	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL009025	B. WING		R 07/26/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE	
		<b>M44</b>	DEN STREET		
WEST BL	ADEN ASSISTED LIVIN		IBORO, NC 28320	)	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORREC	TION (YE)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLE
D 000	Initial Comments		D 000	· · · · · · · · · · · · · · · · · · ·	
				D 113 10A NCAC 13F.C	211(4) Other
		nsure Section conducted an		Requirements	SIL(d) Other
		p survey on 07/25/23 through		Requirements	
	07/26/23.	-		The Resident Come	
				The Resident Care I	pirector (RCD)
D 113	10A NCAC 13F .031	1(d) Other Requirements	D 113	contacted a local contra	act plumber to
		· · · · · · · · · · · · · · · · · · ·		review the condition	and operating
	10A NCAC 13F .031	1 Other Requirements		status on the hot water l	eaters. All hot
· ·	(d) The hot water sy	stem shall be of such size to		water heaters were con	firmed to be in
	provide an adequate	supply of hot water to the		good operating condition	inned to be in
1	kitchen, bathrooms,	laundry, housekeeping		good operating condition	
	closets and soil utility	y room. The hot water		The Maintenance Direct	or immediately
	temperature at all fix	tures used by residents shall		reduced the temperature	immediately
	be maintained at a m	ninimum of 100 degrees F		reduced the temperature	settings on the
1	(38 degrees C) and a	shall not exceed 116 degrees		hot water heaters. The	e Maintenance
		This rule applies to new and		Director initiated hourly	checks for the
ĺ	existing facilities.			next three days (8am – 5	pm) and twice
				daily checks (M-F) for	the next four
	This Rule is not met			weeks. Thereafter, resur	nod once detty
!	TYPE B VIOLATION			checks (M-F).	neu once-dally
ł	Pasad an aban sta			checks (IVI-F).	
1	interviewe that facility	ns, record reviews, and y failed to maintain the water	1	The Administrator in-	serviced the
	temperatures at the -	required minimum of 110			serviced the
	degrees Fahrenheit /	F) and maximum of 110		Maintenance Director, RC	o and Business
	degrees F for 10 of 1	0 water fixtures in the		Office Manager on hov	v to conduct
	shared and common	bathrooms used by		water temp checks a	nd how to
	residents.	satin como abou by		document results.	
1					
-	The findings are:			Water temps been in cor	npliance with
				stated hot water	parameter
ļF	Review of the Americ	an Burn Association Scald		requirements (between 1	00 degrees E
	njury Prevention Edu	icator's Guide revealed:		and 116 degrees F) since the	a data of the
1-	A water temperature	of 127 F would cause a		initial finding.	ie date of the
t	hird degree burn in 1	minute.		muar mumg.	
¦ -	A water temperature	of 124 F would cause a		The procedures were	بمأمد ما
	hird degree burn in 3			The procedures were com	ipieted on or
-	A water temperature	of 120 F would cause a		before September 9, 2023.	
tl	hird degree burn in 5	minutes.			
-	Scald injuries could r	esult in considerable pain,			

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LABORATORYDIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

m. STATE FORM

Reviewed and Acknowledged SCM 09/12/23

G

Administrate

(X6) DATE 9-6-2023

If continuation sheet 1 of 25

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMP	SURVEY
<u> </u>	<u>.</u>	HAL009025	B. WING			R
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE		1 0//	26/202
WEST BL	ADEN ASSISTED LIVIN	G 714 BL	ADEN STREET	, El 668.		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	BORO, NC 28320			
PRÉFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	() COMJ DA
D 113	Continued From pag	ie 1	D 113			<u>.</u> 
	scarring, and even d -Older adults have th could cause deeper l exposure. -A third degrees burn	linner skin so hot liquids burns with even brief affected the full thickness of				
	the skin and resulted translucent skin color sensation in the burn	in whitish, charred or , and there was no pin prick area.				
	residents.	sed for a capacity of 60				
	Observation of the fac revealed: -The facility census wa -The ALU had a censu -The MCU had a cens	is of 34 residents.				
c   -   ir   -   :   :   :   :   :   :   :   :   :   :	on the MCU on 07/25/ The hot water temper in room 101 was 127 c The hot water temper in room 109 was 127 d The hot water temper in room 113 was 127 d The hot water temper in room 110 was 127 d team. The hot water temper in the common bathroo The hot water temper	ature of the bathroom sink egrees F. ature of the bathroom sink egrees F with visible ature of the bathroom sink m was 127 degrees F. ature of the bathroom sink				
F.	a second common ba	athroom was 127 degrees				

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If continuation sheet 2 of 25

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL1A IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL009025	B. WING		R
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT		07/26/2023
EST BL	ADEN ASSISTED LIVING		DEN STREET		
		BLADEN	BORO, NC 28320		
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLET THE APPROPRIATE DATE
D 113	Continued From page	ə 2	D 113		
	the MCU revealed :				ĺ
I	-There was document	tation the hot water			
1	temperature ranged fi	rom 110 degrees F to 116			
	degrees F for two bat	hroom water fixtures used			
ł	by residents on 05/01.	/23 through 05/03/23.			
i	05/08/23, 05/11/23 thr	ough 05/12/23, 05/15/23			
	through 05/16/23, 05/2	22/23 through 05/24/23, and			
1	05/30/23 through 05/3	1/23.			
į	-There was document	ation on the bottom of the			
ļ	log that water tempera	ture should be between			
	110 degrees F and 11	6 degrees F.			
1	-There was documenta	ation on the bottom of the			1
	log to notify managem	ent should the water			
	temperature.	or hotter than the required			
	Povious of the laws on	<b>2</b> 2			
	on the MCU revealed;	23 water temperature log			
i.	There was documenta				
1	emperature ranged fro	nion the not water om 110 degrees F to 116			
	degrees F for two bath	room water fixtures used			ĺ
k	by residents on 06/01/2	23 06/05/23 through			
C	)6/07/23, 06/12/23 thro	ough 06/15/23, 06/19/23			
t	hrough 06/21/23, and (	06/26/23.			1
-	There was documenta	tion at the bottom of the			
jie	og that water temperat	ure should be between			
1	10 degrees F and 116	degrees F.			
-	There was documental	tion on the bottom of the			ĺ
IC.	og to notify manageme	nt should the water	ļ		i F
	emperature be lower of	hotter than the required			
16	emperature.				
R	eview of the July 2023	water temperature log on			
th	ie MCU revealed:		1		
-T	here was documentati	on the hot water			
te	mperature ranged from	n 100 degrees F to 116			
de h	eyrees F for two bathr	oom water fixtures used	1		
	/ residents on 07/03/23 7/06/23, 07/10/23 throu	3, 07/05/23 through			

Division of Health Service Regulation

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If continuation sheet 3 of 25

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
<u> </u>		HAL009025	B. WING		R
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE		
WEST BL	ADEN ASSISTED LIVING		ADEN STREET	,	
			BORO, NC 28320		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPL HE APPROPRIATE DAT
D 113	Continued From page	3	D 113		
	through 07/25/23.				
		ation at the bottom of the			
-	log that water temper	ature should be between			
1	110 degrees F and 11	6 degrees E			
ĺ	-There was document	ation on the bottom of the			
	log to notify managem	ent should the water			
	temperature be lower	or hotter than the required			
	temperature.	· · · · · · · · · · ·			
	Based of observations	record reviews and			
	interviews, it was dete	mined the residents in the			
	MCU were not intervie	wable.			
!					
	Observation of the resi	dents' shared bathrooms	•		
	on the ALU on 07/25/2	3 at 10:30am revealed:			ļ
i	-The hot water tempera	ature of the bathroom sink			
	in room 202 was 125 F	•			
ļ	- The hot water tempera	ature of the bathroom sink			
	in room 206 was 125 F				
	n room 214 was 121 F	ture of the bathroom sink	į –		
į.	The bot water tompore				
1	n room 217 was 124 F	ture of the bathroom sink			
	110011217 Wd3 1241				1
F	Review of the May 202;	3 water temperature log on	-		
t	he ALU revealed:	water temperature log off			
	There was documental	ion the hot water			
te	emperature ranged from	n 110 degrees F to 116			Ĩ
d	egrees F of two bathro	om water fixtures used by			
i re	esidents on 05/01/23 th	rough 05/03/23.			
0	5/08/23, 05/11/23 throu	igh 05/12/23, 05/15/23			
tr	1rough 05/16/23, 05/22	/23 through 05/24/23, and			
0	5/30/23 through 05/31/	23.			
- 1	there was documentat	on on the bottom of the			
10	g that water temperatu	re should be between			
/ 10   _T	10 degrees F and 116 d	legrees F.			
I   In	dere was uocumentati	on on the bottom of the			
to	g to notify managemer	t should the water			
te	mperature be lower or	hotter than the required			
	mperature. Service Regulation		I		

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL009025	B. WING		R
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		07/26/202
WEST DI			ADEN STREET	L, ZIP CODE	
	ADEN ASSISTED LIVIN	•	NBORO, NC 28320		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		<u> </u>	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( {EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE COM HE APPROPRIATE D
D 113	Continued From pag	e 4	D 113		
	on the ALU revealed: -There was document temperature ranged f degrees F of two batilities residents on 06/01/23 06/07/23, 06/12/23 the through 06/21/23, 06/ 06/29/23. -There was document log that water temperation 110 degrees F and 11	itation the hot water from 110 degrees F to 115 hroom water fixtures used by 3, 06/05/23 through rough 06/15/23, 06/19/23 /26/23, and 06/28/23 through tation on the bottom of the ature should be between			
	log to notify managem temperature be lower temperature. Review of the July 202 he ALU revealed:	nent should the water or hotter than the required 23 water temperature log on			
fi   c   b   0   0   0   0	regrees F of two bath by residents on 07/03/2 17/06/23, 07/10/23 thro 17/19/23 through 07/20 17/25/23. There was documenta	om 110 degrees to 117 room water fixtures used 23, 07/05/23 through ough 07/12/23, 07/17/23, 0/23, and 07/24/23 through ition on the bottom of the			
1 -1 lo te te	10 degrees F and 116 There was documenta g to notify manageme mperature be lower o mperature.	tion on the bottom of the ent should the water r hotter than the required			
07   nc   ho	terview with a residen 7/25/23 at 10:45am re oticed the hot water be ow to mix the hot and d sired temperature.	t in the ALU unit on evealed she had not ping too hot, she knew cold water to obtain the			

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If continuation sheet 5 of 25

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED
	<u> </u>	HAL009025	B. WING		R
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		07/26/202
WEST BL	ADEN ASSISTED LIVIN		ADEN STREET	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
		BLADEN	NBORO, NC 28320		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF (	
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COM HE APPROPRIATE D
D 113	Continued From pag	e 5	D 113		: 
[	Inton dow with a				
4	07/2/23 of 10/50 cm	and resident on the ALU on			
1	issues with the hot w	revealed there were no rater being too hot to her			
	knowledge,	ater being too not to her			
l I					
i	Observation with the	Maintenance Director on			
Ì	07//25/23 revealed 9:	55am.			I
	-The surveyor and the	e Maintenance Director were			
	in room 113 at the sin	k in the MCU to test the			
1	temperature of the ho	t water.			
	check the temperature	er digital thermometer to e of the hot water and			
i i	obtained a reading of	127 F			
	The Maintenance Dir	ector held his digital			
1	thermometer at the low	wer end of the hot running			
۰. ب	water under the fauce	t with the tip of the			
t	ihermometer outside c	of the stream of water and			
C	obtained a temperatur	e of 114 F.			
	hermometer and held	e maintenance staff's digital			
	firectly under the bet r	the tip of the thermometer			
fa	aucet near the top of t	unning water under the he stream and obtained a			
r	eading of 126 F.	the stream and obtained a			
ļļr	nterview with the Main	tenance Director on			
0	7/25/23 at 9:55am rev	/ealed			
	le randomly checked	hot water temperature in			
<b>i</b> n	e ALU and the MCU,	usually in the mornings.			l
i -r i lo	ac uccumented the wa	ater temperatures on a			1
		ater temperatures that			ļ
m	orning on 07/26/23 ar	nd they were all within the			
re	quired range, ranging	from 114 degrees F to			
11	6 for two bathroom fix	dures in each unit.			-
-H	le would immediately :	turn the thermostat down			
i on	i the water heater and	re-check the water			
ter	mperatures to maintai	n temperatures within the			
rea	quired range.				

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY
<u>    .    .                           </u>		HAL009025	B. WING			R 7/26/2023
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE			120/2023
WEST BI	ADEN ASSISTED LIVING		ADEN STREET			
			BORO, NC 28320			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID :		······································	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPL DATE
D 113	Continued From page	e 6	D 113			
	sinks in the assisted i	heck of bathroom fixtures (3 iving unit and 3 sinks in the				
	MCU) on 07/25/23 of	3:30pm revealed the hot				
	Water temperatures w	vere within the required				-
	rance and were 109 c	legrees F to 112 degrees F.				
		regrees F to T12 degrees F.				Ì
ļ	Interview with the Mer	mory Care Coordinator				
i	(MCU) on 07/26/23 at	10:10am pm revealed:				
	-She was not aware th	ne water temperature in the				
	shared bathrooms we	re too hot				i
1	-She had not been told	d by a PCA or a resident				l r
	that the water was too	hot.				
		f any resident being scalded				
	as a result of the wate	r temperature being out of				
!	the required range.					· 
	Interview with the pers	onal care aide (PCA) on				
	07/26/23 at 11:00am r	evealed;				
	pathrooms being too h	ne hot water in the shared				
	All of the resident in th					-
	assistance with bathing	ie MCU received				 ;
	There were residents	J. Who wondered				
ļ						
1	nterview with a house	eeping staff on 07/26/23				
E	it 11:30pm revealed sh	he had not noticed the hot	1			
v	vater temperatures in t	he bathrooms being too				
i h	ot.	voing too				
i						
Ir	nterview with the Resid	lent Care Coordinator	Į			
(I	RCC) on 07/26/23 at 1	0:15am.				
-8	She was not aware of t	he hot water temperature				
b	eing hotter than the red	quired temperature in				
re	sident's bathrooms an	d the common			:	
	athrooms.					
+]	ne Maintenance Direc	tor worked three times a				
W	eek and was responsit	ole for checking the water				
te	mperature in the share	ed bathrooms and				
CC	mmon bathrooms on f	hose days.	}			
-A	log of the water tempe	erature checke woo				

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:			LE SURVEY
<u> </u>		HAL009025	B. WING		R 07/26/202	
NAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE			TIL VIL UZJ
WEST DI	ADEN ASSISTED LIVIN		ADEN STREET			
	ADEN ASSISTED LIVIN	<b>~</b>	BORO, NC 28320			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES			<u> </u>	-
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5 COMPI DAT
D 113	Continued From pag	je 7	D 113			
j	maintained for both u					
!	immodiately edited th	he maintenance staff would				
	hot water tomport	ne thermostat to ensure the				
	rance	e was within the required				j
	range.					1
	butthe our reversion of the	tely place signs (requested				ļ
	stoff recording the he	he water fixtures cautioning				
	tomporature was with	t water temperature until the				
	Sho would immediate	in the required range,				
i	-one would immediat	ely call the local plumber to				i
	heater.	issues with the hot water				1
:	nealer.					- i - ·
	Interview with the Adr	ninistrator on 07/26/23 at				
1	2:00pm revealed:	minorator on onzoizo at				
		e hot water temperature				i
i i	was greater than the	required temperature in				1
	residents' bathrooms.	oquirod temperature m				
		hrough the attic to the				
- I I	water fixtures in the ba	athrooms, and that could be				
1	the reason the hot wat	ter temperatures were				
1	reading high due to the	e attic being yony bet				
k	because of the hot we	ather				
-	The maintenance stat	ff adjusted the thermostat				i I
	on the hot water heate	and re-checked				
t	emperatures in both u	inits to ensure they were				
v	vithin the required ran	ge for the safety of the				
, n	esidents,	so for the ballety of the				
-	The plumber was also	called to check the hot				
N	/ater heater.					
-	ha facility failed to	around the second second				
1	he facility failed to ena	sure the not water				
	emperatures of 10 of 1	u water fixtures in				
re	southers shared and o	common bathrooms were				
: ai	une required minimur	n of 110 degrees F and			!	
m f	aximum of 116 degree	es F. Not ensuring the			i	
ra	cuity maintained the te	emperatures per the rule			:	
re	Suited in temperature	s ranging from 121F to detrimental to the health			1	
12	CE. This failure was i	datrimontal to the here U	1		i	

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING;		(X3) DATE SURVEY COMPLETED	
<u></u>		HAL009025	B. WING	R 07/26/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
WEST BI	ADEN ASSISTED LIVIN	G 714 BLA	ADEN STREET			
			IBORO, NC 28320			
(X4) ID PREFIX TAG	EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMP	
D 113	Continued From pag	je 8	D 113			
	and safety of the res B Violation.	idents and constitutes a Type				
	The facility provided accordance with G.S this violation.	a plan of protection in . 131D-34 on 07/25/23 for				
	CORRECTION DATE VIOLATION SHALL N 09, 2023.	E FOR THE TYPE B NOT EXCEED SEPTEMBER				
D 296	10A NCAC 13F .0904 Service	(c)(7) Nutrition And Food	D 296			
	<ul><li>(c) Menus in Adult Ca</li><li>(7) The facility shall h diet menu for any resi</li></ul>	Nutrition And Food Service are Homes: nave a matching therapeutic ident's physician-ordered idance of food service staff.				
	This Rule is not met a TYPE A2 VIOLATION	is evidenced by:				
t t s F	therapeutic/modified di food service staff to us sampled residents (#6) order for a mechanical	failed to ensure there was a iet menu in the kitchen for e as guidance for 2 of 4 ) who had a physician's soft diet which resulted in red large pieces of chicken				

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING;	CONSTRUCTION	(X3) DATE SURVE COMPLETED
		HAL009025	B. WING		R
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT		01/20/20
WEST BI	ADEN ASSISTED LIVIN		ADEN STREET		
		BLADE	BORO, NC 2832	D	
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID :		
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	D 296 10A NCAC	13F .0904(c)
	·		TAG	Nutrition and Food Se	ervice
D 296	Continued From page	e 9	D 296	The Administrates	• • • • •
			D 230	The Administrator r	eviewed with t
	The findings are:			PCP, RCD and the Di	etary Manager t
	Review of the lunch r	Manu on 07/26/02 -+		difference in therape	eutic diet guidan
	12:00pm revealed the	e menu was residents'		and what was comm	unicated from t
	choice,	inona was residents		PCP to the RCD and	Dietary Manage
				The PCP had commun	nicated to the Re
ļ	Observation of the lur	nch meal on 07/26/23		that "chopped / cut p	ieces of meat" w
	between 12:00pm and	d 12:30pm revealed the		okay to serve with	a mechanical co
	meal served was fried	l chicken, mashed potatoes,		order. However, the	monus utilized b
	large butter beans, co	prnbread, and ice cream.		WBAL do not have	nienus utilizea r
	Observation of the kit	chen on 07/26/23 between		pieces of most" anti-	a chopped / ci
	12:00pm and 12:30pm	n revealed there was no		pieces of meat" optio	n. Therefore, th
	menu for the foodserv	ice staff to follow for		Administrator immed	liately in-service
i	guidance for residents	receiving a therapeutic		the RCD, Dietary Mana	iger and all dietar
ĺ	and modified diet.			cooks on the prop	er definition o
				mechanical soft and h	now to follow th
		#6's FL-2 dated 05/31/23		menu guidance inste	ad of the verba
	revealed: The diagnosas includ	ad here a the state		representations from I	PCP/RCD. Dietar
	-The diagnoses include dyslinidemia, type 2 di	ed hypothyroidism, abetes, hypertensive heart		staff immediately beg	zan preparing a
	disease with heart fail	ire, and anxiety disorder.		food according to	the technica
	The diet order was me	echanical soft, no added		definition of therap	outic dista la
	salt and no concentrate	ed sweets. (Mechanical		following the menu/red	ning sub-luit
5	soft diet is used for peo	ple who have problems		is the mag the menories	spe guidelines.
0	chewing or difficulty sw	vallowing).		As a result of the discu	ussions regarding
	been of Deals			inconsistencies in	terminology
	Observation of Resider	11 #6's lunch meal on		definitions, and menus	the PCP and and
	He stated to a surveyo	0 and 12:30pm revealed:		swallow study for re	nidonte util
-	He was served fried of	a ne was blind. hicken in large pieces with		therapolitic dist to any	solution with a
ti	ne bone removed, mas	shed potatoes, large butter		therapeutic diet to ensu	ine the residents'
U D	eans, combread, and	ice cream.		diet orders were correc	t and updated.
-	While he was eating th	e chicken, he started		Additional training and	instruction
C	oughing.			provided by the tar	instruction were
-4	A personal care aide (F	PCA) approached the		provided by the trai	ming personnel
re	sident and encourage	d him to drink water.		employed by the converse	ontracted food
-   	The resident informed to	the staff he was		vendor.	
	noking", he sipped the ating.	water and returned to		The steps wore complete	odau t
	Service Regulation			The steps were complet – August 25, 2023.	ea on or prior to

Additional note of interest - Resident<sup>3 of 25</sup> #6's new swallow study resulted in a normal diet order.

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL009025	B. WING		R 07/26/2023
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE	
WEST B	LADEN ASSISTED LIVING		ADEN STREET		
<u> </u>	······	BLADEN	IBORO, NC 28320		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPL
D 290	6 Continued From page	9 10	D 296		
	resident started to cou -The PCA told the res -The resident told the the food was stuck in his throat. -The fried chicken was mechanical soft diet g Interview with Resider revealed: -He coughed sometim- if he drank water, the c -He coughed and start per month during meal -He did not know if his cut up.	ident to drink more water. staff he was "choking", and his throat, while pointing to s not prepared according to uidelines. In #6 on 07/26/23 at 3:28pm es when he was eating but coughing would stop. ed choking once or twice s. food was supposed to be			
	10:00am and 07/26/23 unsuccessful.	h the PCP on 07/26/23 at			
	Refer to interview with t 07/25/23 at 9:56 am.	he Dietary Manager on			
	Refer to second intervie Manager on 07/26/23 at	ew with the Dietary t 12:24pm,			
	Refer to interview with t 07/25/23 at 10:24am.	he Office Manager on			•
	Refer to interview with th Coordinator (RCC) on 0	ne Resident Care 7/26/23 at 10:24am.			
	Refer to second interview 07/26/23 at 2:30pm.	w with the RCC on			

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY	
	<u></u>	HAL009025	B. WING			R 07/26/2023	
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
WEST BL	ADEN ASSISTED LIVING		ADEN STREET NBORO, NC 28320				
(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 ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPL DATE	
D 296	Continued From page		D 296	- <u></u>			
	Refer to interview with 07/26/23 at 2:54pm.	the Administrator on					
	revealed:	#5's FL-2 dated 04/03/23					
	-The diagnoses includ anemia, cirrhosis of th encephalopathy. -There was no diet orc						
	Review of Resident #5	's signed diet order dated chanical soft, no added salt					
	Observation of Resider 07/26/23 between 12:0 revealed: -She was served fried of with the bone removed butter beans, combreac -The fried chicken was mechanical soft diet gu	Opm and 12:30pm chicken in large pieces , mash potatoes, large d, and ice cream. not prepared according to					
1	Attempted Interview wit 10:00am and 07/26/23 a Insuccessful.	h the cook on 07/25/23 at at 12:30pm was					
A   1	Attempted interview with 2:44pm was unsucces	n the PCP on 07/26/23 at sful.					
н 0	Refer to interview with th 7/25/23 at 9:56 am.	ne Dietary Manager on					
R	efer to second interviev lanager on 07/26/23 at	w with the Dietary 12:24pm.					
R 07	efer to interview with th 7/25/23 at 10:24am.	e Office Manager on					
	efer to interview with th						

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 	of Health Service Regu	ulation			PRINTED: 08/15/2023 FORM APPROVED
STATEME	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING;	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL009025	B. WING		R
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		07/26/2023
WEST BI	LADEN ASSISTED LIVING		ADEN STREET	, ZIF 600E	
	······	BLADE	NBORO, NC 28320		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE DOMPLETE
D 296	e entinaca i tent page	12	D 296		
	10:24am.				
	Refer to second interv 07/26/23 at 2:30pm.	iew with the RCC on			
	Refer to interview with 07/26/23 at 2:54pm.	the Administrator on		· · · · · · · · · · · · · · · · · · ·	
	9:56am revealed: -She had menus for a r -She had never complete to prepare therapeutic	e needed therapeutic and			
	serving a mechanical so -She did not think the fri	vealed: previous dietary part from the bone when oft diet. ied chicken was served nes for a mechanical soft			

-She did not cook today but realized the fried chicken was not served as mechanical soft for residents with the diet order. -She attempted to pull the meat apart from the bone for the residents on a mechanical soft diet. -The beans and the meat should have been grounded for a mechanical soft diet. Interview with the Office Manager on 07/25/23 at 10:24am revealed: -She was responsible for ordering the menus in the facility from the contracted foodservice company. -She informed the contracted foodservice

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If continuation sheet 13 of 25

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
	· · · · · · · · · · · · · · · · · · ·	HAL009025	B. WING	R 07/26/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	<u> </u>
WEST BL	ADEN ASSISTED LIVING	714 BL	ADEN STREET NBORO, NC 28320	/ <b></b>	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	· · · · · · · · · · · · · · · · · · ·	······································	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIN CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMP HE APPROPRIATE DA
D 296	Continued From page	13	D 296		
	company the facility h mechanical soft diet o date). -She was not aware th modified diet menus.	rders (not sure of exact			
	revealed:	C on 07/26/23 at 10:24am s a book in the kitchen that			
	directed the food service modified diets.	ce staff on how to prepare			
Í	the menus for the facili	ty.			
	Second interview with t 2:30pm revealed: -She thought residents	the RCC on 07/26/23 at			
]	mechanical soft diet we up into bite size pieces.	ere to have their meats cut			
1	-She had not been train and modified diets.	ed regarding therapeutic			
	2:54pm revealed:	nistrator on 07/26/23 at			
r f	rom the bone.	ould not be pulled apart			
- -	A resident receiving a n should have their foods He spoke with a represe	blended or grounded. entative from the			
c p fa	contracted foodservice o provided therapeutic and acility.	company, and they d modified menus for the			
i tr	The contracted foodser- ain the kitchen staff on f the exact date).	vice company planned to the new menus (not sure			
	he facility failed to provi lerapeutic diet menus to	ide foodservice staff			

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
<u> </u>		HAL009025	B. WING	R 07/26/202	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		
WEST BI	LADEN ASSISTED LIVING	714 BL	ADEN STREET NBORO, NC 28320		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES			
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE CON
D 296	Continued From page	14	D 296		
	ordered therapeutic di #6 large pieces of chik a soft mechanical diet resident to cough and lunch meal. This failur substantial risk for ser constitutes a Type A2  The facility provided a accordance with G.S. this violation. CORRECTION DATE I	choke twice during the e placed the resident at ious physical harm and violation.  plan of protection in 131D-34 on 07/27/23 for		D 358 10A NCAC 1 Medication Administratio	.3F .1004(a)
	<ul> <li>(a) An adult care home preparation and admini- prescription and non-priby by staff are in accordan</li> <li>(1) orders by a licensed which are maintained in</li> <li>(2) rules in this Section and procedures.</li> <li>This Rule is not met as Based on observations, nterviews, the facility fa medications as ordered</li> </ul>	Medication Administration shall assure that the stration of medications, escription, and treatments ce with: d prescribing practitioner the resident's record; and and the facility's policies evidenced by: record reviews and iled to administer for 1 of 3 (#4) residents dication pass, including a acid reflux, and a	D 358	The RCD conducted train Techs emphasizing atten written orders, MAR in ensure medications are according to the wr Additionally, the RCD s Med Techs periodically to	ing with Med tion to detail, astructions to administered itten orders. hadowed the supervise and non-compliant issues. will conduct MAR reviews in Med Techs h medication ers.

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If continuation sheet 15 of 25

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL009025	B. WING	R 07/26/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
WEST BL	ADEN ASSISTED LIVING	3 714 BL	ADEN STREET NBORO, NC 28320		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ON SHOULD BE COMPLE IE APPROPRIATE DATE
D 358	Continued From page		D 358	DEFICIENCY	)
	obstructive pulmonar		0.000		
-	The findings are:				
	The medication error by 2 errors out of 29 c 9:00am medication pa	rate was 6% as evidenced opportunities during the ass on 07/26/23.			
	of breath, atrial fibrillat heart failure, chronic o	gnoses included shortness ion, breast cancer, chronic			
	05/24/23 revealed ther	tablet to be administered (Pantoprazole is a			
	pass on 07/26/23 revea -The bubble card had a instruction to administe tablet daily before brea	a label on it with the r Pantoprazole 40mg, 1			
5	Observation of Residen she was walking down t he the dining room on a	it #4 on 07/26/23 revealed the hall to her room from at 8:40am.			
n	Review of Resident #4's nedication administratio evealed:	on record (eMAR)			
ta a	There was an entry for ablet every morning be idministered at 7:30am. There was documentat	fore breakfast to be			

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AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			TE SURVEY APLETED
	· · · · · · · · · · · · · · · · · ·	HAL009025	B. WING		0	R 7/26/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	. ZIP CODE		/40/2020
WEST BI	ADEN ASSISTED LIVIN	IG 714 BL/	ADEN STREET BORO, NC 28320	/		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES				
PREFIX TAG	' (EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TON SHOULD BE	(X5) COMPLE DATE
D 358	Continued From page	ge 16	D 358	······		
	tablet was administe 07/26/23.	red at the 8:50am on				
	Interview with Resid revealed she ate bre morning.	ent #4 on 07/26/23 at 8:50am akfast "around" 8:00am this				
	07/26/23 at 11:00am	edication aide (MA) on revealed:				
	after the resident retu- She knew the Panto	prazole was to be				
	administered before I -The Pantoprazole st administered by the p	nould have been previous shift because it was				
	scheduled for 7:30an -The Pantoprazole po system because it ha the previous shift.	n. opped up on the eMAR d not been administered on				
-	Refer to interview with Coordinator (RCC) on	n the Resident Care at 07/26/23 11:45am.				
	Refer to interview with 07/26/23 at 11:55am.	the Administrator on				Í
(	)5/24/23 revealed the	#4's current FL-2 dated 'e was an order for Breo ale 1 puff via inhaler every				
(	lay, rinse mouth, to be Breo Ellipta is an inha	administered at 7:30am. led medication used to hic obstructive pulmonary				
d	isease).					
p	ass on 07/26/23 revea	nt #4's 9:00am medication aled:				
in	The medication had a struction to administe hale 1 puff daily, rinse	r Breo Ellipta INH 100-23.				
-	he Breo Ellipta INH 1	s mouth.	1			

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STATEMI AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
····		HAL009025	B. WING	R 07/26/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	
WEST P	LADEN ASSISTED LIVIN		ADEN STREET	· ··=	
		-	NBORO, NC 28320		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID I		
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE COMP THE APPROPRIATE DA
D 35	<sup>8</sup> Continued From page	e 17	D 358	- <u> </u>	
	8:52am on 07/26/23.				
		ot instructed to rinse her			
	mouth after the admin	nistration of the medication			
	as ordered.				
	Review of Resident # revealed:	4's July 2023 eMAR			
	inhalo 1 puff over de	for Breo Ellipta INH 100-25,			
	inhale 1 puff every da administered at 7:30a	ty, finse mouth, to be			
		an. tation Breo Ellipta INH			
	100-25 inhale 1 puffu	was administered at 8:52am			
	on 07/26/23.	was auministered at 8:52am			
	revealed:	on 07/26/23 at 11:00am			
	-She was aware the re	esident's mouth should be			İ
	finsed after the admini	istration of Breo Ellipta INH			
	100-23 to prevent an i	nfection in the mouth.	1 F		
	mouth after the admini	the resident to rinse her istration of the medication.			
	Interview with the RCC revealed:	C on 07/26/23 at 11:45am	2		
	- Resident #4's medica	ations should be			
	administered as ordere				
		e additional training on the			
i	administration of the Bi	reo Ellipta medication			
i	Interview with the Admi	inistrator on 07/26/23 at			
1	11:55am revealed he e	xpected Resident #4's			
ļ	medications to be admi	inistered according to the			
	physician order.	-			
D 378	10A NCAC 13F .1006 (	(b) Medication Storage	D 378		
	10A NCAC 13F .1006 N	Aedication Storage			
	(b) All prescription and	non-prescription			i
1	medications stored by the		1		

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A, BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL009025	B. WING	R	
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E 7/8 0005	07/26/202
MCOT DI			ADEN STREET	E, ZIF CODE	
WEST BL	ADEN ASSISTED LIVING	BLADEN	NBORO, NC 28320	)	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
D 378	Continued From page	e 18	D 378		i
	requiring refrigeration	i, shall be maintained under			ļ
	locked security excer	of when under the direct			i
	physical supervision	of staff in charge of			
	medication administra	ation.		D 378 10A NCAC 1 Medication Storage	.3F .1006(b)
	were secure as evider top of the medication of controlled substance of direct physical supervi- observed during the 9 07/26/23, including a r pressure and a drawer substances. The findings are: Review of the facility's The facility was licens residents.	s, record review, and failed to ensure medications need by a medication left on cart and the key left in the drawer when not under the sion of a medication pass on nedication used to treat eye r with controlled license revealed: ed for a capacity of 60		The RCD conducted training Techs to emphasize the not leaving any medication of the cart or any oth location. Additionally, stressed the importance of the keys in the contr drawer. The RCD and Administrate shadow Med Techs during administration passes compliance with medical protocols and requirement The steps will be complete September 9, 2023.	importance of ons on the top her unsecured training also f never leaving rol substance or periodically ng medication to observe ation storage ts.
- r	evealed: The facility census wa:	ity on 07/25/23 at 9:00am s 57.			
	The ALU had a census The SCU had a census	of 34 residents. s of 23 residents.			
0 re tr	7/26/23 in the assisted The medication cart wa esident's room with the	am medication pass on I living unit revealed: as positioned outside the front of the cart facing ut a foot from the front of			
	he surveyor and the m				-

AND PL/	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A, BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
<u>_</u>		HAL009025	B. WING	R 07/26/2023	
NAME O	F PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP CODE	
WEST	BLADEN ASSISTED LIVIN		ADEN STREET	-,	
			NBORO, NC 28320	)	
(X4) iD	SUMMARY S	STATEMENT OF DEFICIENCIES	- ID -	PROVIDER'S PLAN OF	
PREFIX TAG	( EACH DEFICIEN REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT)	
		LOG DENTIL HING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE DATE
D 37	8 Continued From pag	ne 19	D 378		T)
			D 376		
	into the residents ro	om at 9:10am to apply a			1
	topical cream and th	e MA closed the door of the			
	Prime / Time la LO LO	acy, leaving a bottle of			
	Drimor I moloi Sol 2%	%/0.5% eye drops in an			
	amber color closed to medication cart unsu	pottle on top of the			
	-The controlled sub-	ipervised. tance drawer was observed			
	to have the key left in	n the lock and not under			1
	direct supervision of	the MA because she was in			
	the resident's room b	when the pecause she was in			i
	-There was a resider	nt standing about three feet	+		:
	from the medication of	cart			
	Interview with the MA	on 07/26/23 at 11:00am			
	revealed				
	-She knew medication	ns should be securely stored			
	and locked in the mea	dication cart and keys not			
	I left in the lock when u	inattended for the safety of			
	residents and others.		f		
	-She was a little nervo	ous and forgot to put the eye			1
	drops back in the med	dication cart after the			
	administration of the r	nedication and to safeguard	2		
	the keys.				
	Interview with the Res	ident Care Coordinator			
	(RCC) on 07/26/23 at	11:45am revealed:	L		
	-Medications should b	e locked in the medication			
	cart when unattended	by the MA for the safety of			
	residents,	by the harrier and ballety of			
	-The MA would receive	e additional training			
! 	regarding the storage	of medications.			
			Martine L		
	Interview with the Adm	inistrator on 07/26/23 at			
	11:55am revealed he e	expected all medications to			:
İ	be securely stored who	en not under direct			ļ
	supervision of the MA f	for the safety of residents.			
D 202	104 1040 405 4055				
L 382	TUA NUAU 13F .1008 (	(a) Controlled Substances	D 392		
	th Service Regulation		F I		

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AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	<u></u>	HAL009025	B. WING	R 07/26/202			
NAME OF I	PROVIDER OR SUPPLIER	STREET	ET ADDRESS, CITY, STATE, ZIP CODE				
WEGT DI			ADEN STREET				
WE31 BL	ADEN ASSISTED LIVING		NBORO, NC 2832	20			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORREC			
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)			
D 392	Continued From page	ə 20	D 392	· · · · · · · · · · · · · · · · · · ·			
	10A NCAC 13F .1008	Controlled Substances					
	(a) An adult care hor	ne shall assure a record of		D 392 10A NCAC 1	l3F .1008(a)		
	controlled substances	by documenting the		Controlled Substances	1±000(a)		
	receipt, administratior	i, and disposition of					
	controlled substances	. These records shall be		The Administrator will trai	in the RCD and		
	maintained with the re	sident's record in the facility					
:	and in such an order t	hat there can be accurate		dogumentut	ocedures for		
	reconciliation of control	olled substances.	-		'iew and		
				reconciliation of	Medication		
	This Rule is not met a	is evidenced by;		Administration Records (N	1AR) including		
	Based on observation	s, record reviews, and	1	documentation for	controlled		
!	interviews, the facility	failed to ensure the	-	substances. The RCD and			
	documentation of a co	ntrolled substance on the		responsible for periodica			
İ	controlled drug record	for 1 of 5 (#2) sampled		the MAP and Country Lat	liv reviewing		
	residents, including a r	nedication used for		the MAR and Control She	ets to ensure		
	agitation and anxiety.			the Control Sheet count	: equals the		
	The findings are:			actual number of meds a	available and		
	the infailings are.			that the number of meds :	signed off on		
	Review of Resident #2	's ourrent EL 2 dated		the MAR equal the num	her of mode		
	06/07/23 revealed diag	a current FL-2 categ		signed off on the Con	set of meas		
	dementia/Alzheimer's (	Disease bypertension		Additionally the Control of	troi Sneets.		
i i	psychosis and anxiety.	nordeo, nyperionalon,		Additionally, the Control Si	neets will be		
	· <b></b>			reconciled at the time	they are		
	Review of Resident #2'	s current FL-2 dated		completed (all meds are dis	pensed).		
[ (	06/07/23 revealed an o	rder for ABH Gel, apply	Werded and				
	1ml topically three time	s a day as needed for		These procedures will be co	ompleted on		
8	agitation if refused the $lpha$	oral Ativan, (ABH gel is a		or before September 9, 202	3.		
(	combination consisting	of Ativan, Benadryl, and	Ē				
ł	⊣aldol). (Ativan is a me	dication used for agitation			i		
i a	and anxiety, Benadryl is	a medication used for			i		
E	mergy relief, and Haldo	l is a medication used to					
i ti	reat mental illnesses/m	ood disorder).	4				
	bearing of D						
	Observation of Residen	#2's medications on					
1	3 ABH Col ouring at 2:15 p	om revealed there were	[				
2	ontrol substances war	the control drawer where					
le Le	ontrol substances were	stored under a second					
R.	/vn,			Ň			
	Service Regulation						

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DAT COM	TE SURVEY
		HAL009025	B. WING		R 07/26/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE		0	1120/2023
WEST BL	ADEN ASSISTED LIVING		ADEN STREET			
		BLADEN	IBORO, NC 28320			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES	: ID	PROVIDER'S PLAN OF		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT)	ON SHOULD BE	(X COMP
	·		IAG	CROSS-REFERENCED TO TI DEFICIENC		DA
D 392	Continued From page	e 21	D 392			<u> </u>
		2's June 2023 control log on	DUCE			ļ
	07/25/23 revealed:	2 s June 2023 control log on				ļ
	-There was documen	tation ABH Gel was				
	administered on 06/0	5/23, 06/08/23, 06/11/23 and				
	06/22/23.					l
•	-There was document	tation 26 syringes of ABH				
	Gel was left in the me	dication cart out of a iel syringes dispensed on				
i	05/24/23.	er synnges dispensed on				
ĺ			j j			
	Review of Resident #2	2's July control log on				
	07/25/23 revealed:		j l			
	-There was no docume administered from from	n ation ABH Gel was				-
: I	07/25/13,	n ono nza inrough				
	-There was documenti	ing that 24 ABH Gel				
	syringes should be in t	he controlled substance				
	compartment of the me	edication cart.				
	Review of Resident #2	's June 2023 oMAD				
	revealed:	S ON LO 2023 EMAN				1
	There was an entry for	r ABH Gel, apply 1ml				
1	topically three times a d	day as needed for aditation				
	f refused the oral Ativa					
f	opically on 06/05/23 at	tion ABH Gel was applied				1
	0:32am, and 06/22/23	at 5:16pm.				
						-
· · ·	Review of Resident #2's	s July 2023 eMAR				1
	evealed: There was an optim for					1
te	There was an entry for poically three times a d	lay as needed for agitation				
it	refused the oral Ativar	1.				
-	There was documentat	ion ABH Gel, 1ml was				
a	pplied topically on 07/2	21/23 at 6:02pm.				
i Ti	elephone interview with	the facility is any first of the				
	harmacist on 07/26/23	n the facility's contracted				
	ABH Gel was dispense	d on 05/24/23 for a			Í	
a	uantity 30 syringes.		1			

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING;		(X3) DATE SURVEY COMPLETED	
		HAL009025	B. WING	R	R 07/26/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE			2023
WEST BL	ADEN ASSISTED LIVIN		ADEN STREET			
			IBORO, NC 28320			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE	(X) Compi Dat
D 392	Continued From pag	e 22	D 392			<u></u>
	-There were no ABH June 2023.	Gel syringes dispensed in			-	
ļ		nsed on 07/11/23 for a				
	quantity of 30 syringe	es.				
	Interview with the spe					
	coordinator on 07/25/	/23 at 2:19pm revealed:				
!	-Today (07/25/23) wa	s her second day as the			i	
	SCU coordinator.	-				
	-She was the medicat	tion aide working on the				
	medication cart today	in the SCU.				
	assisted living unit (Al	vorked as a MA on the				
	She did not know wh	LU). V fbp. confrol.log				
	documented 24 ABH	Gel syringes should be in				
1	he medication cart, a	nd only 23 ABH Gel				
5	syringes were observe	ed to be in the medication			ļ	
1	part.					
-	She usually reconcile	d the control medications				
i t	o do so this morning.	incoming MA's, but forgot				
	She was taught to do	a shift to shift reconciliation				
c	f the control medicati	ons whether scheduled or				
a	s needed.					
i ir	nterview with a second	d MA on 07/25/23 at				
2	:19pm revealed:					
-9	She was taught by the	previous SCU coordinator				
tr	at a shift to shift reco	nciliation of the control				
m	edication was not nee	cessary if the medication				
	as ordered as needed She did not do a recor					
m	edications if they wen	e ordered as needed.				
		A on 07/26/23 at 3:30pm				
re	vealed:	ten on core at 0.50pm	]			
-S	he was the MA workii	ng on the SCU on				
	//21/23.					
-8	he administered Resi itation on 7/21/23.	dent #2's ABH GEL due to				

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If continuation sheet 23 of 25

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY
		HAL009025	B. WING	0	R 7/26/202:	
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE			120/202
	ADEN ASSISTED LIVING		ADEN STREET	,		
	ADEN ASSISTED LIVING		NBORO, NC 28320			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF		<u> </u>
PREFIX TAG	(EACH DEFICIENC REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD RE	(X) COMF DA
D 392	Continued From page	23	D 392			!
	-She documented the	administration of the				İ
	medication on the eM	AD but famat to d				
-	on the control los that	AR but forgot to document	i l			
	on the control log that medication.	one administered the				
	-There were 23 ABH (	Cal syring on left in the				
	medication cart affor a	he administered the ABH				İ
	Gel to Resident #2 on					i
	-She did not do a roco	nciliation of the ABH GEL				
	at the end of her shift	on 07/21/23 because she				
1	thought she did not ha	ve to because the				
	medication was as nee					
ļ						
1	Interview with the Resi	dent Care Coordinator				İ
	(RCC) on 07/25/23 at 2	2:30pm revealed:				1
i i	<ul> <li>Scheduled and as nee</li> </ul>	eded controlled				
	medications were to be	reconciled at the end of				i
	each shift and docume	nted on the control log.				
	<ul> <li>She would conduct tra</li> </ul>	ining today 07/25/23 to the				
	MA's regarding docume	enting scheduled and as				
i i	needed controlled med	ications on the control log.				1
1.	-She was responsible f	or conducting medication				
(	cart audits weekly.		1			
•	There was no discrepa	incy observed on the				ĺ
0	control log during the a	udit because the audit was				i
	conducted on 07/21/23	before the administration				
	of the ABH Gel to Resid	lent #2 that evening.				-
-	She returned 26 of the	30 ABH Gel syringes				!
C גו	he phormosist as 07/23	for Resident #2 back to				
4	he get became -these	/23 because the color of				ĺ
	he gel became discolor					
- 	There were 30 ABH syr lispensed on 07/11/23.	inges for Resident #2				<u> </u>
	She removed 6 of the A laced them in a lookod	pofe in her affin				
ч   Р	laced them in a locked ack-up supply.	sale in ner onice for a				
th	There were 24 ABH Ge	r synnges remaining in 24 ABH Cal aurt				
u di	e medication cart with	24 ADH Gel syringes				
10	ocumented on the cont ispensed 07/11/23.	rollea arug record			ļ	
		e ABH Gel to Resident			:	
		CADH GELLO RESIDENT	. J			

STATE FORM

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If continuation sheet 24 of 25

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DA7 COM	(X3) DATE SURVEY COMPLETED R 07/26/2023	
		HAL009025					
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E. ZIP CODE	··	1/20/202	
WEST BI	ADEN ASSISTED LIVING		ADEN STREET				
			NBORO, NC 28320				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		OPPEOTION	<u> </u>		
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE COM CROSS-REFERENCED TO THE APPROPRIATE D. DEFICIENCY)			
D 392	Continued From page	9 24	D 392			<u> </u>	
	#2 on 07/21/23, so the 23 ABH Gel syringes						
	remaining in the medi	cation cart was the correct					
	count.	oution cart was the correct				1	
	Observation of Drugs Returned to the Pharmacy						
	log dated 07/21/23 revealed:						
	-ABH GEL 2/25/2mg, 26 syringes dispensed on						
	05/24/23, were returned to the facility's contracted						
	pharmacy for Resident #2 on 07/21/23.					1	
	-The log was signed by the pharmacist and a						
	witness on 07/21/23.						
	Observation of a safe with a keyed lock in the					i	
	RCC's office on 07/26/23 at 3:30 pm revealed					1	
	there were 6 ABH Gel syringes under the						
	supervision of the RCC with a control log					ĺ	
	documenting 6 syringe	s, dispensed 07/11/23.					
	Interview with the Adm 3:50pm revealed:	inistrator on 07/26/23 at					
-	-All scheduled and as r	needed controlled				1	
i r	medications were to be	reconciled at the end of				ļ	
i e	each shift and docume	nted.					
-	Medication aides recei	ved additional training on				1	
į e	ensuring controlled med	dications were				1	
	ocumented on the cor 07/25/23).	trolled log on yesterday				!	
l (	viizvizuj.						
ļ							
					ļ		
1							
	Service Regulation	!					

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