Received via electronic mail on 09/25/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 08/23/23 through 08/24/23.	{D 000}	Director contacted facilities food service rep at Gordon's Food Service on 9/6/2023. All therapeutic diets will be added to current menu as well as new menu starting in October. Currently awaiting arrival of new menu and therapeutic diet breakdown.	
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure there was a matching therapeutic diet menu for 2 of 3 sampled residents (#2, #4) who had physician's orders for a mechanical soft (MS) diet with chopped meats. The findings are: Observation of the kitchen on 02/01/23 at 11:23am revealed: -There was a list of residents who were to be served therapeutic diets. -The list of therapeutic diets included regular/no added salt (NAS) and mechanical soft (MS) with chopped meats. -There was a therapeutic diet menu for no added salt (NAS), and consistent carbohydrate (CCHO) diets, but was not a therapeutic diet menu for a MS die with chopped meats. 1. Review of Resident #2's current FL2 dated 03/24/23 revealed:	D 296		

Reviewed and Acknowledged Keisha Banks 10/03/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 1	D 296		

-Diagnoses included major vascular neurocognitive disorder and hypertension.
-There was an order for a regular diet.

Review of Resident #2's diet order dated 05/12/23 revealed an order for a MS diet with chopped meats.

Review of the facility's therapeutic diet list posted in the kitchen revealed Resident #2 was to be served a MS diet with chopped meat.

Review of the regular diet menu for the lunch meal on 08/23/23 revealed veal parmesan, spaghetti noodles, Italian blend mixed vegetables, garlic bread knot, banana parfait, coffee, and tea were to be served.

Observation of the lunch meal service for Resident #2 on 08/23/23 between 12:30pm and 1:07pm revealed:
-Resident #2 was served a breaded chicken cutlet cut into 1-inch pieces, spaghetti, mixed vegetables, a roll, mixed fruit, water, and a red colored beverage.
-Resident #2 consumed 75% of the meal.

It could not be determined if Resident #2 was served the appropriate diet due to no MS diet with chopped meats menu was available for staff guidance.

Telephone interview with Resident #2's primary care provider (PCP) 08/24/23 at 10:53am revealed:
-Resident #2 had an order for a MS diet with chopped meats due to previously having a period of cognitive decline and a concern for choking.
-She expected for Resident #2 to be served a MS diet with chopped meats according to a MS diet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 2	D 296		

with chopped meats menu.

Refer to the interview with the cook on 08/23/23 at 9:21am.

Refer to the interview with the Executive Director (ED) on 08/24/23 at 9:50am.

Refer to the telephone interview with the Administrator on 08/24/23 at 11:23am.

2. Review of Resident #4's current FL2 dated 07/14/23 revealed:
-Diagnoses included stroke and hypertension.
-There was an order for a Mechanical Soft (MS) diet.

Review of Resident #4's diet order dated 03/24/23 revealed an order for a mechanical soft diet with chopped meats.

Review of the facility's therapeutic diet list posted in the kitchen revealed Resident #4 was to be served a MS diet with chopped meats.

Review of the regular diet menu for the lunch meal on 08/23/23 revealed veal parmesan, spaghetti noodles, Italian blend mixed vegetables, garlic bread knot, banana parfait, coffee, and tea were to be served.

Observation of the lunch meal service for Resident #4 on 08/23/23 between 12:30pm and 1:07pm revealed:
-Resident #4 was served a breaded chicken cutlet cut into 1-inch pieces, spaghetti, mixed vegetables, a roll, mixed fruit, water, and a red colored beverage.
-Resident #4 consumed 75% of the meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 3 It could not be determined if Resident #4 was served the appropriate diet due to no MS diet with chopped meats menu was available for staff guidance. Telephone interview with Resident #4's primary care provider (PCP) 08/24/23 at 10:53am revealed: -Resident #4 had an order for a MS diet with chopped meats. -She expected for Resident #4 to be served a MS diet with chopped meats according to a MS diet with chopped meats menu. Refer to the interview with the cook on 08/23/23 at 9:21am. Refer to the interview with the Executive Director (ED) on 08/24/23 at 9:50am. Refer to the telephone interview with the Administrator on 08/24/23 at 11:23am. ________________________ Interview with the cook on 08/23/23 at 9:21am revealed: -He prepared meals for all diets using the regular menu. -There was not a therapeutic menu available for a MS diet with chopped meats. -The ED was responsible for ensuring menus were available for guidance. -The ED only gave him the regular menus with recipe breakdowns, but he did not use the recipe breakdown. Interview with the ED on 08/24/23 at 9:50am revealed she did not know a matching menu was needed for a MS diet with chopped meats. Telephone interview with the Administrator on	D 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 296	Continued From page 4 08/24/23 at 11:23am revealed: -The ED was responsible for ensuring the facility had matching menus for each therapeutic diet. -He did not know there was not a matching menu for a MS diet with chopped meats available for dietary staff guidance in preparing meals for residents. -He expected therapeutic diets to be served as ordered according to the therapeutic menus.	D 296		
{D 310}	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to serve therapeutic diets as ordered for 1 of 3 sampled residents with an order for a nutritional supplement (Resident #4). The findings are: Review of Resident #4's current FL2 dated 07/14/23 revealed: -Diagnoses included stroke and hypertension. -Resident #4 had an order for nutritional supplements, but there was no documentation of how often nutritional supplements were to be	{D 310}	Director/RCC will retrain MA's on administering nutritional supplements. This is MA's responsibility and PCA's will no longer be allowed to give nutritional supplements. Training will begin on 9/18/2023. RCC will monitor nutritional supplement sign out form daily beginning on 9/18/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	Continued From page 5	{D 310}		

served.

Review of Resident #4's diet order dated 03/24/23 revealed an order for nutritional supplements 3 times daily with meals.

Review of the undated therapeutic diet list posted in the kitchen on 05/10/23 revealed Resident #4 was to be served a nutritional supplement 3 times a day with meals.

Observation of the lunch meal service for Resident #4 on 08/23/23 between 12:30pm and 1:07pm revealed:
-Resident #4's place setting included water and a red colored beverage which were on the table prior to his arrival to the dining room.
-Resident #4 was served breaded chicken cutlet cut into 1-inch pieces, spaghetti, mixed vegetables, a roll, and mixed fruit, in addition to water and the red colored beverage.
-Resident #4 ate 75% of his meal.
-Resident #4 was not offered or served a nutritional supplement.

Observation of the kitchen on 08/23/23 at 9:25am revealed there was a box of nutritional supplements in the refrigerator available for residents who were ordered nutritional supplements.

Interview with a personal care aide (PCA) on 08/23/23 at 12:54am revealed:
-The PCAs assisted with serving meals and beverages during meal times, including nutritional supplements.
-Se knew who was to be served a nutritional supplement and sometimes used the therapeutic diet list as a reference.
-She thought all residents were served a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	**191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028**

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	Continued From page 6 nutritional supplement with their lunch meal on 08/23/23. Interview with a medication aide (MA) on 08/24/23 at 9:46am revealed: -PCAs usually served nutritional supplements to residents with meals and let the MAs know that it was served, -The PCA who served the nutritional supplements on 08/23/23 did not let her know a nutritional supplement was not served to Resident #4, and she did not serve a nutritional supplement to Resident #4. Interview with the Executive Director (ED) on 08/24/23 at 9:50am revealed: -There were 6 residents who had physician's orders for nutritional supplements 3 times daily with meals. -She did not know Resident #4 was not served a nutritional supplement with his lunch meal on 08/23/23. -She had implemented a form for the staff to sign out nutritional supplements with each meal to ensure they were being served as ordered. -She expected for Resident #4 to be served nutritional supplements 3 times daily as ordered by his physician. Review of the facility's nutritional supplement sign out form revealed: -There was no documentation nutritional supplements were signed out for breakfast, lunch, or dinner on 08/23/23. -There was no documentation nutritional supplements were signed out for all three meals between 08/14/23 and 08/17/23. -There were some entries when 3 or 5 nutritional supplements were signed out rather than 6 for the 6 residents who were to be served nutritional	{D 310}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	Continued From page 7 supplements. Interview with Resident #4 on 08/24/23 at 10:38am revealed: -He was not served a nutritional supplement with his lunch meal on 08/23/23. -Sometimes staff gave him the nutritional supplement with his meals and sometimes they did not. -He did not request the nutritional supplement when it was not served to him. Telephone interview with Resident #4's primary care provider (PCP) on 08/247/23 at 10:53am revealed: -Resident #4 had an order for nutritional supplements 3 times daily with meals due to him being very thin and poor nutritional status prior to admission to the facility (08/22/22). -Resident #4 had maintained his weight for the last 6 months. -She expected the facility to served Resident #4 nutritional supplements 3 times daily with meals as ordered. Telephone interview with the Administrator on 08/24/23 at 11:23am revealed he expected staff to serve Resident #4's nutritional supplements 3 times daily as ordered.	{D 310}		
{D 358}	10A NCAC 13F .1004(a) Medication 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	{D 358}	Director/RCC will continue to do weekly cart audits. Director/RCC will monitor med pass exceptions on a daily basis to monitor any med refusals or missed medications, and notify PCP immediately of any missed medications. Director/RCC will inventory all medications on a weekly basis to ensure all medications are in the building at all times. Inventory will begin on 9/18/2023.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 8 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: FOLLOW-UP TO A TYPE A2 VIOLATION. The Type A2 Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 3 sampled residents (#1) was administered medications as ordered related to a pain medication and an anti-anxiety medication. The findings are: a. Review of Resident #1's current FL2 dated 02/17/23 revealed: -Diagnoses included pain. -There was an order for Percocet (used to treat pain) 10-325mg 1 tablet every 6 hours as needed for pain. -There was not an order for scheduled Percocet. Review of Resident #1's physician's order dated 05/23/23 revealed an order for Percocet 10-235mg 1 tablet twice daily. Review of Resident #1's electronic medication administration record (eMAR) for June 2023 revealed: -There was an entry for Percocet 10-325mg 1 tablet twice daily scheduled for administration at 8:00am 8:00pm, contact MD when 10 doses remain. -There was documentation Percocet was not administered for 1 of 30 opportunities on 07/27/23	{D 358}	A staff meeting will be held on 9/29/2023 to go over all areas of deficiency, and repercussions for not complying with facility and state requirements. Local DSS has been invited to staff meeting to provide insight to staff about rules and regulations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 9	{D 358}		

at 8:00am with the reason being the medication was not in the facility.

Review of Resident #1's eMAR for July 2023 revealed:
-There was an entry for Percocet 10-325mg 1 tablet twice daily scheduled for administration at 8:00am 8:00pm, contact MD when 10 doses remain.
-There was documentation Percocet was not administered for 2 of 30 opportunities at 8:00am on 07/30/23 and 07/31/23 due to medication was not in the facility.
-There was documentation Percocet was not administered for 4 of 30 opportunities at 8:00pm on 07/28/23, 07/29/23, 07/30/23, 07/31/23 due to medication was not in the facility.

Observation of Resident #1's medication on hand on 08/23/23 at 12:16pm revealed there was a bubble pack of Percocet 10-325mg 1 tablet twice daily dispensed from the pharmacy on 07/31/23 with a quantity of 44 tablets and 15 tablets were remaining.

Telephone interview with the facility's contracted pharmacy on 08/23/23 at 3:01pm revealed:
-Resident #4 had an order for Percocet 325mg 1 tablet twice daily.
-Percocet was dispensed to the facility on 05/24/23, 06/27/23, and on 07/31/23 with a quantity of 60 tablets each time.

Interview with a medication aide (MA) on 08/23/23 at 3:30pm revealed:
-She remembered times when Resident #1 was out of Percocet.
-She did not reorder any of the residents' medications.
-She told the Executive Director (ED) a resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ________ B. WING ________	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 10	{D 358}		

needed a refill when a medication was down to 2 to 3 tablets remaining and the ED reordered the medication.
-When a resident, including Resident #4, had a medication that required a new prescription, the MAs received a message through the eMAR system that the prescription would be ending soon and notified the ED.
-Resident #1 complained that he needed his Percocet when he did not have it.

Interview with Resident #1 on 08/24/23 at 8:24am revealed:
-He did not know if he had been out of Percocet.
-He had not experienced any increased pain in June, July, or August 2023.

Interview with a MA on 08/24/23 at 9:26am revealed:
-She knew Resident #1 had been out of Percocet.
-She started assisting the ED with reordering medications about a month ago.
-She usually reordered medications when there were 5 or 6 days of medication remaining.
-Other MAs were to write a note advising a medication needed to be reordered and slide it under the ED's door.
-Sometimes, MAs would tell her a resident was out of medications and she called the pharmacy.
-She had been conducting medication cart audits for all residents once a week.

Interview with the ED on 08/24/23 at 9:50am revealed the MAs were in contact with Resident #1's primary care provider's (PCP) office manager to request a prescription for a refill of Percocet when it was out in July 2023.

Telephone interview with Resident #1's PCP on 08/24/23 at 10:53am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 11 -She expected the facility to contact her prior to Resident #1 running out of medication. -Once contacted, she could write a prescription for medication within 1 hour. -The pharmacy sent her and the ED notification when a medication needed a new prescription. -She did not know Resident #1 was out of Percocet in June and July 2023. -Not being administered Percocet for consecutive days in July 2023 could have resulted in withdrawal symptoms including nausea, upset stomach, shaking, sweats, and agitation. -Resident #1 did not have any withdrawal symptoms to her knowledge. -She expected the facility to administer Resident #1's Percocet as ordered. Refer to the interview with the ED on 08/24/23 at 9:50am. Refer to the telephone interview with the Administrator on 08/24/23 at 1:23pm. b. Review of Resident #1's current FL2 dated 02/17/23 revealed: -Diagnoses included anxiety disorder. -There was an order for Xanax (used to treat anxiety) 0.5mg 1 tablet daily at bedtime. Review of Resident #1's electronic medication administration record (eMAR) for June 2023 revealed: -There was an entry for Xanax 0.5mg 1 tablet daily at bedtime scheduled for administration at 8:00pm, no refills. -There was documentation Xanax was not administered for 2 of 30 opportunities on 06/22/23 and 06/27/23 with the reason being the medication was not in the facility.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 12	{D 358}		

Review of Resident #1's eMAR for 08/01/23 to 08/22/23 revealed:
-There was an entry for Xanax 0.5mg 1 tablet daily at bedtime scheduled for administration at 8:00pm.
-There was documentation Xanax was not administered for 3 of 22 opportunities on 08/20/23, 08/21/23, and 08/22/23 due to medication was not in the facility.

Observation of Resident #1's medication on hand on 08/23/23 at 12:16pm revealed:
-There was a bubble pack of Xanax 0.5mg 1 tablet daily at bedtime dispensed from the pharmacy on 08/22/23 with a quantity of 29 tablets.
-The package the bubble pack was unopened.

Interview with a medication aide (MA) on 08/23/23 at 12:15pm revealed:
-MAs did not reorder medication.
-MAs were to let the Executive Director (ED) or a designated MAs know that a resident needed medication and the ED or the other MA would reorder the medication.
-She waited until the resident was out of medication before she let the ED or the designated MA know a resident needed medication because the ED said to let her know once a resident did not have any remaining medication.
-She thought medications was supposed to be refilled when they were down to the last row of the bubble pack, prior to running out.
-She knew Resident #1 had been out of Xanax for a few days in August 2023.
-She did not administer Xanax during her shift, but she knew he was out of the medication because she had to count off medications that were controlled substances with the oncoming

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 13 MA. -She had not let the ED or the designated MA know Resident #1 was out of Xanax because she only made the ED or designated MA know of medications that were out during her shift. Interview with a second MA on 08/23/23 at 3:30pm revealed: -She remembered times when Resident #1 was out of Xanax. -She did not reorder any of the residents' medications. -She told the ED a resident needed a refill when a medication was down to 2 to 3 tablets remaining and the ED reordered the medication. -When a resident, including Resident #1, had a medication that required a new prescription, the MAs received a message through the eMAR system that the prescription would be ending soon and notified the ED. -She documented Resident #1 was not administered Xanax on 08/20/23 and 08/21/23 and let the ED know Resident #1 was out of Xanax on these dates. Interview with Resident #1 on 08/24/23 at 8:24am revealed: -He did not know if he had been out of Xanax. -He had not experienced any increased anxiety in June, July, or August 2023. Interview with a pharmacist at the facility's contracted pharmacy on 08/24/23 at 9:08am revealed: -Resident #1 had an order for Xanax 0.5mg 1 tablet daily at bedtime - Xanax was dispensed to the facility on 06/22/23, and 07/15/23 with a quantity of 30 tablets (30-day supply); a new prescription was needed after each dispense date for future refill requests.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 14	{D 358}		

- Xanax was dispensed on 08/22/23 with a quantity of 29 tablets and there were 5 remaining refills.

Interview with a MA on 08/24/23 at 9:26am revealed:
-She knew Resident #1 had been out of Xanax.
-She started assisting the ED with reordering medications about a month ago.
-She usually reordered medications when there were 5 or 6 days of medication remaining.
-Other MAs were to write a note advising a medication needed to be reordered and slide it under the ED's door.
-Sometimes, MAs would tell her a resident was out of medications and she called the pharmacy.
-She had been conducting medication cart audits for all residents once a week.

Interview with the ED on 08/24/23 at 9:50am revealed:
-She reordered Resident #1's Xanax from the pharmacy on 08/19/23 when there was 1 tablet remaining.
-She contacted Resident #1's primary care provider (PCP) on 08/19/23 and on 08/21/23, but the pharmacy did not receive the physician's order for Xanax until 08/22/23.
-She assumed the pharmacy reached out to the PCP regarding an authorization for a Xanax refill.

Telephone interview with Resident 1's PCP on 08/24/23 at 10:53am revealed:
-She expected the facility to contact her prior to Resident #1 running out of medication.
-Once contacted, she could write a prescription for medication within 1 hour.
-The pharmacy sent her and the ED notification when a medication needed a new prescription.
-She did not know Resident #1 was out of Xanax

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 15 in June and August 2023. -Not being administered Xanax for consecutive days in July 2023 could have resulted in withdrawal symptoms including nausea, upset stomach, shaking, sweats, and agitation. -Resident #1 did not have any withdrawal symptoms to her knowledge. -She expected the facility to administer Resident #1's Xanax as ordered. Refer to the interview with the ED on 08/24/23 at 9:50am. Refer to the telephone interview with the Administrator on 08/24/23 at 1:23pm. _______________ Interview with the ED on 08/24/23 at 9:50am revealed: -Medication should be reordered when there was only one row of medication remaining in the medication bubble packs, approximately 8 to 10 days prior to running out. -Sometimes the MAs told her when a residents' medications were low, and sometimes she found low counts of medication while conducting a cart audit. -She was currently training 2 MAs to reorder medications. -If a medication needed a new prescription, she contacted the PCP for a new prescription and the order was written within 24 hours. -She usually hit the reorder button on the eMAR system and then called to let the PCP know. -Once she hit the reorder button on the eMAR system, the pharmacy sent an authorization request to the PCP. -All medications were not always requested within a week of the medication running out because not all the MAs let her know a medication needed to be refilled.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030010	A. BUILDING: ______ B. WING ______	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PS SENIOR LIVING OF MOCKSVILLE	191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 16 Telephone interview with the Administrator on 08/24/23 at 1:23pm revealed: -The ED was responsible for reordering medication and obtaining new prescriptions prior to the medication running out or delegating another staff to do so. -He expected medication to be reordered at least a week before the medication ran out. -He expected all medication to be administered as ordered.	{D 358}		