Received via electronic mail 10/09/23

PRINTED: 09/26/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R HAL 080030 B. WING 09/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1915 MOORESVILLE ROAD TERRABELLA SALISBURY SALISBURY, NC 28147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 D 000 Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey from 09/20/23 through 09/21/23. D 234 D 234 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio In accordance to 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Examination & Immunizations 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations 1. Resident #3 has received his (a) Upon admission to an adult care home, each tuberculosis test on 10/4/2023 and was resident shall be tested for tuberculosis disease 11/3/2023 read on 10/6/2023 with a negative result. in compliance with the control measures adopted A second step will be given on 10/18/2023. by the Commission for Health Services as The results will be placed in resident #3 specified in 10A NCAC 41A .0205 including chart. subsequent amendments and editions. Copies of An admission check off list has been the rule are available at no charge by contacting developed listing all the documents the Department of Health and Human Services, required prior to move in, including the Tuberculosis Control Program, 1902 Mail Service Tuberculosis completed first step. Center, Raleigh, North Carolina 27699-1902. ED will review all admission checklists to This Rule is not met as evidenced by: ensure completion and ongoing compliance. Based on record reviews and interviews, the DHW will maintain a tracker for all residents facility failed to ensure 1 of 5 sampled residents indicating when the first and second step (Residents # 3) was tested upon admission for was completed. tuberculosis (TB) disease in compliance with the control measures for the Commission for Health DHW, RCC, MCD will complete a chart Services. audit on all residents. Any identified issues will be corrected. The findings are: 1. Review of Resident #3's current FL-2 dated 02/02/23 revealed diagnoses included multiple myeloma, chronic obstructive pulmonary disease (COPD), dementia without behaviors, and generalized weakness. Review of Resident #3's Resident Register revealed an admission date of 11/30/2020.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE :	
AND FLAN	DI CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMP	LILD
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TERRABE	LLA SALISBURY		RESVILLE RO Y, NC 28147	AD		
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D 234	Continued From page	· 1	D 234			
	(TB) skin test revealed -There was no documupon admission.	3's record for a tuberculosis d: pentation of a TB skin test pentation of a second TB				
	skin test.					
	(RCC) on 09/30/23 at facility's Nurse, the Bu (BOM), and the Execu responsible for ensuri	sident Care Coordinator 9:45am revealed the usiness Office Manager utive Director (ED) were ng residents had admission ed including TB skin tests.				
Interview with a corporate Nurse on 09/20/23 at		rate Nurse on 09/20/23 at				
	10:46am revealed:					
	 The facility did not have several months due to 	ve a full-time Nurse for				
		he facility a day or two				
		week while the the facility				
	Nurse position was va					
		dits of residents' records TB skin test documentation				
	-She was unable to lo TB skin testing for Re- -Resident #3's TB test	results must have been				
		ent's record sometime rocess of two different				
	owners since the resid					
	11/30/20.					
		K-ray done in August 2023				
	but it was not specific	for 1B screening.				
	Interview with Resider 12:15pm revealed:					
		y from a veterans' hospital. TB skin test at some time in				
	the past.	TO SMIT LOST OF SOUTH THE HIT				
		he had one or two TB skin				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMILE	-120
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA SALISBURY		RESVILLE RO Y, NC 28147	AD		
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D 234	Interview with the faci 3:15pm revealed: -He had been employ -He was currently in or the facilty's computer systemsHe had not done resi documentation related Interview with the Exe 09/20/23 at 3:10pm re-she or the Business responsible to ensure documentation for at I prior to admission to t TB skin testing if nece-Resident #3 was a re the previous ownersh-She had audited resifor TB complianceThe facility's Nurse we residents received two admissionThe previous Nurse I earlier (no exact date	ere before or after he came lity's Nurse on 09/21/23 at ed for 4 days. rientation and training for and record keeping dents' record audits for d to TB skin testing results. ecutive Director (ED) on evealed: Office Manager (BOM) were residents' had east one negative TB test the facility and arranging for essary. Seident at the facility under tip. Of for less than one year. dents' admission paperwork ras responsible to ensure all of TB skin tests upon eft the facility 11 months provided). Nurse had been employed 4 ally being oriented by a	D 234			
D 273	10A NCAC 13F .0902	(b) Health Care	D 273			
		Health Care ssure referral and follow-up d acute health care needs				

Division of Health Service Regulation

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PRINTED: 09/26/2023 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ HAL080030 B. WING 09/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1915 MOORESVILLE ROAD TERRABELLA SALISBURY SALISBURY, NC 28147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 273 D 273 Continued From page 3 Rule 10A NCAC 13F .0902 Health Care This Rule is not met as evidenced by: (b) The community shall assure Based on record reviews and interviews, the referral and follow-up to meet the facility failed to ensure follow up with health care routine and accute health care providers for 1 of 5 sampled residents (#2) who needs of the residents. had medication refusals. Resident #2 refusal's and Blood glucose 11/3/2023 were sent to the Endroconologist. A The findings are: clarification order will be obtained. Review of Resident #2's current FL2 dated DHW will educate Med Techs on proper 02/20/23 revealed: documentation. -Diagnoses included type 2 diabetes, hypertension, and atrial fibrillation. The Director of Health and Wellness will -There was an order for Humalog insulin (a review daily exception reports and follow-up as needed with the physician. fast-acting insulin used to control blood sugar spikes with meal intake) inject 10 units three ED/Designee will review exception reports times daily before meals. and follow-up during management meeting Monday through Friday to ensure ongoing Review of Resident #2's physician's order dated compliance. 04/12/23 revealed an order to decrease Humalog insulin to inject 5 units three times daily before meals. Review of Resident #2's signed physician's order sheet dated 05/18/23 revealed an order to check blood sugar via Dexcom (a sensor implanted under the skin used to wirelessly transmit blood glucose readings to a receiver) three times daily

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review.

revealed:

before meals and notify the endocrinologist for a blood sugar less than 60 or greater than 400.

Review of Resident #2's record revealed there were no endocrinology appointment notes for

Review of Resident #2's July 2023 electronic medication administration record (eMAR)

-There was an entry for Humalog insulin, inject 5

IDENTIFICATION NUMBER: HALDBOO30 R. WING RECTADORESO, CITY, STATE, ZIP CODE 1915 MOORESVILLE ROAD SALIBBURY, NO 28147 D 273 Continued From page 4 units three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Dexcom: check and record blood sugar values from 07/01/23 through 07/31/23 ranged from 99 to 307. Review of Resident #2's August 2023 eMAR revealed: -There was an entry for Dexcom: check and record blood sugar three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6.30am, 11.30am, and 4.30pmThere was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6.30am, 11.30am, and 4.30pmThere was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6.30am, 11.30am, and 4.30pmThere was an entry for Dexcom: check and record blood sugar three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmResident #2's September 2023 eMAR from 09/01/23 through 09/21/23 throu		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
MAME OF PROVIDER OR SUPPLIER TERRABELLA SALISBURY STREET ADDRESS, CITY, STATE, ZIP CODE 1915 MOORESVILLE ROAD SALISBURY, NC 29147 SALISBURY, NC 29147 D 273 Continued From page 4 units three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Descrictions, check and record blood sugar values from 09/01/123 through 07/31/23 ranged from 99 to 307. Review of Resident #2's August 2023 eMAR revealed: -There was an entry for Descrictions, check and record blood sugar three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Excorn check and record blood sugar trate times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmResident #2's August 2023 eMAR revealed: -There was an entry for Ith malog insulin, inject 5 units three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Excorn check and record blood sugar trate times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Dexorn check and record blood sugar trate times daily before meals, notify doctor it less than 60 or greater than 400, scheduled at 6.30am, 11.30am, and 4.30pmResident #2's blood sugar values from 08/01/23 through 09/20/23 revealed: -There was an entry for Excorn check and record blood sugar values from 08/01/23 through 09/20/23 revealed: -There was an entry for February for Humalog insulin, inject 5 units three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmResident #2's Blood sugar values from 08/01/23 through 09/20/23 revealed: -There was an entry for Humalog insulin, inject 5 units three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Humalog insulin, inject 5 units three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Humalog insulin, inject 5 units three times daily before meals scheduled at 7.30am, 11.30am, and 4.30pmThere was an entry for Humalog insulin, inject 5 un	AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPL	.CICD
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units three times daily before meals scheduled at 7:30am, 11:30am, and 4:30pm. -There was documentation Resident #2 refused Humalog insulin 30 out of 93 opportunities. -There was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6:30am, 11:30am, and 4:30pm, -Resident #2's blood sugar values from 07/01/23 through 07/31/23 ranged from 99 to 307. Review of Resident #2's August 2023 eMAR revealed: -There was an entry for Humalog insulin, inject 5 units three times daily before meals scheduled at 7:30am, 11:30am, and 4:30pmThere was documentation Resident #2 refused Humalog insulin 31 out of 93 opportunitiesThere was an entry for Dexcom: check and record blood sugar three times daily before meals, notify doctor if less than 60 or greater than 400, scheduled at 6:30am, 11:30am, and 4:30pmResident #2's blood sugar values from 08/01/23 through 08/31/23 ranged from 64 to 30a. Review of Resident #2's September 2023 eMAR from 09/01/23 through 09/20/23 revealed: -There was an entry for Humalog insulin, inject 5 units three times daily before meals scheduled at 7:30am, 11:30am, and 4:30pmThere was an entry for Dexcom: check and record solutions are sufficient to the sufficient from 130am, and 4:30pmThere was an entry for Dexcom: check and this part of the sufficient from 130am, and 4:30pmThere was an entry for Dexcom: check and this part of 5 apportunitiesThere was an entry for Dexcom: check and the sufficient from 150 and 150 apportunitiesThere was an entry for Dexcom: check and the sufficient from 150 and 150 apportunitiesThere was an entry for Dexcom: check and the sufficient from 150 and 150 apportunitiesThere was an entry for Dexcom: check and the sufficient from 150 apportunities.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
meals, notify doctor if less than 60 or greater than 400, scheduled at 6:30am, 11:30am, and 4:30pmResident #2's blood sugar values from 09/01/23 through 09/20/23 ranged from 104 to 312. Interview with a medication aide (MA) on	D 273	units three times daily 7:30am, 11:30am, an -There was document Humalog insulin 30 of -There was an entry for record blood sugar the meals, notify doctor if 400, scheduled at 6:3 -Resident #2's blood sthrough 07/31/23 rang Review of Resident # revealed: -There was an entry for units three times daily 7:30am, 11:30am, and -There was an entry for record blood sugar the meals, notify doctor if 400, scheduled at 6:3 -Resident #2's blood sthrough 08/31/23 rang Review of Resident #2 from 09/01/23 through -There was an entry for units three times daily 7:30am, 11:30am, and -There was an entry for units three times daily 7:30am, 11:30am, and -There was an entry for units three times daily 7:30am, 11:30am, and -There was an entry for ecord blood sugar the meals, notify doctor if 400, scheduled at 6:3 -Resident #2's blood sthrough 09/20/23 ranget for the second second sugar the second second sugar the second second sugar the second second second sugar the second second sugar the second second sugar the second se	before meals scheduled at d 4:30pm. tation Resident #2 refused ut of 93 opportunities. or Dexcom: check and ree times daily before less than 60 or greater than 0am, 11:30am, and 4:30pm. sugar values from 07/01/23 ged from 99 to 307. 2's August 2023 eMAR or Humalog insulin, inject 5 before meals scheduled at d 4:30pm. station Resident #2 refused ut of 93 opportunities. or Dexcom: check and ree times daily before less than 60 or greater than 0am, 11:30am, and 4:30pm. sugar values from 08/01/23 ged from 64 to 308. 2's September 2023 eMAR of 09/20/23 revealed: or Humalog insulin, inject 5 before meals scheduled at d 4:30pm. station Resident #2 refused ut of 58 opportunities. or Dexcom: check and ree times daily before less than 60 or greater than 0am, 11:30am, and 4:30pm. station Resident #2 refused ut of 58 opportunities. or Dexcom: check and ree times daily before less than 60 or greater than 0am, 11:30am, and 4:30pm. sugar values from 09/01/23 ged from 104 to 312.	D 273			

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TERRABELLA SALISBURY (A) ID PREENT SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREENT TAG D 273 Continued From page 6 09/20/23 at 4:00pm revealed: -Resident #2 refused humalog insulin of her once in July 2023. Interview with Resident #2 on 09/21/23 at 10:30em revealed to 10:30em refused in the molecular of the properties of			HAL080030	B. WING		09/21/	/2023
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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 5 09/20/23 at 4-00pm revealed: -Resident #2 had a Dexcom sensor that the MAs used to obtain her blood sugar readings fromResident #2 refused Humalog insulin any time her blood sugar level was 150 or lowerShe did not know if Resident #2's endocrinologist was aware of her refusals for Humalog insulinShe had not contacted the endocrinologist's office because she worked second shift and Resident #2 had only refused insulin for her once in July 2023. Interview with Resident #2 on 09/21/23 at 10:30am revealed: -She had a Dexcom that the MAs used to obtain her blood sugar readingsShe had her blood sugar readingsShe had her blood sugar readingsShe had her blood sugar readings checked at least three times dailyShe did not take Humalog insulin if her blood sugar levels to be higher rather than lowerShe had talked to her endocrinologist at her last visit, she could not remember when the visit was, about how she had been taking insulinShe did not know if the facility provided a copy of her eMAR to the endocrinologist when she went to her appointmentsHer blood sugars had been stable and had not increased or decreased to a level where she			SALISBUR	Y, NC 28147			
09/20/23 at 4:00pm revealed: -Resident #2 had a Dexcom sensor that the MAs used to obtain her blood sugar readings fromResident #2 refused Humalog insulin any time her blood sugar level was 150 or lowerShe did not know if Resident #2's endocrinologist was aware of her refusals for Humalog insulinShe had not contacted the endocrinologist's office because she worked second shift and Resident #2 had only refused insulin for her once in July 2023. Interview with Resident #2 on 09/21/23 at 10:30am revealed: -She had a Dexcom that the MAs used to obtain her blood sugar readingsShe had her blood sugar readings checked at least three times dailyShe did not take Humalog insulin if her blood sugar was less than 150 because her endocrinologist preferred for her blood sugar levels to be higher rather than lowerShe had talked to her endocrinologist at her last visit, she could not remember when the visit was, about how she had been taking insulinShe did not know if the facility provided a copy of her eMAR to the endocrinologist when she went to her appointmentsHer blood sugars had been stable and had not increased or decreased to a level where she	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE
Interview with a second MA on 09/21/23 at 12:20pm revealed: -Resident #2 refused Humalog insulin if her blood sugar reading was less than 150 because she did not want her blood sugar to drop too lowShe thought that Resident #2's endocrinologist had been notified about her Humalog refusals	D 273	09/20/23 at 4:00pm re-Resident #2 had a D used to obtain her blod-Resident #2 refused her blood sugar level-She did not know if F was aware of her refused her blood sugar level-She had not contacted office because she wo Resident #2 had only in July 2023. Interview with Resident 10:30 am revealed: She had a Dexcom the blood sugar readingshe had her blood sugar readingshe had her blood sugar was less than 1 endocrinologist prefer levels to be higher rational she had talked to her wisit, she could not rerabout how she had be She did not know if the eMAR to the endot to her appointments. Her blood sugars had increased or decrease experienced symptom. Interview with a second 12:20pm revealed: Resident #2 refused I sugar reading was les not want her blood sug-She thought that Resident #2 refused I sugar reading was les not want her blood sug-She thought that Resident #2 refused I sugar reading that Resident #2 refused I sugar reading was les not want her blood sug-She thought that Resident #2 refused I sugar reading that Resident #2 refused I sugar reading was les not want her blood sug-She thought that Resident #2 refused I sugar reading that Resident #2 refused I suga	exealed: excom sensor that the MAs and sugar readings from. Humalog insulin any time was 150 or lower. Resident #2's endocrinologist isals for Humalog insulin. ed the endocrinologist's briked second shift and refused insulin for her once and #2 on 09/21/23 at that the MAs used to obtain angs. augar readings checked at formation in the reading of the reading insulin. The formation in the reading of the reading insulin. The facility provided a copy of the reading insulin. The facility provided a copy of the reading of the reading insulin. The facility provided a copy of the reading insulin. The facility provided a copy of the reading insulin in the reading insulin if her blood is than 150 because she did gar to drop too low. The identification is the reading of	D 273			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1915 MOORESVILLE ROAD SALISBURY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 the facility told her she had contacted the endocrinologist's office regarding the refusals a few months priorShe had not contacted the endocrinologist's office regarding Resident #2's Humalog refusals because she thought he was already aware of how the resident was refusing HumalogResident #2 never had a blood sugar outside of	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER.	A, BUILDING:		COMPLETE	J
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TERRABELLA SALISBURY (X4) ID PREFIX TAG Continued From page 6 the facility told her she had contacted the endocrinologist's office regarding Resident #2's Humalog refusals because she thought he was already aware of how the resident #2 never had a blood sugar outside of (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH CORSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)) D 273 Continued From page 6 D 273 D 273 D 273 D 273 D 273 D 273	NAME OF PROVIDER OR SUPPLIER	STREET ADD	ER STREET ADDRESS, CITY, STATE, ZIP C	CODE		
(X4) ID PREFIX TAG D 273 Continued From page 6 the facility told her she had contacted the endocrinologist's office regarding Resident #2's Humalog refusals because she thought he was already aware of how the resident was refusing Humalog. -Resident #2 never had a blood sugar outside of	TEDDADELLA CALICDUDY	1915 MOOI	1915 MOORESVILLE ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 the facility told her she had contacted the endocrinologist's office regarding the refusals a few months prior. -She had not contacted the endocrinologist's office regarding Resident #2's Humalog refusals because she thought he was already aware of how the resident was refusing Humalog. -Resident #2 never had a blood sugar outside of	TERRABELLA SALISBURY	SALISBUR	SALISBURY, NC 28147			
the facility told her she had contacted the endocrinologist's office regarding the refusals a few months priorShe had not contacted the endocrinologist's office regarding Resident #2's Humalog refusals because she thought he was already aware of how the resident was refusing HumalogResident #2 never had a blood sugar outside of	PREFIX (EACH DEFICI	ENCY MUST BE PRECEDED BY FULL	ICIENCY MUST BE PRECEDED BY FULL PREFIX	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	ве с	COMPLETE
sugar of less than 60 or greater than 400. -Resident #2 never had symptoms of high or low blood sugar. Interview with a third MA on 09/21/23 at 2:00pm revealed: -Resident #2 refused Humalog insulin if her blood sugar reading from her Dexcom sensor was less than 150. -Resident #2 refused insulin prior to breakfast a lot, and occasionally also refused insulin before lunch. -She had contacted Resident #2's endocrinology office regarding her Humalog insulin refusals whenever her blood sugar was less than 150 but she could not remember which month or day and did not document the notification. -The endocrinology office did not advise her to change any orders for Resident #2 because the endocrinologist planned to review her eMAR at her appointments and make changes as needed based on her blood sugar values. Interview with the Resident Care Coordinator (RCC) on 09/21/23 at 2:15pm revealed: -She was aware that Resident #2 refused Humalog insulin if her blood sugar was less than 150. -In February or March 2023, she attempted to contact Resident #2's primary care provider (PCP) regarding her Humalog refusals but she	the facility told hele endocrinologist's of few months prior. -She had not controffice regarding Resident #2 never her parameters to sugar of less than -Resident #2 never blood sugar. Interview with a threvealed: -Resident #2 refuse sugar reading from than 150Resident #2 refuse sugar reading from than 150In February or Macontact with the sugar s	acted the endocrinologist's esident #2's Humalog refusals ght he was already aware of was refusing Humalog. In had a blood sugar outside of notify the doctor for a blood 60 or greater than 400. In had symptoms of high or low and the notification. It was already insulin before and Resident #2's endocrinology of Humalog insulin refusals and sugar was less than 150 but the motification. It was already aware of was refusing the motification. It was already aware of notify the doctor for a blood 60 or greater than 400. In had symptoms of high or low are discovered to be a serior of the motification of the motification. It was also the notification of the notification of the notification of the notification. It was also the serior of the motification of the notification of the notification of the notification of the notification of the notification. It was also the notification of the notification o	ner she had contacted the so office regarding the refusals a particle of the soffice regarding the refusals a particle of the soffice regarding the refusals a particle of the was already aware of the was refusing Humalog. The soft was refusing Humalog are than 400 and 60 or greater than 400. The soft in was refusing the soft of the notify the doctor for a blood and 60 or greater than 400. The soft in was present than 400 and 60 or greater than 400 and for the soft in was present the soft of the soft in was present the soft in wa			

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING;		COMPLETED		
					R	
		HAL080030	B. WING		09/21/2023	3
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE ZIP CODE		
TO WILL OF T	TO FIDER OF OUR FEILER		RESVILLE RO			
TERRABE	ELLA SALISBURY		RY, NC 28147			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	V (Y	(5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMP	PLETE
D 273	Continued From page	÷ 7	D 273			
	never heard back from					
		hat Resident #2 had an				
		vas managing her diabetes				
	and insulin orders.	of attornoy (DOA) took bor				
		of attorney (POA) took her intments and had never				.1
		rinologist to her before.				
	-She did not know if a					
	contacted Resident #2	•				
	regarding her Humalo	<u>-</u>				
		ted to contact the doctor if				
	· ·	cation refusal of three				
	consecutive doses, al	ong with notifying her.				
		Rs every Monday by pulling				
	II The state of th	dications, medications				
	administered late, and					
	-Resident #2 showed					
		londay but since she had				
		ent #2's PCP earlier in the				
	had not followed up of	ve a response back, she				
	nad not followed up o	in it since.				
	Interview with the Dire	ector of Health and Wellness				
	(DHW) on 09/21/23 at					
	-She had not been aw	•				
	Humalog insulin refus	als.				
	-If a resident refused a	a medication, the MAs were				
		prescribing doctor and add				
	the resident's name to	the MA's internal				
	communication book.					
		ndocrinology had been				- [
	notified of Resident #2	2's Humalog insulin				
	refusals.	and the second s				1
		octor's office to notify them				
		, the MAs were expected to				
	been received.	if any new orders had				
	been received.					
	Interview with the Adm	ninistrator on 09/21/23 at				
-	3:25pm revealed:					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S	
		HAL080030	B. WING			₹ 21/2023
	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST		00/2	172020
TERRABE	ELLA SALISBURY	SALISBU	RY, NC 28147			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	-She was not aware of insulin refusalsThe MAs were expector the RCC after a resident and a second a few timesThere was no policy medication should be the doctorIf a MA notified a docresident's medication expected to document electronic chart or the communication book. Attempted telephone in POA on 09/21/23 at 11	of Resident #2's Humalog Sted to notify either herself sident refused a medication advising how many times a refused prior to notifying stor's office about a refusals the MA was t the call in either the	D 273	In accordance to 10A NCAC 13F. (Tuberculosis Test, Medical Examin & Immunizations 1. Resident #3 has received his tuberculosis test on 10/4/2023 and read on 10/6/2023 with a negative A second step will be given on 10/1 The results will be placed in resider chart. An admission check off list will be developed listing all the documents required prior to move in, including Tuberculosis completed first step. DHW will maintain a tracker for all rindicating when the first and second was completed. DHW, RCC and MCD will complete audit on all residents. Any identified will be corrected.	was result. 18/2023. nt #3 the residents d step	11/3/2023

Division of Health Service Regulation

STATE FORM

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IV3V1

If continuation sheet 9 of 9

Tori Darling-Behrendt, Exacutive Director, 10/9/2023