	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING			R 07/2023
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 002	
RIVERW	OOD ALF	711 W AT	_			
040.15	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	, NC 27017	DDOVIDEDIC DI AN OF CODDEC	TION	0.(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	County Department	ensure Section and the Surry t of Social Services conducted on 09/06/23 through 09/07/23.				
{D 273}	10A NCAC 13F .09	02(b) Health Care	{D 273}			
		02 Health Care Il assure referral and follow-up and acute health care needs				
	This Rule is not me TYPE B VIOLATION	•				
	facility failed to ensi- of 5 sampled reside medication refusals insulin, a stool softe anti-depressant, a s	views, and interviews, the ure physician notification for 2 ents (#1, and #3) related to of an inhaler, a long-acting ener, a vitamin supplement, an statin medication, an eation, and a laxative (#1); and lication (#3).				
	The findings are:					
	11/21/22 revealed of intellectual disability	ent #1's current FL-2 dated liagnoses included mild /, gastro-esophageal reflux iabetes mellitus Type 2, l hyperlipidemia.				
	orders dated 05/22/ order for Advair Dis	ent #1's signed physician's /23 revealed there was an kus 250/50 (a steroidal inhaler ess of breath) one puff orally				
	Review of Resident	#1's July 2023 electronic				

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	7. BOILDING		₹
		HAL086014	B. WING	<u> </u>		7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 273}	medication administrevealed: -There was an entropuff orally twice and administration at 8: -Advair Diskus 250, "resident refused" and opportunities on 07 07/17/23-07/19/23, and on 07/29/23.  Review of Resident revealed: -There was an entropuff orally twice and administration at 8: -Advair Diskus 250, "resident refused" and opportunities on 08 08/13/23, 08/14/23, and on 08/28/23-08.  Review of Resident refused and orders dated 05/22 order for Docqlace constipation) one can revealed: -There was an entropulation administrevealed: -There was an entropulation and revealed: -There was an entropulation administrevealed:	gration record (eMAR)  y for Advair Diskus 250/50 one ay scheduled for 00am and 7:00pm.  /50 was documented for at 7:00pm for 10 of 31  /09/23, 07/13/23, 07/14/23, 07/23/23, 07/25/23, 07/27/23,  t #1's August 2023 eMAR  y for Advair Diskus 250/50 one ay scheduled for 00am and 7:00pm.  /50 was documented for at 7:00pm for 12 of 31  /01/23, 08/03/23, 08/04/23, 08/20/23-08/22/23, 08/26/23, 3/30/23.  t #1's progress notes revealed: umentation Resident #1 had nts of shortness of breath or umentation the primary care is notified for refused  ent #1's signed physician's /23 revealed there was an 100mg (used to treat	{D 273}			

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STATE FORM 6899 Q49412 If continuation sheet 2 of 46

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		l l	R <b>07/2023</b>	
	PROVIDER OR SUPPLIER	711 W AT		STATE, ZIP CODE			
(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	
{D 273}	at 7:00pmDocqlace 100mg v refused" at 7:00pm 07/09/23, 07/13/23, 07/23/23, 07/23/23, 07/23/23, 07/23/23, 07/23/23, 07/23/23, 07/23/23, 07/23/23, 07/23/23, 08/20/23-08/22/23, 08/28/23-08/30/23.  Review of Resident -There was no doct experienced incider -There was no doct experienced incider -There was no doct provider (PCP) was medications.  c. Review of Resident orders dated 05/22/20 order for fish oil 100 cholesterol) 2 caps:  Review of Resident medication administrevealed: -There was an entry capsules 3 times a administration at 8: dailyFish oil 1000mg w refused" at 8:00pm 07/09/23, 07/13/23	vas documented for "resident for 10 of 31 opportunities on 07/14/23, 07/17/23-07/19/23, 07/27/23, and on 07/29/23.  If #1's August 2023 eMAR  If y for Docqlace 100mg one scheduled for administration vas documented for "resident for 12 of 31 opportunities on 08/04/23, 08/13/23, 08/14/23, 08/26/23, and on  If #1's progress notes revealed: umentation Resident #1 had nts of constipation. umentation the primary care is notified for refused  ent #1's signed physician's revealed there was an 00mg (used to treat high ules 3 times a day.  If #1's July 2023 electronic tration record (eMAR)  If y for fish oil 1000mg take two	{D 273}				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING			R <b>07/2023</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
RIVERW	OOD ALF	711 W AT DOBSON	KINS DR , NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)			(X5) COMPLETE DATE	
{D 273}	Continued From pa	ge 3	{D 273}			
	revealed: -There was an entricapsules 3 times a administration at 8: dailyFish oil 1000mg wirefused" at 8:00pm 08/01/23, 08/03/23, 08/20/23-08/22/23, 08/28/23-08/30/23.  Review of Resident laboratory reports rule of the control	00am, 2:00pm, and 8:00pm as documented for "resident for 12 of 31 opportunities on 08/04/23, 08/13/23, 08/14/23, 08/26/23, and on #1's progress notes and evealed: umentation of Resident #1's				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAI 086044	B. WING		R <b>09/07/2023</b>	
NAME OF	200//IDEE 22 2/:22::2=	HAL086014			1 09/0	112023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI		STATE, ZIP CODE		
RIVERW	OOD ALF		NC 27017			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	8:00pm doses the ed 238 to 274.  Review of Resident revealed: -There was an entry inject 85 units subdischeduled for admit 8:00pm dailyLevemir 100units/r "resident refused" a opportunities on 08/08/13/23, 08/14/23, and on 08/28/23-08-Blood sugar results 8:00pm doses the ed 183 to 286.  Review of Resident -There was no document of the superior of	evening before) ranged from  ##1's August 2023 eMAR  y for Levemir 100units/ml utaneously twice a day nistration at 8:00am and  ml was documented for at 8:00pm for 12 of 31 /01/23, 08/03/23, 08/04/23, 08/20/23-08/22/23, 08/26/23,	{D 273}			
	-There was no docuprovider (PCP) was medications.  e. Review of Reside orders dated 05/22/order for mirtazapin 30mg at bedtime.  Review of Resident medication administrevealed: -There was an entry bedtime scheduled dailyMirtazapine 30mg	ent #1's signed physician's (23 revealed there was an ite (used to treat depression)  #1's July 2023 electronic tration record (eMAR)  y for mirtazapine 30mg at for administration at 8:00pm  was documented for "resident for 10 of 31 opportunities on				

Division of Health Service Regulation

07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23,

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	7. BOILDING		₹
		HAL086014	B. WING	<del></del>		7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W AT DOBSON	KINS DR , NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)	LD BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 5	{D 273}			
	07/23/23, 07/25/23,	07/27/23, and on 07/29/23.				
	revealed: -There was an entribedtime scheduled dailyMirtazapine 30mg refused" at 8:00pm 08/01/23, 08/03/23, 08/20/23-08/22/23, 08/30/23.  Review of Resident-There was no docuexperienced any ep-There was no docuprovider (PCP) was medications.	#1's August 2023 eMAR  y for mirtazapine 30mg at for administration at 8:00pm  was documented for "resident for 12 of 31 opportunities on 08/04/23, 08/13/23, 08/14/23, 08/26/23, and on 08/28/23-  #1's progress notes revealed: umentation Resident #1 had bisodes of depression. umentation the primary care is notified for refused				
	orders dated 05/22	ent #1's signed physician's /23 revealed there was an n (used to treat high at bedtime.				
	medication adminis revealed:	:#1's July 2023 electronic tration record (eMAR)				
	bedtime scheduled dailyPravastatin 40mg refused" at 8:00pm 07/09/23, 07/13/23,	y for pravastatin 40mg at for administration at 8:00pm was documented for "resident for 10 of 31 opportunities on 07/14/23, 07/17/23-07/19/23, 07/27/23, and on 07/29/23.				
	revealed: -There was an entr	#1's August 2023 eMAR y for pravastatin 40mg at for administration at 8:00pm				

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HAL086014 B. WING 09/07/2023	
1 *******	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	OF PROVIDER OR SUPPLIE
RIVERWOOD ALF 711 W ATKINS DR DOBSON, NC 27017	WOOD ALF
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP. TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG DEFICIENCY)  ONLY  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	X (EACH DEFICIEN
(D 273) Continued From page 6 dailyPravastatin 40mg was documented for "resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23. 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/20/23. Review of Resident #1's progress notes revealed: -There was no documentation Resident #1 had laboratory values for lipids available for reviewThere was no documentation the primary care provider (PCP) was notified for refused medications.  g. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for risperidone (an antipsychotic used to treat schizoaffective disorder) 0.5mg take one tablet 2 times a day with a 2mg dose.  Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for risperidone 0.5mg take one tablet 2 times a day with a 2mg dose scheduled for administration at 8:00am and 8:00pm dailyRisperidone 0.5mg was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07(99/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23.  Review of Resident #1's August 2023 eMAR revealed: -There was an entry for risperidone 0.5mg take one tablet 2 times a day with a 2mg dose scheduled for administration at 8:00am and 8:00 fresident refused" at 8:00pm for 10 of 31 opportunities on 07(99/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23.  Review of Resident #1's August 2023 eMAR revealed: -There was an entry for risperidone 0.5mg take one tablet 2 times a day with a 2mg dose scheduled for administration at 8:00am and 8:00pm dailyRisperidone 0.5mg was documented for	dailyPravastatin 40m refused" at 8:00p 08/01/23, 08/03/2 08/20/23-08/22/2 08/28/23-08/30/2 Review of Reside -There was no do laboratory values -There was no do provider (PCP) with medications.  g. Review of Reside redications of the resident for risperior treat schizoaffect tablet 2 times a concentration admit revealed: -There was an error tablet 2 time scheduled for ad 8:00pm dailyRisperidone 0.56 "resident refused opportunities on 07/17/23-07/19/2 and on 07/29/23.  Review of Residerevealed: -There was an error tablet 2 time scheduled for ad 8:00pm daily.

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	
		HAL086014	B. WING		09/0	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI	_			
	Г		NC 27017			
(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	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 7	{D 273}			
	opportunities on 08	at 8:00pm for 12 of 31 /01/23, 08/03/23, 08/04/23, 08/20/23-08/22/23, 08/26/23, /30/23.				
	-There was no docu experienced incider -There was no docu	#1's progress notes revealed: umentation Resident #1 had nts related to behaviors. umentation the primary care notified for refused				
	orders dated 05/22/ order for risperidon	ent #1's signed physician's /23 revealed there was an e (used to treat schizoaffective e one tablet 2 times a day.				
	medication adminis revealed: -There was an orde one tablet 2 times a administration at 8: -Risperidone 2.0mg "resident refused" a opportunities on 07	#1's July 2023 electronic tration record (eMAR)  or for risperidone 2.0mg take day scheduled for 200am and 8:00pm daily.  If was documented for the 4:00pm for 10 of 31 (99/23, 07/13/23, 07/14/23, 07/23/23, 07/25/23, 07/27/23,				
	revealed: -There was an entry one tablet 2 times a administration at 8: -Risperidone 2.0mg "resident refused" a opportunities on 08	00am and 8:00pm daily. y was documented for tt 8:00pm for 12 of 31 /01/23, 08/03/23, 08/04/23, 08/20/23-08/22/23, 08/26/23,				

6899

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						۲
		HAL086014	B. WING		1	7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATF DOBSON,	KINS DR NC 27017			
(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 APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 8	{D 273}			
	-There was no doct experienced incider -There was no doct provider (PCP) was medications.  i. Review of Reside orders dated 05/22 order for Sennalax-8.6-50mg 2 tablets  Review of Resident medication administration administration at 8: - Sennalax-S 8.6-50 "resident refused" a opportunities on 07	#1's progress notes revealed: umentation Resident #1 had hts related to behaviors. umentation the primary care is notified for refused  Int #1's signed physician's //23 revealed there was an S (used to treat constipation) at bedtime for constipation.  #1's July 2023 electronic tration record (eMAR)  If or Sennalax-S 8.6-50mg 2 or constipation scheduled for 00pm daily.  In or of 31 //09/23, 07/13/23, 07/14/23, 07/23/23, 07/25/23, 07/27/23,				
	revealed: -There was an entry bedtime scheduled dailySennalax-S 8.6-50 "resident refused" a opportunities on 08 08/13/23, 08/14/23, and on 08/28/23-08 Review of Resident -There was no docuexperienced incident the resident.	#1's August 2023 eMAR  y for Sennalax-S 8.6-50mg at for administration at 8:00pm  mg was documented for at 8:00pm for 12 of 31 /01/23, 08/03/23, 08/04/23, 08/20/23-08/22/23, 08/26/23, 3/30/23.  #1's progress notes revealed: umentation Resident #1 had atts related to constipation with umentation the primary care				

Division of Health Service Regulation

STATE FORM 6899 Q49412 If continuation sheet 9 of 46

	or realth Service IN		(A(A) MALII TIBI	E CONCEDUCTION	LOVON DATE	OLIDA (EX.
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		DETT. ON TOTAL HOMBER.	A. BUILDING:	<del></del>		
					F	₹
		HAL086014	B. WING		09/0	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		711 W AT	KINS DR			
RIVERW	OOD ALF		NC 27017			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
{D 273}	Continued From pa	ge 9	{D 273}			
	provider (PCP) was	notified for refused				
	provider (PCP) was notified for refused medications.					
	Interview with Resid	dent #1 on 09/06/23 at 4:10pm				
	-She did not refuse	medications when she was				
	awake.	and party (but pould not explain				
	what was early).	ed early (but could not explain				
		er evening medications every				
	night.	or evering medications every				
		edications at night sometimes				
	because she had a					
		ny issues with not receiving				
	her medications at	night.				
	Interview with an ev	vening MA on 09/07/23 at				
	6:40am revealed:					
		ening shift from 7:00pm to				
	7:00am.					
	-He administered 8 residents.	:00pm medications to the				
	-Sometimes, Resid 8:00pm medication	ent #1 was in bed before the pass.				
	•	not come to the medication				
	room for 8:00pm m	edications, he went to her				
	room and knocked	on the door announcing that it				
	was time for her me					
		asleep and did not answer,				
		her for her medications.				
		to wake her up and give her				
	medications lying in					
		displayed a history icon that				
		orevious dose scheduled for not been administered.				
		nber of missed doses before				
		ent Care Coordinator (RCC) or				
		f the resident missed 3 or 4				
	doses.					
		nformed the RCC or the				

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STATE FORM 6899 Q49412 If continuation sheet 10 of 46

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D 14//10			۲
		HAL086014	B. WING	<u></u>	09/0	7/2023
NAME OF PR	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
RIVERWO	OD ALF	711 W ATH DOBSON,	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	ther 8:00pm medical documented on the documented on the He did not know a the RCC or the Adminot administered here. He had not notified provider (PCP) becaused and not open before. He was not sure if audited residents' eand notified the PCI. Telephone interview 09/07/23 at 1:44pm. The facility should residents were refusitioned in a row or row not receiving mediate effectiveness of could lead to increased depression and his phone, mathrough the computations, elevated could ultimately leads to mach discomfort. The PCP could be text to his phone, mathrough the computations a day and 7 con-call answering some him of the multiple refit is 8:00pm medical. He would have sugtime earlier in the evitation the earlier in the exitation of the multiple refit is 8:00pm medical.	past that Resident #1 refused tions occasionally or 24 hours shift notes. specific time when he had told ninistrator Resident #1 was er 8:00pm medications. I Resident #1's primary care ause he worked nights and s closed before he got to work er he left in the morning. The RCC or Administrator MARs for refused medications P.  With Resident #1's PCP on revealed: be letting him know if sing medications after 2 or 3 utine refusals. cations as ordered would alter if disease management which sed negative outcomes like on, elevated cholesterol and build contribute to heart if blood sugars in diabetics that if to organ damage, and it from constipation. notified via faxes to his office, nessages on his telephone or the messaging system 24 days a week; there was an ervice for the PCP as well. entation the facility had notified refused doses of Resident	{D 273}			

Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		F 09/0	₹ <b>7/2023</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(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 273}	5:50pm revealed: -She or the RCC we eMARs for missed medicationsStaff should be not Administrator after medicationShe had not been eMARs due to staff -There was no doct for medication staff Resident #1 refusin 2023 and August 20 -The evening shift N Administrator of Re medication refusals  Attempted interview Coordinator (RCC) unsuccessful.  2. Review of Resid 02/20/23 revealed: -Diagnoses include behavioral disturbat seizure disorderHe was intermitten -He had other inapp -There was an orde treat mood/mental of Review of Resident dated 08/09/2023 re -The psychiatrist had Geodon and Resident	dministrator on 09/07/23 at ere responsible to audit medications, including refused difying the PCP, RCC or the 2 or 3 missed doses of a routinely auditing residents' ing issues.  Immentation available for review having notified the PCP for g 8:00pm medications in July 023.  MAs had not informed the sident #1's 8:00pm  With the Resident Care on 09/07/23 at 5:25pm was ent #3's current FL2 dated d Alzheimer's dementia with nce, schizophrenia, and tly disoriented.  Oropriate behaviors.  For Geodon 60mg (used to disorders) twice daily.  #3's psychiatry progress note	{D 273}			
		ident #3 had increased				

evening agitation within the past 4 weeks.

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR DOBSON, NC 27017  [(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  [(D 273] Continued From page 12  -The psychiatrist prescribed Depakote sprinkles (used to treat mental/mood conditions) 125mg at 11:00am and 4:00am.  -The psychiatrist maintained the current regimen of Geodon 20mg at 8:00am and 40mg at 8:00pm.  Review of Resident #3's psychiatry progress note dated 08/18/2023 revealed: -Staff reported Resident #3 had no behavioral outbursts since being prescribed Geodon 20mg at 8:00am and 40mg at 8:00pm.  Review of Resident #3's electronic medication administration record (eMAR) for August 2023 revealed: -There was an entry for Geodon 20mg scheduled for 8:00pm with a start date of 8/18/23There was documentation on 08/30/2023 at 8:00pm that Resident #3's efused Geodon 20mg.  Review of Resident #3's efused Geodon 20mg.  Review of Resident #3's electronic medication administration record (eMAR) for August 2023 revealed: -There was documentation on 08/30/2023 at 8:00pm that Resident #3's eMAR for September	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR  DOBSON, NC 27017    (Z41) ID   PROVIDER'S TATEMENT OF DEFICIENCIES   10   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY MUST BE PRECEDED BY YILL   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY YILL   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY YILL   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE				71. 501251110.		R		
RIVERWOOD ALF  711 W ATKINS DR DOBSON, NC 27017    (X4)   ID   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE DATE			HAL086014	B. WING				
(xs) ID SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 273)  Continued From page 12  -The psychiatrist prescribed Depakote sprinkles (used to treat mental/mood conditions) 125mg at 11:00am and 4:00am.  -The psychiatrist maintained the current regimen of Geodon 20mg at 8:00am and 40mg at 8:00pm.  Review of Resident #3's psychiatry progress note dated 08/18/2023 revealed: -Staff reported Resident #3 had no behavioral outbursts since being prescribed Depakote sprinklesThe psychiatrist discontinued Geodon 20mg at 8:00am and 40mg at 8:00pm.  Review of Resident #3's electronic medication administration record (eMAR) for August 2023 revealed: -There was an entry for Geodon 20mg scheduled for 8:00pm with a start date of 8/18/23There was documentation on 08/30/2023 at 8:00pm that Resident #3's eMAR for September	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 273)  (D 273)  (D 273)  Continued From page 12  -The psychiatrist prescribed Depakote sprinkles (used to treat mental/mood conditions) 125mg at 11:00am and 4:00am.  -The psychiatrist maintained the current regimen of Geodon 20mg at 8:00am and 40mg at 8:00pm.  Review of Resident #3's psychiatry progress note dated 08/18/2023 revealed:  -Staff reported Resident #3 had no behavioral outbursts since being prescribed Depakote sprinkles.  -The psychiatrist discontinued Geodon 20mg at 8:00pm.  Review of Resident #3's electronic medication administration record (eMAR) for August 2023 revealed:  -There was an entry for Geodon 20mg scheduled for 8:00pm with a start date of 8/18/23.  -There was documentation on 08/30/2023 at 8:00pm that Resident #3's efused Geodon 20mg.  Review of Resident #3's eMAR for September	RIVERWOOD ALE							
-The psychiatrist prescribed Depakote sprinkles (used to treat mental/mood conditions) 125mg at 11:00am and 4:00amThe psychiatrist maintained the current regimen of Geodon 20mg at 8:00am and 40mg at 8:00pm.  Review of Resident #3's psychiatry progress note dated 08/18/2023 revealed: -Staff reported Resident #3 had no behavioral outbursts since being prescribed Depakote sprinklesThe psychiatrist discontinued Geodon 20mg at 8:00am and 40mg at 8:00pmThe psychiatrist prescribed Geodon 20mg at 8:00pm.  Review of Resident #3's electronic medication administration record (eMAR) for August 2023 revealed: -There was an entry for Geodon 20mg scheduled for 8:00pm with a start date of 8/18/23There was documentation on 08/30/2023 at 8:00pm that Resident #3 refused Geodon 20mg.  Review of Resident #3's eMAR for September	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
-There was an entry for geodon 20mg scheduled for 8:00pmThere was documentation on 09/01/2023 at 8:00pm that Resident #3 refused Geodon 20mg.  Attempted telephone interview with the medication aide (MA) who documented refusals on the August and September 2023 MAR on 09/07/2023 at 3:52pm was unsuccessful.  Review of Resident #3's progress notes revealed: -On 09/05/2023, Resident #3 was confused and went into another resident's room.	{D 273}	-The psychiatrist pr (used to treat ment 11:00am and 4:00a -The psychiatrist m of Geodon 20mg at Review of Resident dated 08/18/2023 re-Staff reported Resoutbursts since bein sprinklesThe psychiatrist dis 8:00am and 40mg a -The psychiatrist pr 8:00pm.  Review of Resident administration recorevealed: -There was an entrifor 8:00pm with a s -There was docume 8:00pm that Reside Review of Resident 2023 revealed: -There was an entrifor 8:00pmThere was docume 8:00pm that Reside Attempted telephor medication aide (Mon the August and 09/07/2023 at 3:52pm Review of Resident -On 09/05/2023, Review of Resident	escribed Depakote sprinkles al/mood conditions) 125mg at m. aintained the current regimen a 8:00am and 40mg at 8:00pm. It #3's psychiatry progress note evealed: ident #3 had no behavioral ing prescribed Depakote scontinued Geodon 20mg at at 8:00pm. It escribed Geodon 20mg scheduled at at date of 8/18/23. It ent at a 18/23 at ent #3 refused Geodon 20mg. It ent #3 ref	{D 273}				

STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	HAL086014 B. WING			R <b>09/07/2023</b>		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF 711 W ATI DOBSON,		KINS DR , NC 27017				
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Resident #3 pushed-Resident #3 lost hi buttocks in the hally-Staff assessed Resident #3 lost his buttocks in the hally-Staff assessed Resident #3 lost his medications.  He took his medications-He did not refuse his medications.  The Resident Care Administrator would primary care provided medications.  She had not notified provider (MHP) regulations.  She had not notified provider (MHP) regulations.  Interview with Resident #3 lost freporting Resident #3 lost behavior and 09/03/2023.  Resident #3's behavior and 09/03/2023.  Resident #3's behavior and 19/03/2023.  He would have expanded the would expect to refuse medication.  He had not been in having confusion or resident's room on the lost free medication.	d the other resident back. Is balance and fell on his way. Is ident #3 who had no injuries. Ident #3 on 09/06/2023 at lations. It is medications. It is medications at the content is medication. It is medication in a medicat	{D 273}			
	5:35pm revealed:	rk from 08/30/2023 until				

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>09/07/2023</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		711 W AT				
RIVERW	OOD ALF	DOBSON	, NC 27017			
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 14	{D 273}			
	09/04/2023Resident #3's MHF his medicationsShe had previously that the resident was behaviorsShe was not aware his 8:00pm Geodor 09/02/2023 and 09/-She or the RCC weeMARs for missed medicationsShe had not been eMARs due to staff -Staff should be not Administrator after medication.  Attempted telephor 09/07/23 at 5:25pm  The facility failed to resident at risk for ecould cause damage anti-depressant and placing the resident depression and schinhaler placing the idifficulty including a resident refusing a resulted in behavior residents' rooms. The health, safety, a and constitutes a Ty-The facility provided	P had been reducing some of a notified Resident #3's MHP as exhibiting increased that Resident #3 had refused to on 08/30/2023, 09/01/2023, 03/2023. The responsible to audit medications, including refused to routinely auditing residents' ing issues. The properties of a medication with the RCC on was unsuccessful.  The interview with the RCC on was unsuccessful.				

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this violation.

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL086014	B. WING		09/0	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF 711 W AT DOBSON		KINS DR NC 27017				
(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
{D 273}	Continued From pa	ge 15	{D 273}			
		N DATE FOR THE TYPE B NOT EXCEED OCTOBER				
{D 276}	6} 10A NCAC 13F .0902(c)(3-4) Health Care		{D 276}			
	10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.					
	This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure implementation of orders for 1 of 5 sampled residents (#3) who had orders for a referral to a dermatologist.					
	The findings are:					
	02/20/23 revealed: -Diagnoses include	#3's current FL2 dated d Alzheimer's dementia with nce, schizophrenia, and tly disoriented.				
	dated 04/10/2023 re- Resident #3 had do (outer rim) of his lef	eveloped a lesion to the pinna it ear. en with a mucoid drainage at				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING	B. WING		7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF 711 W ATI DOBSON		KINS DR , NC 27017				
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	-Resident #3 did not traumaStaff said it appear -Resident #3 stated. Review of physiciar -There was an order an antibiotic ointmeter of 7 daysThere was an order dermatologist for expectation of Resident physician's encountrevealed there was #3 had been seen to the company of the compa	the remember an injury or red over the last few days. If the lesion was not painful. It is orders revealed: For dated 04/10/2023 to apply and twice daily to affected area for a referral to a valuation of left ear.  If the lesion was not painful.  If the lesion was not painful.	{D 276}			
	9:10am revealed: -The facility made a Resident #3 for eva cancelledShe was not sure i cancelled the appoi cancelled because himOn 06/09/2023, sh another resident to -She did not know i dermatologist office	a dermatology appointment for iluation of his ear, but it was if the dermatology office nument or if the facility of not being able to transport e sent a referral along with the same dermatology office. If she was supposed to call the or if the dermatologist office all the facility to reschedule.				

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Division of Health Service Re	gulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL086014	B. WING		09/0	₹ <b>7/2023</b>
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF	711 W ATI DOBSON,	KINS DR , NC 27017			
PREFIX (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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276} Continued From page	 ge 17	{D 276}			
· ·	eschedule Resident #3's				
O9/07/2023 at 9:29a -Resident #3 had ar O4/21/2023Someone from the O4/21/2023 appoints -The appointment of show"The dermatologist from the facility about to reschedule the appointment on the seen Ray of the had not seen Ray of the had not seen Ray of the had not aware the appointment on and that appointment on and that appointment appointment had not contary are since his vibrated in the did not remembly his earHe did not remembly dermatologist about	facility rescheduled the ment to 06/09/2023. In 06/09/2023 was a "no office had received no contact but the missed appointment or ppointment.  Ident #3's primary care provider 23 at 1:45pm revealed: resident #3 since 04/10/2023. Dected the facility to have or Resident #3 completed by the facility had rescheduled 04/21/2023 to 06/09/2023 nt was not kept, and an obt been rescheduled. Ded any additional ointment far since April 2023. Rected him about Resident's isit on 04/10/2023. Rected him about Resident's isit on 04/10/2023 at the per ointment being applied to one a referral being made to a this ear.				

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Interview with the Administrator on 09/07/2023 at

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		HAL086014	B. WING		09/0	7/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
RIVERW	RIVERWOOD ALF 711 W AT DOBSON						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
{D 276}	were responsible for referrals were made -She or the RCC we about the referral to Resident #3's earThere was a Supe been responsible to made for Resident Supervisor was still Attempted interview.	nt Care Coordinator (RCC) or making sure appointment	{D 276}				
{D 317}	10A NCAC 13F .09 (d) There shall be a of planned group at activities that promo interaction, group a expression, increasing skills.  This Rule is not me Based on observatifailed to ensure a material variety of group act residents:  The findings are:  Observation of the	05 (d) Activities Program 05 Activities Program at least 14 hours of a variety ctivities per week that include ote socialization, physical ccomplishment, creative sed knowledge, and learning of et as evidenced by: ons and interviews, the facility ninimum of 14 hours of a ivities provided each week for activity room (where all activity ed) on 09/06/2023 at 9:20am	{D 317}				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:	<del></del>		LLILD
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		HAL086014	B. WING		09/0	7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DI) (ED) (		711 W AT	KINS DR			
RIVERWOOD ALF DOBSON		, NC 27017				
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 317}	Continued From pa	ge 19	{D 317}			
	-The door to the acci-There were some of pages and a few boto-There was a plasticular and pages and a few boto-There was a closed doors (which contain facility) which were observation of the contain facility) which were observation of the contains sit on.  -There was one teleo-There was a pianous observation of the contain and puzzle observation observation of the contain	tivity room was locked. colored pencils, coloring pard games in the room. c bowling set in the corner. It with doors and a cabinet with ned more activities for the both locked.  common lounge room on am revealed: and couches for residents to evision which was turned on. and a stationary bike. okshelf with several books, es.  facility's monthly activities 23 at 9:30am revealed: ndar was posted in the dining andar did not correspond to the extender 2023. posted activities calendar could not be determined s were scheduled for the t 14 hours of scheduled eduled every Monday through				
	Observation of the 12:00pm revealed:	facility on 09/06/2023 at				

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NAME OF PROVIDER OR SUPPLIER  RIVERWOOD ALF  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR DOBSON, NC 27017  [KM] ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 317)  Continued From page 20  -Staff were assisting residents to the dining hall for the lunch mealThere was no activity occurring at 12:00pm within the facilityThe activity Director (AD) was not in the facilityThe activity calendar that was posted did not match the current month's, however, the activity on the first Wednesday of the month was" jewelry class" from 12:00pm to 2:00pm.  Observation of the facilitySome residents were in the living room and the television was onSome residents were in the hallwaySome residents were in the hallwaySome residents were in the hallwaySome residents were outside on porchesSome residents were sitting or lying down in their roomsThe activity calendar that was posted did not match the current month's date, however, the activity on the first Wednesday of the month was "cards" from 2:00pm to 3:00pm.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR DOBSON, NC 27017    (X4)   ID   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG     PREFIX   TAG   Continued From page 20  -Staff were assisting residents to the dining hall for the lunch meal   -There was no activity occurring at 12:00pm within the facilityThe activity Director (AD) was not in the facilityThe activity calendar that was posted did not match the current month's, however, the activity on the first Wednesday of the month was" jewelry class" from 12:00pm to 2:00pm.  Observation of the facility on 09/06/2023 at 2:00pm revealed: -There was no activity occurring at 2:00pm within the facilityThe AD was not in the facilityThe AD was not in the facilitySome residents were in the lallwaySome residents were outside on porchesSome residents were outside on porchesSome residents were outside on porchesSome residents were sitting or lying down in their roomsThe activity calendar that was posted did not match the current month's date, however, the activity on the first Wednesday of the month was "cards" from 2:00pm to 3:00pm.				7t. BoileBiito.			
RIVERWOOD ALF    CAH   ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE			HAL086014	B. WING		09/0	7/2023
(A) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 317)  (D	NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
### (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ### (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE.  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE ACTION TO THE DATE.  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE ACTION SHOULD BE CROSS-REFERENCED TO THE ACTION TO THE DATE.  ### (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE ACTION SHOUL	RIVERWOOD ALE		_				
-Staff were assisting residents to the dining hall for the lunch meal.  -There was no activity occurring at 12:00pm within the facility.  -The Activity Director (AD) was not in the facility.  -The activity calendar that was posted did not match the current month's,however, the activity on the first Wednesday of the month was" jewelry class" from 12:00pm to 2:00pm.  Observation of the facility on 09/06/2023 at 2:00pm revealed:  -There was no activity occurring at 2:00pm within the facility.  -The AD was not in the facility.  -Some residents were in the living room and the television was on.  -Some residents were in the hallway.  -Some residents were outside on porches.  -Some residents were sitting or lying down in their rooms.  -The activity calendar that was posted did not match the current month's date, however, the activity on the first Wednesday of the month was "cards" from 2:00pm to 3:00pm.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
Observation of the facility on 09/06/2023 at 3:45pm revealed:  -The AD was not at the facility.  -About 15 residents were in the dining hall playing Bingo.  -A dietary staff member was calling the Bingo numbers.  -The activity lasted 30 minutes.  -The activity calendar that was posted did not match the current month's date, however, the activity on the first Wednesday of the month was "cards" from 2:00pm to 3:00pm.  Observation of the facility on 09/06/2023 at	{D 317}	-Staff were assisting for the lunch mealThere was no active within the facilityThe Activity DirectedThe activity calend match the current non the first Wedness class" from 12:00pm  Observation of the 2:00pm revealed: -There was no active the facilityThe AD was not in -Some residents we television was onSome residents we roomsThe activity calend match the current nectivity on the first Necards" from 2:00pm  Observation of the 3:45pm revealed: -The AD was not at -About 15 residents BingoA dietary staff men numbersThe activity calend match the current nectivity on the first Necards" from 2:00pm	g residents to the dining hall vity occurring at 12:00pm  or (AD) was not in the facility. It has posted did not nonth's, however, the activity aday of the month was" jewelry in to 2:00pm.  facility on 09/06/2023 at vity occurring at 2:00pm within the facility. It has been and the ere in the hallway. It is ere in the hallway. It is ere sitting or lying down in their lar that was posted did not nonth's date, however, the Wednesday of the month was in to 3:00pm.  facility on 09/06/2023 at the facility. It is were in the dining hall playing on the month was in to 3:00pm.  30 minutes. It is a that was posted did not nonth's date, however, the Wednesday of the month was material that was posted did not nonth's date, however, the Wednesday of the month was material to 3:00pm.	{D 317}			

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>09/07/2023</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(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 317}	Continued From pa	ge 21	{D 317}			
	revealed: -The AD was not in -No other activities asked residents to p -Residents were ob- sitting on the porch where the television hallway, or sitting of Observation of the 12:00pm revealed: -Staff were assisting for lunch at 12:00pr -The AD was not in -There was no activ within the facilityThe activity calend match the current in activity on the first in puzzles" from 12:00 Observation of the 1:00pm revealed: -The AD was not in -There was no activ activity room or with -Some residents we television was onSome residents we roomsThe activity calend match the current in activity on the first in coloring" from 1:00 "coloring" from 1:00	were being done and no one participate in activities. served throughout the day es, sitting in the living room in was turned on, in the relying down in their rooms.  facility on 09/07/2023 at gresidents into the dining hall must be facility. Fity occurring at 12:00pm are that was posted did not nonth's date, however, the function of 1:00pm  facility on 09/07/2023 at the facility. Fity occurring at 1:00pm in the nin the building. Fither the living room and the ere in the hallway. For every sitting or lying down in their are that was posted did not nonth's date, however, the form of lying down in their are that was posted did not nonth's date, however, the found of the month was for the month was				

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between 8:00am and 7:00pm revealed:

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIPLETED	
					F	₹
		HAL086014	B. WING			7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		711 W AT				
RIVERW	OOD ALF		NC 27017			
(V4) ID	SHIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
{D 317}	Continued From pa	ge 22	{D 317}			
		ere in the living room and the				
	television was on.					
	-Some residents we					
		ere outside smoking.				
		ere in their rooms sitting or				
	lying in the bed.	ivitios available for residents to				
	-There were no activities available for residents to					
	participate in the entire dayThe AD was not in the facility.					
	, ner 2 nee net in the result,					
	Observation of the	activity room (where all activity				
	supplies were stored) on 09/07/2023 throughout					
	the day revealed:	,				
	-The closet and a c	abinet (which contained the				
		ility) were both locked and no				
		activity supplies from the				
	activity room.	5 11 111 5 0010410000				
		s of activities from 08/01/2023				
	through 08/25/2023	names of residents who				
	attended the activity					
		y. ords after 08/25/2023.				
	There were no rec	0143 41101 00/20/2020.				
	Interview with a res	ident on 09/07/2023 at 9:48am				
		out she was not always at the				
	facility.					
	,	yed Bingo and done some				
	activities in the activities	vity room.				
		nounce when activities were				
		ts had to go see if an activity				
	was happening.					
		esterday, but it had been a				
		go was offered to residents				
	before yesterday.					
	Interview with a sec	cond resident on 09/07/2023 at				
	9:53am revealed:	133.43.11 311 33/01/2020 at				
		not have many activities.				
	-They played Bingo					

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>09/07/2023</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF 711 W AT DOBSON		KINS DR , NC 27017				
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 317}	Continued From pa	ge 23	{D 317}			
	lasted 30 minutesHe did not know of or 09/05/2023There was not mucmost of the residen cigarettes. Interview with a thir 10:01am revealed: -They did activities -He never went into -No one told him when the side of the control					
	-Residents made by -He thought they ha -They had Bingo ab -Someone told him activities.  Interview with a fifth 11:30am revealed: -They played Bingo -It had been about a	a week and half before				
	yesterday since the -The AD had been of Interview with a kitch 11:35am revealed:	•				
	-She started serving -Residents came to served. -The Administrator activities between lawas absent.	g lunch at 12:00pm. I lunch in groups until all were asked her to fill in and do unch and dinner when the AD who filled in to do activities working.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL086014	B. WING		09/0	7/2023
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATH DOBSON,	KINS DR NC 27017			
(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
{D 317}	Continued From pa	ge 24	{D 317}			
	Interview with a Per 09/07/2023 at 4:15g-She had been at the She worked Friday -It had been a few with the A 5:35pm revealed: -The AD had been a She did not have so scheduled activities -Staff filled in for the She and other staff residents out shopp residents anywhere -She thought the AE shopping once a mental staff staff.	rsonal Care Aide (PCA) on om revealed: ne facility for 5 weeks. rs, Saturdays and Sundays. weeks since she saw the AD residents.  Idministrator on 09/07/2023 at out sick for a while. Homeone available to do all the side AD sometimes. If had taken individual bing, but staff did not take as a group. D was trying to take residents				
	12:01pm was unsu	with the AD on 09/07/2023 at ccessful.				
{D 358}	10A NCAC 13F .10 Administration	04(a) Medication	{D 358}			
	Administration  10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner 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 met as evidenced by:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL086014	B. WING		09/0	7/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON.	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 25	{D 358}			
	were administered prescribing practitic residents (#5 and # an expectorant med (#5), and an antibio	failed to ensure medications as ordered by a licensed oner for 2 of 5 sampled (2) with orders for an antibiotic, dication, a steroidal medication tic ointment (#2).				
	The findings are:					
	1. Review of Resident #5's current FL-2 dated 02/13/23 revealed diagnoses included acute on chronic respiratory failure with hypoxia and hypercapnia (elevated carbon dioxide in blood), chronic obstructive pulmonary disease (COPD) and history of chest pain with high cardiac etiology (cause or origin).					
	Review of Resident #5's Resident Care notes dated 09/05/23 revealed documentation Resident #5 returned to the facility on 09/05/23 from a home visit. Review of hospital discharge documentation presented by the family revealed Resident #5 was hospitalized while on leave with his family for a COPD exacerbation.					
	summaries and hos revealed: -There was an order antibiotic) 100mg demergency department -There was an order 100mg dated 09/05 hospitalization from (Resident #5 had 3 on 09/05/23 replaci	er to discontinue doxycycline 5/23 from a subsequent 09/03/23 to 09/05/23 different antibiotics ordered ng doxycycline 100mg).				
	electronic medication	#5's September 2023 on administration record /23 to 09/07/23 revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL086014	B. WING			7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	-There was an entrone capsule twice a administration at 8: -Doxycycline 100m; administered on 09-Doxycycline 100m; acility" at 8:00pm of 8:00pm on 09/02/2: -Doxycycline 100m; administered at 8:0 8:00pm, and 8:00an  Observation of Reshand on 09/07/23 are were 5 doxymorning cassette launtil gone dispense. There were 6 doxyan evening cassette day until gone dispense. There was administed at 1:55pm revealed: -She was administed basis due to staffing. She and the Resid were responsible for entered by the contreviewed and accurring cassetted and accurring the contreviewed and accurring th	y for doxycycline 100mg take a day until gone, scheduled for 00am and 8:00pm. g was documented as /01/23 at 8:00am. g was documented as "out of on 09/01/23 and at 8:00am and 3-09/05/23. g was documented as 0am and 8:00pm on 09/06/23, m on 09/07/23.  Sident #5's medications on at 1:50pm revealed: rcycline 100mg remaining in a labeled one capsule twice a day and 0 08/31/23. rcycline 100mg remaining in a labeled one capsule twice a labeled one capsu	{D 358}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			LETED
					_	,
		HAL086014	B. WING		09/0	7/2023
NAME OF I	DDOVIDED OD SLIDDLIED		DDECC CITY O	STATE, ZIP CODE	1 00.0	
NAIVIE OF I	PROVIDER OR SUPPLIER	711 W ATI		STATE, ZIP GODE		
RIVERW	OOD ALF		NC 27017			
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	<u></u>	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 27	{D 358}			
{D 356}	interview.  -He could not deter Resident #5's disch 09/05/23 hospitalizadiscontinue doxycycomerce with Residual revealed:  -His family took him -He was in the hospitality for breathing -He was not sure of at the hospital; he to medications.  -He was feeling bet -He took medication because he could not different medication -He thought he was	mine if the pharmacy received large summary from the lation with the order to cline 100mg.  Ident #5 on 09/07/23 at 2:30pm out of the facility a lot. Dital during his last leave with difficulty. If the medications he was given look so many different ook so many different later but still had a cough. The sthat the facility gave him, lot keep up with all the last.	{D 306}			
	5:25pm was unsucc	with the RCC on 09/07/23 at cessful.				
	Interview with Resident #5's primary care provider (PCP) on 09/07/23 at 1:55pm revealed: -Resident #5 was prone to COPD exacerbation episodes that usually resulted in hospitalizationHe saw Resident #5's hospital discharge visit from 08/31/23 when he was at the facility for routine resident visits on 09/04/23He did not see Resident #5 because he was out of the facility with familyHe did not know Resident #5 had been discharged from the hospital on 09/05/23He would expect the facility to administer medications according to the hospital discharge orders.					
	Refer to the intervie	w with the Administrator on				

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09/07/2023 at 5:35pm.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	7. BOILDING.		R	
		HAL086014	B. WING		1	7/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RIVERW	OOD ALF	711 W AT DOBSON	KINS DR , NC 27017				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 28	{D 358}				
	and discharge sum there was an order to treat congestion) days.  Review of Resident from 09/01/23 to 09 -There was no entrablet 2 times a day -There was no dock was administered as	y for guaifenesin 600mg one					
	09/07/23.  Observation of Resident #5's medications for administration on 09/07/23 at 1:50pm revealed there was no guaifenesin 600mg available for administration.						
	episodes that usual -He saw Resident # from 08/31/23 when routine resident vising -He did not see Resof the facility with far -He did not know R discharged from the -He would expect the saw Resident -He would expect -He would -	rone to COPD exacerbation fly resulted in hospitalization. #5's hospital discharge visit in he was at the facility for fits on 09/04/23. Sident #5, because he was out					
	1:55pm revealed: -She was administed basis due to staffing	the discharge summary with					

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DIVISION	of Health Service Re	eguiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		09/0	7/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
		711 W AT				
RIVERW	OOD ALF	DOBSON	NC 27017			
(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
{D 358}	Continued From page 29		{D 358}			
	-The pharmacy should have received the order and added it to Resident #5's eMAR.					
	facility's contracted 4:40pm revealed: -The pharmacist the orders for the facilit interviewHe could not deter Resident #5's disch 09/05/23 hospitaliza	with a fill-in pharmacist at the pharmacy on 09/07/23 at at routinely entered medication y was not available for mine if the pharmacy received large summary from the ation with the order to start one tablet 2 times a day for 5				
	revealed: -His family took him -He was in the hosp family for breathing -He was not sure of at the hospital; he to medicationsHe was feeling bet -He took medication because he could n different medication -He had taken guain	f the medications he was given ook so many different ter but still had a cough. In that the facility gave him not keep up with all the				
	Telephone interview facility's contracted 4:40pm revealed: -The pharmacist the orders for the facilit interviewHe was could not on	w with a fill-in pharmacist at the pharmacy on 09/07/23 at at routinely entered medication y was not available for determine if the pharmacy #5's discharge summary from				

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DIVISION	Division of Health Service Regulation						
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL086014	B. WING		R <b>09/07/2023</b>		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
TV WIL OF I	NOVIDER OR GOLF EIER	711 W ATI		57/11 CODE			
RIVERW	OOD ALF	DOBSON,	NC 27017				
(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 SHOULD CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
{D 358}	Continued From pa	ge 30	{D 358}				
	Attempted interview 5:25pm was unsucc	w with the RCC on 09/07/23 at cessful.					
	Refer to the intervie 09/07/2023 at 5:35p	ew with the Administrator on om.					
	c. Review of Resident #5's after hospital after visit summaries and hospital discharge summaries revealed: -There was an order dated 08/30/23 for prednisone (a steroid used to improve breathing) 20mg take 3 tablets (60mg) daily for 5 days from a hospital emergency department (ED) visitThere was an order dated 09/05/23 to change prednisone 20mg to 2 tablets (40mg) daily for 5 days from a subsequent hospitalization from 09/03/23 to 09/05/23.						
	medication adminis revealed: -There was an entry tablets (60mg) daily administration at 8:0-Prednisone 60mg	was documented as					
	administered on 08/31/23 at 8:00pm.  Review of Resident #5's September 2023 eMAR on 09/07/23 from 09/01/23 to 09/07/23 revealed: -There was an entry for prednisone 20mg take 3 tablets (60mg) daily for 5 days, scheduled for administration at 8:00pmPrednisone 60mg was documented as not administered on 09/01/23- 09/04/23 at 8:00pm and discontinued on 09/05/23There was no entry for prednisone 20mg take 2 tablets (40mg) daily for 5 days ordered on 09/05/23.						

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		_	
		HAL086014	B. WING		R 09/07/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DIVEDW	OOD ALF	711 <b>W A</b> TI	KINS DR			
KIVEKW	OOD ALF	DOBSON	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 31	{D 358}			
	Observation of Res	ident #5's medications for 9/07/23 at 1:50pm revealed isone 20mg (to equal 60mg or				
	(PCP) on 09/07/23 -Resident #5 was p episodes that usual -He saw Resident # from 08/31/23 wher routine resident visi -He did not see Res of the facility with fa -He did not know R discharged from the -He would expect th	sident #5 because he was out				
	1:55pm revealed: -She was administed basis due to staffing -She was out of wo 09/04/2023She had not review summary dated 09/05/26 to the control on the facility on 08/31 -The RCC told her light discharge orders for 09/05/23 to the control Resident #5 receives 09/06/23 that were summary dated 09/05/25 he had not seen to staff the summary dated 09/05/25 he had not seen the summary dated 09/0	rk from 08/30/2023 until  ved Resident #5's after visit 05/23 for accuracy. c Coordinator (RCC) reported t #5's family picked him up at //23. ne thought the hospital sent all r Resident #5's discharge on tracted pharmacy because ed the 3 antibiotics on ordered on the after visit				

DIVISION	Division of Health Service Regulation							
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		HAL086014	B. WING		R <b>09/07/2023</b>			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
RIVERWOOD ALE		711 W ATI DOBSON,	KINS DR NC 27017					
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE		
{D 358}	Continued From page 32		{D 358}					
{D 356}	-The pharmacy sho and added it to Res -The pharmacy mus summary for 09/05/ was discontinued of the discharge summary for 09/05/ was discontinued of the discharge summary for the discharge summary for the discharge summary for the discharge summary family took him -He was in the hosp family for breathing -He was not sure of at the hospital; he to medicationsHe was feeling bet -He took medication because he could not different medication -He had taken pred breathing but did not prednisone currentl -His breathing was not back to his normary facility's contracted 4:40pm revealed: -The pharmacist the orders for the facility interviewHe could not deter Resident #5's discharge summary for the summary for the facility interviewHe could not determine the summary for the facility interviewHe could not determine the summary for the facility interviewHe could not determine the summary for the facility interviewHe could not determine the summary for the facility interviewHe could not determine the summary for the facility interviewHe could not determine the summary for the facility interviewHe could not determine the summary for the facility interviewHe could not determine the facility intervie	uld have received the order ident #5's eMAR. st have gotten the discharge 23 because prednisone 60mg n 09/05/23 per the orders from nary.  dent #5 on 09/07/23 at 2:30pm out of the facility a lot. oital during his last leave with difficulty. It the medications he was given book so many different der but still had a cough. In that the facility gave him ot keep up with all the is. Inisone before to help with his of think he was receiving youngetting better but he still was nall breathing.  With a fill-in pharmacist at the pharmacy on 09/07/23 at at routinely entered medication you was not available for mine if the pharmacy received arge summary from the ation with the order for	{D 306}					
	Attempted interview 5:25pm was unsucc	with the RCC on 09/07/23 at cessful.						

Division of Health Service Regulation STATE FORM

Refer to the interview with Resident #5's primary

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						₹
		HAL086014	B. WING		09/0	7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(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
{D 358}	Continued From pa	ge 33	{D 358}			
	care provider (PCP	) on 09/07/23 at 1:55pm.				
	Refer to the intervie 09/07/2023 at 5:35p	ew with the Administrator on om.				
	2. Review of Resident #2's current FL-2 dated 03/06/23 revealed diagnoses included uncontrolled diabetes mellitus 2, hypertension, and hyperlipidemia.					
	Review of Resident #2's physician's orders dated 08/21/23 revealed: -There was an order for an antibiotic ointment apply twice a day for 3 daysThere was no documentation where the ointment was to be applied.					
	Review of Resident #2's standing orders for treatments dated 04/10/23 revealed an order for skin tears, abrasions, or minor irritations - clean area with normal saline, apply an antibiotic ointment, cover with gauze or a bandage, and change as needed until healed.					
	Administration Recorevealed: -There was an entrointment) clean are apply ointment and scheduled for applications applied.	umentation Neosporin had y for an antibiotic ointment				
	through 09/07/23 re -There was an entr	#2's eTAR for 09/01/23 evealed: y for Neosporin (antibiotic a with normal saline then				

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Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL086014	B. WING		1	7/2023
		HAL000014			09/0	112023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DI) (ED) (		711 W AT	KINS DR			
RIVERW	OOD ALF	DOBSON	NC 27017			
(V4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(УГ)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
(D 358)	Continued From pa	ne 34	{D 358}			
(1000)	Continued From pa	gc 0+	(5 000)			
		cover daily until healed				
	scheduled for applic					
	-There was docume	entation Neosporin had been				
	applied on 09/07/23					
	-There was no entr	y for an antibiotic ointment				
	apply twice daily for	<sup>-</sup> 3 days.				
		ident #2's medications				
	available for administration on 09/07/23 at 2:53pm revealed Neosporin was available for					
	administration.					
		ident #2 on 09/07/23 at				
	2:30pm revealed:					
		t have any visible bandages				
	on any part of his b					
	-Resident #2 had h	ealing, red sores on his face.				
	-It looked like there	was a clear shiny substance				
	on the sores on his	face.				
		dent #2 on 09/07/23 at 2:31pm				
	revealed:					
		eosporin ointment for the				
		out he did not know how often.				
		en applied the morning of				
	09/07/23.					
		per Neosporin being applied				
	twice daily.					
	Talamban - to too t	and the same as the total as				
		with a pharmacist at the				
		pharmacy on 09/07/23 at				
	4:19pm revealed:	not ropolico o physiciania and a				
		not receive a physician's order				
		tment apply twice daily for 3				
	days.	or for a bounce at all Managers				
		er for a house stock Neosporin				
		mal saline then apply ointment				
	and cover daily unti					
		I not dispensed Neosporin to				
	tne facility, but they	could have gotten the				

DIVISION	<u>of Health Service Re</u>	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>09/07/2023</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		711 W ATI				
RIVERW	OOD ALF	DOBSON,	NC 27017			
(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 page 35		{D 358}			
	Neosporin from another pharmacy or over the counter.					
	care provider (PCP revealed: -He did not have Re available to review, why an antibiotic oin twice daily for 3 dayHe expected the fa ointment twice daily Interview with the A 6:00pm revealed: -She worked as me to being the Adminisher remembered states to have an antibidaily for 3 daysThere was redness on Resident #2's fo how they got thereShe did not send the antibiotic ointme pharmacyShe did not think the pharmacy because NeosporinThe MA who no lor should have been at the first shift, but she would have known evening for 3 days.  Attempted telephone	acility to apply the antibiotic of for 3 days as ordered.  Idministrator on 09/07/23 at addication aide (MA) in addition strator.  Identify the order for Resident action to continent applied twice as and red scratch-like marks be and red scratch-like marks are head, but she did not know the order dated 08/21/23 for ent twice daily for 3 days to the action the order was sent to the action there was a standing order for the order was a standing order for the order was sent to the order was a standing order for the order was a standing or				
	would have known evening for 3 days.	to apply the Neosporin in the e interviews with two MAs on				

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Refer to the interview with the Administrator on

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		09/0	R <b>7/2023</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATH DOBSON,	KINS DR NC 27017			
(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
{D 358}	Continued From pa	ge 36	{D 358}			
	09/07/2023 at 5:35բ	om.				
	Interview with the Administrator on 09/07/2023 at 5:35pm revealed: -She was out of work from 08/30/2023 until 09/04/2023Sometimes, the hospital faxed medication orders directly to the contracted pharmacyThe pharmacy entered orders on the residents' eMARsThe facility was responsible to fax all orders to the pharmacy for processingThe Resident Care Coordinator (RCC) was reviewing orders for residents during her absenceShe and the RCC were responsible for ensuring medication orders entered by the contracted pharmacy were reviewed and accurate.					
D 392			D 392			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY LETED
			A. BOILDING.		F	₹
		HAL086014	B. WING		1	7/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 392	Continued From pa	nge 37	D 392			
	The findings are:					
	02/13/23 revealed: -Diagnoses include failure with hypoxia carbon dioxide in b pulmonary disease pain with high cardi-There was an order substance used to one-half tablet (0.5 (prn) for anxiety.	ent #5's current FL-2 dated ed acute on chronic respiratory and hypercapnia (elevated lood), chronic obstructive (COPD) and history of chest iac etiology (cause or origin). er for lorazepam (a controlled treat anxiety) 1 mg take smg) twice daily as needed				
	facility's contracted 4:45pm revealed R lorazepam as follow -On 06/19/23, there 1mg labeled take of 28 doses dispensed -On 07/25/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 06/30/2 -There was an entrone-half (0.5mg) taken 1mg labeled take of 28 doses dispensed -On 06/30/2 -There was an entrone-half (0.5mg) taken 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 1mg labeled take of 28 doses dispensed -On 09/05/23, there 28 doses dispensed -On 09/05/23, ther	e were 14 tablets of lorazepam ine-half tablet twice a day for d. e were 14 tablets of lorazepam ine-half tablet twice a day for d. e were 14 tablets of lorazepam ine-half tablet twice a day for d. e were 14 tablets of lorazepam ine-half tablet twice a day for d. et #5's June 2023 electronic stration record (eMAR) from 23 revealed: y for lorazepam 1mg take blet twice a day prn for entation Resident #5 was es of lorazepam 0.5mg from				
	Review of Resident lorazepam 1mg tab	t #5's inventory history for olets revealed:				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  T11 W ATKINS DR DOBSON, NC 27017   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 392  Continued From page 38  -On 06/19/23, the beginning balance was 3.5 tablets and 15 tablets (instead of 14 tablets documented by the pharmacy) were added to the running inventory giving a balance of 18.5 tabletsThere was documentation for administration of 5 doses of lorazepam 1mg tablets matching the doses documented as administered on the June	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR  DOBSON, NC 27017   (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 392  Continued From page 38  -On 06/19/23, the beginning balance was 3.5 tablets and 15 tablets (instead of 14 tablets documented by the pharmacy) were added to the running inventory giving a balance of 18.5 tabletsThere was documentation for administration of 5 doses of lorazepam 1mg tablets matching the doses documented as administered on the June			A. BUILDING.		R	
RIVERWOOD ALF  Tobson, NC 27017    (X4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D 392   Continued From page 38		HAL086014	B. WING			
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 392  Continued From page 38  -On 06/19/23, the beginning balance was 3.5 tablets and 15 tablets (instead of 14 tablets documented by the pharmacy) were added to the running inventory giving a balance of 18.5 tablets.  -There was documented as administered on the June	NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)    D PREFIX TAG    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)    D 392	RIVERWOOD ALF					
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 392  Continued From page 38  -On 06/19/23, the beginning balance was 3.5 tablets and 15 tablets (instead of 14 tablets documented by the pharmacy) were added to the running inventory giving a balance of 18.5 tabletsThere was documentation for administration of 5 doses of lorazepam 1mg tablets matching the doses documented as administered on the June						
-On 06/19/23, the beginning balance was 3.5 tablets and 15 tablets (instead of 14 tablets documented by the pharmacy) were added to the running inventory giving a balance of 18.5 tabletsThere was documentation for administration of 5 doses of lorazepam 1mg tablets matching the doses documented as administered on the June	PREFIX (EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
tablets and 15 tablets (instead of 14 tablets documented by the pharmacy) were added to the running inventory giving a balance of 18.5 tabletsThere was documentation for administration of 5 doses of lorazepam 1mg tablets matching the doses documented as administered on the June	D 392 Continued From	age 38	D 392			
2023 eMARThe remaining balance on the inventory history on 06/30/23 was 16 tablets (32 doses).  Review of Resident #5's July 2023 eMAR from 07/01/23 to 07/25/23 compared to Resident #5's inventory history for lorazepam 1mg tablets revealed: -There was an entry for lorazepam 1mg take one-half (0.5mg) tablet twice a day prn for anxiety on the eMARThere was documentation Resident #5 was administered 19 doses of lorazepam 0.5mg from 07/01/23 to 07/25/23 on the eMAR -There was documentation Resident #5 was administered 19 doses of lorazepam 0.5mg from 07/01/23 to 07/25/23 leaving 13 doses (6.5 lorazepam 1mg tablets) on the inventory history for lorazepam 1mgOn 07/25/23, there was documentation Resident #5 received 14 lorazepam 1mg tablets (28 doses) which were added to the running inventory to equal 20.5 lorazepam 1mg tablets (41 doses)There was documentation Resident #5 was administered 4 doses of lorazepam 0.5mg from 07/26/23 to 07/31/23 on the eMAR (41 doses)There was documentation Resident #5 was administered 4 doses of lorazepam 0.5mg from 07/26/23 to 07/31/23 on the eMAR leaving 18.5 tablets (37 doses) remaining on 07/31/23.  Review of Resident #5's August 2023 eMAR from 08/01/23 to 08/22 /23 compared to Resident #5's inventory history for lorazepam 1mg tablets revealed:	-On 06/19/23, the tablets and 15 tablets (37 doses documented 2023 eMAR.  -The remaining be on 06/30/23 was  Review of Reside 07/01/23 to 07/25 inventory history for revealed:  -There was an endone-half (0.5mg) on the eMAR.  -There was documented and tablets and 19 to 07/01/23 to 07/25 dorazepam 1 mg tablets and 19 to 07/01/23, the #5 received 14 lowhich were added equal 20.5 lorazepam 1 mg tablets (37 doses)  Review of Reside 08/01/23 to 07/31 tablets (37 doses)	beginning balance was 3.5 lets (instead of 14 tablets e pharmacy) were added to the giving a balance of 18.5 tablets. The nentation for administration of 5 m 1mg tablets matching the das administered on the June alance on the inventory history 6 tablets (32 doses).  In #5's July 2023 eMAR from 23 compared to Resident #5's or lorazepam 1mg tablets ablet twice a day prn for anxiety the nentation Resident #5 was oses of lorazepam 0.5mg from 23 on the eMAR mentation Resident #5 was oses of lorazepam 0.5mg from 23 leaving 13 doses (6.5 blets) on the inventory history g. The was documentation Resident azepam 1mg tablets (28 doses) to the running inventory to one 1mg tablets (41 doses). The nentation Resident #5 was sees of lorazepam 0.5mg from 23 on the eMAR leaving 18.5 remaining on 07/31/23.	D 392			

Division of Health Service Regulation

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	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL086014	B. WING			R <b>07/2023</b>
NAME OI	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF 711 W ATH DOBSON,			KINS DR NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 39	one-half (0.5mg) ta on the eMARThere was docum administered 21 do 08/01/23 to 08/22/2 -There was docume administered 21 do 08/01/23 to 08/22/2 lorazepam 1mg tab for lorazepam 1mg.  Review of Resident from 09/01/23 to 09 #5's inventory historevealed: -There was an entrone-half (0.5mg) ta on the eMAROn 09/05/23, there 1mg labeled take of 28 doses added to Resident #5's loraze-There was docume administered 1 dos 09/07/23 on the eMarking for lorazepam 1mg tablets (16 doses) of history of Resident without explanation.  Based on review of tracking for lorazepam 1mg administration and have an accurate a disposition of 8 lorades (15 doses) of the serior	blet twice a day prn for anxiety entation Resident #5 was ses of lorazepam 0.5mg from 3 on the eMAR entation Resident #5 was ses of lorazepam 0.5mg from 3 leaving 16 doses (8 lets) on the inventory history #5's September 2023 eMAR 9/07/23 compared to Resident ry for lorazepam 1mg tablets bet twice a day prn for anxiety were 14 tablets of lorazepam ne-half tablet twice a day for the inventory history for epam 1mg tablets. Entation Resident #5 was e of lorazepam 0.5mg on AR entation for an adjustment of 8 deducted from the inventory #5's lorazepam 1mg tablets for the adjustment.  Resident #5's inventory am 1mg tablets on hand for interviews, the facility did not occounting for administration or zepam 1mg tablets for	D 392			

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STATEMENT OF D AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL086014	B. WING		09/07/2023	
NAME OF PROVID	ER OR SUPPLIER			STATE, ZIP CODE		
RIVERWOOD ALF 711 W ATK DOBSON.			NC 27017			
	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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
1:50p-The dose table loraz 09/0s-The avail.  Intern (RCC-He construction of the contruction of the contraction of the contraction of the contruction of the contruction of the contruction of the contructi	es of lorazepaments) and one castepam 1mg table 5/23 on hand for the were no additionable for adminitive with the RC) on 09/07/23 did not know what the certain and the continuities of lorazepaments of lorazepam	dication cassette with 14 o.5mg (7 lorazepam 1mg ssette with 13 doses (6.5 lets) labeled as dispensed on	D 392			

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL086014	B. WING		09/0	7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON	KINS DR , NC 27017			
(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 APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 392	Continued From pa	ge 41	D 392			
	Coordinator (RCC)	ew with the Resident Care on 09/07/23 at 2:00pm.				
	Refer to the telephone interview with a pharmacist at the contracted pharmacy on 09/07/23 at 4:40pm.  Refer to the Interview with the Administrator on 09/07/23 at 6:20pm.					
	03/06/23 revealed: -Diagnoses include -There was an orde	er for lorazepam (a controlled treat anxiety) 0.5mg 1 tablet				
	Review of Resident #2's July 2023 electronic medication administration record (eMAR) revealed:					
	tablet twice daily an scheduled for admi and 8:00pm.	y for lorazepam 0.5mg take 1 ad 2 tablets at bedtime nistration at 8:00am, 2:00pm, entation Resident #5 was epam for 89 of 93				
	revealed: -There was an entry tablet twice daily any scheduled for admit and 8:00pmThere was docume administered loraze opportunities.					
	through 09/06/23 re	:#2's eMAR for 09/01/23 evealed:				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING			R <b>07/2023</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	TATE, ZIP CODE	,		
		711 W ATI		7.112, 2.11 3322			
RIVERW	OOD ALF		NC 27017				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RRECTION	(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE	
D 392	Continued From pa	ge 42	D 392				
	tablet twice daily an scheduled for admirand 8:00pmThere was docume	y for lorazepam 0.5mg take 1 ad 2 tablets at bedtime nistration at 8:00am, 2:00pm, entation Resident #5 was epam for 19 of 19 opportunities 1/06/23.					
	lorazepam 0.5mg ta-On 07/01/23, the b tabletsOn 07/07/23, there and 14 tablets were delivered bringing the on 07/10/23, there and 30 tablets were delivered bringing the on 07/18/23, there and 124 tablets were delivered bringing the on 07/27/23 at 2:4 95 tablets and 57 tabletsOn 07/27/23 at 2:5 37 tabletsOn 07/27/23 at 2:5 37 tablets and 7 tabletsOn 08/04/23, there and 56 tablets were delivered bringing the on 08/18/23, there and 56 tablets were delivered bringing the on 09/01/23, there and 56 tablets were delivered bringing the on 09/01/23, there and 56 tablets were delivered bringing the on 09/01/23, there and 56 tablets were delivered bringing the on 09/01/23, there and 56 tablets were delivered bringing the on 09/01/23, there and 56 tablets were delivered bringing the one of tablets.	a #2's inventory history for ablets revealed: eginning balance was 27  a was a balance of 4 tablets added and documented as he balance to 18 tablets. Was a balance of 8 tablets added and documented as he balance to 38 tablets. Was a balance of 8 tablets added and documented as he balance to 132 tablets. Spm, there was a balance of ablets were deducted and posal bringing the balance to 19pm, there was a balance of ablets were deducted and posal bringing the balance to 19pm, there was a balance of 2 tablets added and documented as he balance to 58 tablets. Was a balance of 6 tablets added and documented as he balance to 62 tablets. Was a balance of 8 tablets added and documented as he balance to 64 tablets. Was a balance of 43 tablets was a balance of 43 tablets					

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DIVISION	of Health Service Re	egulation				
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>09/07/202</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF 711 W ATK DOBSON,			KINS DR , NC 27017			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 392	Continued From pa	ge 43	D 392			
	disposal bringing th	e balance to 35 tablets.				
	available for admini 2:53pm revealed: -There were 3 color lorazepam 0.5mg w twice daily and take -The pink medication remaining, the gree tablets remaining, a	ident #2's medications stration on 09/07/23 at red medication cassettes of with instructions to take 1 tablet a 2 tablets at bedtime. On cassette had 7 tablets on medication cassette had 7 and the gray medication ollets remaining for a total of 30				
	Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:19pm revealed: -Resident #2 had an order for lorazepam 0.5mg 1 tablet twice daily and 2 tablets at bedtimeLorazepam was refilled by the pharmacy every 2 weeks with dispensed dates on 06/27/23, 07/05/23, 07/19/23, 08/03/23, 08/17/23, and 08/30/23 with a quantity of 56 tablet on each dispensed dateThe start dates for the medications may be off because medications were delivered on Thursdays and should have started on the next FridayHe could not tell if any lorazepam had been returned to the pharmacy for Resident #2.					
	Coordinator (RCC) Refer to the telephor pharmacist at the cooling of the cooling	ontracted pharmacy on				
	⊢Reter to the Intervie	ew with the Administrator on				

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09/07/23 at 6:20pm.

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Division of Health Service Regulation						
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		09/0	R <b>7/2023</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		711 W ATI				
RIVERW	OOD ALF	DOBSON,	NC 27017			
(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 392	Continued From pa	ge 44	D 392			
	revealed: -He had recently as due to staff turn-oveHe had administer the Administrator w needs prior to becoThe facility did not count sheets (CSC substancesThe facility used the tracking sheet for a substancesThe computer kept balance of tablets a -Controlled medicate entered as received signed for the controlled medications kept of -There was no over medications kept of -There had been instaff had entered in tablets received fro -He periodically adjicontrolled substance on hand when the controlled substance	ith reports and administrative ming the RCC. use the controlled substance S) for accounting for controlled le eMAR's computer inventory counting for controlled at a decreasing running administered. It ions were supposed to be at by the medication aide that colled substances delivered by a the medication was placed for the medication cart. Is stock of controlled If the medication cart. Is stances when medication aide correct numbers for the medication the match the quantity count did not match. It is count to match the quantity count did not match. It is count to match the quantity count did not match to the posed to be written on a cking, but he had not been substances returns for introlled substances.  If with a pharmacist at the cy on 09/07/23 at 4:40pm  Into credit residents for				

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A. BOILDING:	LETED
NAME OF PROVIDER OR SUPPLIER     B. WING	(X5) COMPLETE
	COMPLETE
	COMPLETE
/ LI VV AI NIVO LIK	COMPLETE
RIVERWOOD ALF DOBSON, NC 27017	COMPLETE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
D 392 Continued From page 45 D 392	
-The facility could return medications for destruction by the pharmacyThe facility would be responsible to write up returned medications on the return forms and keep for the facility's record of disposal of medications, including controlled substances.  Interview with the Administrator on 09/07/23 at 6:20pm revealed: -The Administrator and the RCC were responsible to ensure there was an accurate accounting for receipt, administration and disposition of controlled substancesThe medication aides (MA) should be counting off controlled substances at shift changes according to the facility's policyThe MAs, including herself when she was staffing the medication cart, had not been reconciling controlled substance at shift changesNo staff reviewed the inventory history on the eMARs for accuracyThere had been staff changes recently with the former RCC leaving a few of months agoShe hired another staff for the position, but she left after about one monthThe current RCC was moved into the position about a month ago and did administrative jobs as well as RCC dutiesShe had depended on the RCC to keep tract of the controlled substanceThe evening MA staff had informed the Administrator occasionally that a controlled substance count was off by a few tablets.	