropr	rmined if Resident #2 was late diet due to no MS diet with nu was available for staff				
	care provider (PCP revealed: -Resident #2 had a chopped meats due of cognitive decline -She expected for F	w with Resident #2's primary) 08/24/23 at 10:53am n order for a MS diet with the to previously having a period and a concern for choking. Resident #2 to be served a MS heats according to a MS diet				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL030010		B. WING			R 2 4/2023
NAME OF I	PROVIDER OR SUPPLIER	S	TREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
PS SENI	OR LIVING OF MOCK	SVILLE		TVIEW DRI\ LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 296	Continued From page 2			D 296			
	with chopped meat	s menu.					
	Refer to the interview with the cook on 08/23/23 at 9:21am.						
	Refer to the intervie (ED) on 08/24/23 a	ew with the Executive D t 9:50am.	irector				
	Refer to the telepho Administrator on 08	one interview with the 3/24/23 at 11:23am.					
	07/14/23 revealed: -Diagnoses include	ent #4's current FL2 da d stroke and hypertens er for a Mechanical Soft	ion.				
		: #4's diet order dated an order for a mechanioneats.	cal soft				
		ry's therapeutic diet list led Resident #4 was to ith chopped meats.					
	meal on 08/23/23 re spaghetti noodles,	read knot, banana part	,				
	Resident #4 on 08/3 1:07pm revealed: -Resident #4 was s cutlet cut into 1-incl vegetables, a roll, n colored beverage.	lunch meal service for 23/23 between 12:30pr erved a breaded chicken pieces, spaghetti, mixinixed fruit, water, and a simed 75% of the meal.	en ked				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL030010	B. WING		R 08/24/2023
NAME OF I	PROVIDER OR SUPPLIER	CTDEET AD	DDESS CITY S	STATE, ZIP CODE	
NAIVIL OI I	-NOVIDEN ON SUFFEIEN		STVIEW DRIN	•	
PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 296	Continued From pa	ge 3	D 296		
	served the appropri	rmined if Resident #4 was ate diet due to no MS diet with nu was available for staff			
	care provider (PCP revealed: -Resident #4 had a chopped meats.	w with Resident #4's primary) 08/24/23 at 10:53am n order for a MS diet with			
	-She expected for Resident #4 to be served a MS diet with chopped meats according to a MS diet with chopped meats menu.				
	Refer to the intervie at 9:21am.	ew with the cook on 08/23/23			
	Refer to the intervie (ED) on 08/24/23 at	ew with the Executive Director t 9:50am.			
	Refer to the telepho Administrator on 08	one interview with the 3/24/23 at 11:23am.			
	Interview with the cook on 08/23/23 at 9:21am revealed: -He prepared meals for all diets using the regular menu.				
	-There was not a th MS diet with chopped -The ED was respondere available for g	nsible for ensuring menus			
	recipe breakdowns, breakdown.	, but he did not use the recipe			
	revealed she did no	D on 08/24/23 at 9:50am of know a matching menu was et with chopped meats.			

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Telephone interview with the Administrator on

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		HAL030010	B. WING		08/2	24/2023
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 296	08/24/23 at 11:23ar -The ED was respo had matching menu -He did not know th for a MS diet with c dietary staff guidance residentsHe expected thera		D 296			
{D 310}	Service 10A NCAC 13F .09 (e) Therapeutic Die (4) All therapeutic of supplements and the	04(e)(4) Nutrition and Food 04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.	{D 310}			
	reviews, the facility diets as ordered for an order for a nutrit #4).	et as evidenced by: ons, interviews and record failed to serve therapeutic · 1 of 3 sampled residents with ional supplement (Resident				
	07/14/23 revealed: -Diagnoses include: -Resident #4 had ar supplements, but the	#4's current FL2 dated d stroke and hypertension. n order for nutritional here was no documentation of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER OR LIVING OF MOCK	SVILLE 191 CRE	DDRESS, CITY, S STVIEW DRIN /ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 310}	O3/24/23 revealed a supplements 3 time. Review of the unda in the kitchen on 05 was to be served a a day with meals. Observation of the Resident #4 on 08/2 1:07pm revealed: -Resident #4's place red colored beverage prior to his arrival to -Resident #4 was secut into 1-inch piece vegetables, a roll, a water and the red co-Resident #4 was noutritional supplement. Observation of the revealed there was supplements in the residents who were supplements. Interview with a per 08/23/23 at 12:54ar-The PCAs assisted beverages during meaning supplementsSe knew who was supplement and so diet list as a reference.	##4's diet order dated an order for nutritional as daily with meals. Ited therapeutic diet list posted 5/10/23 revealed Resident #4 nutritional supplement 3 times funch meal service for 23/23 between 12:30pm and e setting included water and a ge which were on the table of the dining room. Itered breaded chicken cutlet es, spaghetti, mixed and mixed fruit, in addition to colored beverage. Item of the dining room is spagnetti, mixed and mixed fruit, in addition to colored beverage. Item of the dining room is spagnetti, mixed and mixed fruit, in addition to colored beverage. Item of the dining room is spagnetti, mixed and mixed fruit in addition to colored beverage. Item of the dining room is spagnetti, mixed and in a box of nutritional refrigerator available for a cordered nutritional refrigerator available for a cordered nutritional resonal care aide (PCA) on an revealed: Item of the dining meals and the served a nutritional metimes used the therapeutic resonal care aide the therapeutic resonance and resonal care aide the therapeutic resonance and resonance and resonance are				

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	IT OF DEFICIENCIES OF CORRECTION		/SUPPLIER/CLIA TION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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		HAL030	010	B. WING			24/2023
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 310}	. 0		{D 310}				
	nutritional supplem 08/23/23.	ent with their l	unch meal on				
	Interview with a me 08/24/23 at 9:46am -PCAs usually serv residents with meal was served, -The PCA who serv on 08/23/23 did not supplement was no she did not serve a Resident #4. Interview with the E 08/24/23 at 9:50am -There were 6 resident at 9:50am -There for nutritional	revealed: ed nutritional s ls and let the I red the nutrition let her know st served to Re nutritional sup executive Direct revealed: dents who had	supplements to MAs know that it onal supplements a nutritional esident #4, and opplement to ctor (ED) on				
	with mealsShe did not know I nutritional supplem 08/23/23.	Resident #4 w	as not served a				
	-She had implemer out nutritional supp ensure they were b -She expected for I nutritional supplem by his physician.	lements with e eing served a Resident #4 to	each meal to s ordered. be served				
	Review of the facility out form revealed: -There was no door supplements were lunch, or dinner on -There was no door supplements were between 08/14/23 are -There were some supplements were 6 residents who we	umentation nu signed out for 08/23/23. umentation nu signed out for and 08/17/23. entries when signed out rat	ntritional breakfast, attritional all three meals or 5 nutritional her than 6 for the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		HAL030010	B. WING		1	R 24/2023
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	STVIEW DRIV ILLE, NC 270			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 310}	Continued From page 7		{D 310}			
	supplements.					
	10:38am revealed: -He was not served his lunch meal on 0 -Sometimes staff group supplement with his did notHe did not request when it was not served in the serve are provider (PCP) revealed: -Resident #4 had a supplements 3 time being very thin and admission to the faresident #4 had materials 6 monthsShe expected the nutritional supplements as ordered.	ave him the nutritional is meals and sometimes they the nutritional supplement wed to him. It with Resident #4's primary on 08/247/23 at 10:53am order for nutritional es daily with meals due to him poor nutritional status prior to cility (08/22/22). Inaintained his weight for the facility to served Resident #4 ents 3 times daily with meals				
	08/24/23 at 11:23ar	with the Administrator on revealed he expected staff 4's nutritional supplements 3 red.				
{D 358}	10A NCAC 13F .10 Administration	04(a) Medication	{D 358}			
	(a) An adult care h preparation and ad prescription and no by staff are in acco	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL030010		B. WING			R 24/2023
NAME OF I	PROVIDER OR SUPPLIER		REET AD	l	STATE, ZIP CODE	00/2	
	OR LIVING OF MOCK	191		STVIEW DRIN			
F3 3ENI	OR LIVING OF MOCK	MC	CKSVI	LLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page 8			{D 358}			
	which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.						
	This Rule is not me FOLLOW-UP TO A	et as evidenced by: TYPE A2 VIOLATION.					
	The Type A2 Violati Non-compliance co						
	interviews, the facili sampled residents medications as orde	ons, record reviews, and ity failed to ensure 1 of 3 (#1) was administered ered related to a pain anti-anxiety medication.					
	The findings are:						
	02/17/23 revealed: -Diagnoses include -There was an orde pain) 10-325mg 1 to for pain.	ent #1's current FL2 date d pain. er for Percocet (used to tr ablet every 6 hours as ne order for scheduled Perc	eat eeded				
		#1's physician's order da an order for Percocet wice daily.	ated				
	administration reco revealed: -There was an entry tablet twice daily so 8:00am 8:00pm, co remain. -There was docume	#1's electronic medication of (eMAR) for June 2023 by for Percocet 10-325mg heduled for administration tact MD when 10 dosest entation Percocet was not 30 opportunities on 07.	1 on at s				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL030010	B. WING		F 09/2	₹ 4/2023
			<u> </u>		00/2	4/2023
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S STVIEW DRIV	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 9	{D 358}			
	was not in the facilit	•				
	revealed:	#1's eMAR for July 2023				
	tablet twice daily sc 8:00am 8:00pm, co	y for Percocet 10-325mg 1 heduled for administration at ntact MD when 10 doses				
	administered for 2 of	entation Percocet was not of 30 opportunities at 8:00am				
	on 07/30/23 and 07/31/23 due to medication was not in the facility. -There was documentation Percocet was not					
		of 30 opportunities at 8:00pm (23, 07/30/23, 07/31/23 due to in the facility.				
	on 08/23/23 at 12:1 bubble pack of Pero daily dispensed from	ident #1's medication on hand 6pm revealed there was a cocet 10-325mg 1 tablet twice in the pharmacy on 07/31/23 4 tablets and 15 tablets were				
	pharmacy on 08/23	wwith the facility's contracted //23 at 3:01pm revealed: n order for Percocet 325mg 1				
	-Percocet was disp	ensed to the facility on and on 07/31/23 with a ts each time.				
	08/23/23 at 3:30pm	dication aide (MA) on revealed: times when Resident #1 was				
	-She did not reorde medications.	r any of the residents'				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	SUPPLIER/CLIA FION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
				7. BOILDING.			₹
		HAL0300	010	B. WING			24/2023
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRIN			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pareneded a refill where to 3 tablets remaining medication. -When a resident, in medication that requivers medication that requivers medication that requivers and notified the resident #1 composite Percocet when he continued the second medication with the second medication about and the second medication second medication second medications about and the ED's dooned medication second medication second medications and the second medications and the second medication second medications and the second medications and the second medications and the second medications and the second medication medication second medications and the second medications are second medications and the second medications and the second medications are second medications and the second medication are second medications.	n a medication ing and the ED including Residuired a new prossage through scription would be ED. It is a most and the ED with a month ago. It is a most a medication report is a medication report is a medication report in contact revider's (PCP) is a prescription as out in July 2 medication in July 2 medication report is a medication report in contact revider's (PCP) is a prescription as out in July 2 medication	dent #4, had a rescription, the at the eMAR dibe ending meeded his 24/23 at 8:24am out of Percocet. reased pain in at 9:26am out of Percocet. reordering ms when there maining. Indivising a red and slide it a resident was at the pharmacy. Pation cart audits at 9:50am with Resident profice of for a refill of 2023.	{D 358}			
	08/24/23 at 10:53ar		· · · · · · · · · · · · · · · · · · ·				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		HAL030010	B. WING			4/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE	TVIEW DRIN			
			LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 11	{D 358}			
	Resident #1 running Once contacted, s for medication withing The pharmacy ser when a medication She did not know If the pharmacy ser when a medication She did not know If the process in June and the sum of the process in June and the sum of t	at her and the ED notification needed a new prescription. Resident #1 was out of and July 2023. Itered Percocet for consecutive ould have resulted in ms including nausea, upset sweats, and agitation. It have any withdrawal mowledge. If acility to administer Resident				
	Refer to the telepho Administrator on 08	one interview with the 3/24/23 at 1:23pm.				
	02/17/23 revealed: -Diagnoses include -There was an orde anxiety) 0.5mg 1 ta	ent #1's current FL2 dated d anxiety disorder. er for Xanax (used to treat blet daily at bedtime. t #1's electronic medication rd (eMAR) for June 2023				
	revealed: -There was an entr daily at bedtime sch 8:00pm, no refillsThere was docume administered for 2 of	y for Xanax 0.5mg 1 tablet neduled for administration at entation Xanax was not of 30 opportunities on 06/22/23 he reason being the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUF		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R			
		HAL030010)	B. WING			≺ 24/2023	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRINILLE, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIE! Y MUST BE PRECEDE! SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
{D 358}	Continued From particles of Resident 08/22/23 revealed: -There was an entrodaily at bedtime scillation was not on 08/20/23, 08/21/23 medication was not observation of Reson 08/23/23 at 12:1-There was a bubbit tablet daily at bedtime pharmacy on 08/22 tabletsThe package the bubble tablet daily at bedtime pharmacy on 08/22 tabletsThe package the bubble package the bubble of the designated MAs known and the reorder the medication and the reorder the medication because once a resident did medicationShe thought medicated when they were the designated to be the designated when they were the package of the bubble pack, proceedings of the subbble pack, procedured in the package of the pack	t #1's eMAR for 0 y for Xanax 0.5m heduled for admir entation Xanax w of 22 opportunitie , and 08/22/23 du t in the facility. Sident #1's medica 6pm revealed: le pack of Xanax me dispensed fro t/23 with a quantif bubble pack was u edication aide (MA m revealed: er medication. e Executive Direct ow that a resident ED or the other I tion. e resident was ou she let the ED or w a resident need te the ED said to I not have any ren cations was supported were down to the I county to running out that 1 had been out gust 2023. ister Xanax during as out of the med	g 1 tablet nistration at as not as not son le to ation on hand 0.5mg 1 m the dy of 29 lanopened. A) on ctor (ED) or a set needed MA would lat of the ded let her known aining last row of last row of last row of last of Xanax g her shift, lication	{D 358}				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
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						1 00:-	
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRIV			
			MOCKSV	LLE, NC 27	028		
(X4) ID		TEMENT OF DEFICI		ID	PROVIDER'S PLAN OF CORRECTIVE		(X5)
PREFIX TAG		Y MUST BE PRECED! SC IDENTIFYING INF		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
1710			,	17.0	DEFICIENCY)		
{D 358}	Continued From no	ngo 12		{D 358}			
{D 330}	Continued From pa	ige is		{D 336}			
	MA.						
	-She had not let the						
	know Resident #1 v						
	only made the ED						
	medications that we	ere out during h	er shift.				
	latamiaitha a aa		22/22 -4				
	Interview with a sec	cond IVIA on U8/2	23/23 at				
	3:30pm revealed: -She remembered:	timos whon Dos	ident #1 wee				
	out of Xanax.	umes when Res	iueni #1 was				
	-She did not reorder any of the residents' medicationsShe told the ED a resident needed a refill when a medication was down to 2 to 3 tablets remaining and the ED reordered the medicationWhen a resident, including Resident #1, had a						
	medication that req						
	MAs received a me	ssage through t	he eMAR				
	system that the pre		be ending				
	soon and notified th						
	-She documented F						
	administered Xanax on 08/20/23 and 08/21/23 and let the ED know Resident #1 was out of						
	Xanax on these dates.						
	Interview with Resident #1 on 08/24/23 at 8:24am revealed: -He did not know if he had been out of XanaxHe had not experienced any increased anxiety in						
	June, July, or Augu		,				
	Interview with a pharmacist at the facility's						
	contracted pharma	cy on 08/24/23 a	at 9:08am				
	revealed:	, , , , ,					
	-Resident #1 had a		ax 0.5mg 1				
	tablet daily at bedtin						
	- Xanax was disper						
	and 07/15/23 with a quantity of 30 tablets (30-day supply); a new prescription was needed after						
	each dispense date	e ioi iulure refill	requesis.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUM		JMBER:	A. BUILDING:		COMPLETED			
				F	,			
HAL030010		B. WING		08/24/2023				
		TIALOGOTO		<u> </u>		1 00/2	7/2020	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PS SENI	OR LIVING OF MOCK	SVILLE		STVIEW DRIN				
1 0 02111	OK EIVING OF IIIOON	OVILLE	MOCKSV	ILLE, NC 27	028			
(X4) ID		TEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTI		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY SC IDENTIFYING INFORM		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
IAG	TREGOE TOTAL OTTE		111011)	TAG	DEFICIENCY)			
(0.050)				(5.050)				
{D 358}	Continued From pa	ige 14		{D 358}				
	- Xanax was disper	nsed on 08/22/23 wit	h a					
		ts and there were 5						
	refills.							
		on 08/24/23 at 9:26	am					
	revealed:		• > /					
		nt #1 had been out o						
		ing the ED with reord	dering					
	medications about		on thoro					
	-She usually reordered medications when there were 5 or 6 days of medication remainingOther MAs were to write a note advising a medication needed to be reordered and slide it under the ED's doorSometimes, MAs would tell her a resident was out of medications and she called the pharmacyShe had been conducting medication cart audits							
	for all residents one	ce a week.						
		ED on 08/24/23 at 9:5	o0am					
	revealed: -She reordered Resident #1's Xanax from the							
	remaining.	/23 when there was	lablet					
		sident #1's primary o	are					
	provider (PCP) on 08/19/23 and on 08/21/23, but the pharmacy did not receive the physician's order for Xanax until 08/22/23. -She assumed the pharmacy reached out to the							
		authorization for a Xa						
		v with Resident 1's F	PCP on					
	08/24/23 at 10:53ai							
		facility to contact her	prior to					
		g out of medication.	arinti					
	 Once contacted, s for medication with 	he could write a pres	scription					
		in Thour. It her and the ED no	tification					
		needed a new preso						
		Resident #1 was out						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
HAL030010			= 1100 E			4/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DC CENIA	OB I IVING OF MOCK	SVILLE 191 CRES	TVIEW DRIN	/E		
F3 3LIVI	OR LIVING OF WOOK	MOCKSV	LLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 15	{D 358}			
{D 358}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 in June and August 2023Not being administered Xanax for consecutive days in July 2023 could have resulted in withdrawal symptoms including nausea, upset stomach, shaking, sweats, and agitationResident #1 did not have any withdrawal symptoms to her knowledgeShe expected the facility to administer Resident #1's Xanax as ordered. Refer to the interview with the ED on 08/24/23 at 9:50am. Refer to the telephone interview with the Administrator on 08/24/23 at 1:23pm. Interview with the ED on 08/24/23 at 9:50am revealed: -Medication should be reordered when there was only one row of medication remaining in the medication bubble packs, approximately 8 to 10 days prior to running outSometimes the MAs told her when a residents' medications were low, and sometimes she found low counts of medication while conducting a cart auditShe was currently training 2 MAs to reorder medicationsIf a medication needed a new prescription, she contacted the PCP for a new prescription and the order was written within 24 hoursShe usually hit the reorder button on the eMAR system, the pharmacy sent an authorization request to the PCPAll medications were not always requested within					
	a week of the medication running out because not all the MAs let her know a medication needed to be refilled.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
HAL030010		B. WING			R 08/24/2023	
	PROVIDER OR SUPPLIER	SVILLE 191 CRES	DRESS, CITY, S STVIEW DRIV ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Telephone interview 08/24/23 at 1:23pm -The ED was responded in the medication and obtation to the medication rule another staff to do solve the expected medical week before the respected medical medical medical interview.	w with the Administrator on revealed: nsible for reordering aining new prescriptions prior unning out or delegating so. cation to be reordered at least	{D 358}			

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