PRINTED: 10/06/2023 **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:** COMPLETED A. BUILDING: _____ R B. WING HAL093010 09/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E **ALPHA MAGNOLIA GARDEN** WARRENTON, NC 27589 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Section conducted a follow-up survey on September 26 - 28, 2023. D 273 10A NCAC 13F .0902(b) Health Care D 273 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up Re-education will be completed with all to meet the routine and acute health care needs med techs and RCC's by Executive of residents. Director to make sure that all meds are in the building at all times. If for some reason This Rule is not met as evidenced by: pharmacy can don't fill the request for a Based on observations, interviews, and record medication, to inform the PCP and the RCC reviews, the facility failed to ensure referral and for that unit asap. Notify the PCP when any follow-up for 1 of 5 sampled residents (#2) related dosage of medication has been missed to failure to notify a prescriber of missed doses of asap. This training will be completed on a blood pressure medication and an eye lubricant 9/29/23 and ongoing during weekly that was ordered after eye surgery. trainings by ED/RCC's. The findings are: Review of Resident #2's current FL2 dated 06/27/23 revealed diagnoses included blindness of both eyes, and a history of carotid stenosis. a. Review of an after-visit report from Resident #2's ophthalmologist dated 07/28/23 revealed: -Resident #2 had cataract surgery on her left eye on 07/28/23. -There was an order for Systane eye drops (used to treat dry eyes) instill one drop into the left eye four times daily for three months post-operative in surgical eye.

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revealed:

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

Review of Resident #2's July 2023 electronic Medication Administration Record (eMAR)

-There was an entry for Systane eye drops instill 1 drop into left eye three to four times daily post op in surgical eye for three months scheduled at

> TITLE Administrator

(X6) DATE

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10/20/23

GI5Y11

Janet Thornburg

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL093010	B. WING			R 28/2023
	PROVIDER OR SUPPLIER MAGNOLIA GARDEN	930 HWY	DDRESS, CITY, S 158 BUS E ITON, NC 27	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 CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 273	8:00am, 12:00pm, 4 -The Systane eye dadministered startir -There was docume were administered from 07/29/23 to 07 Review of Resident revealed: -There was an entry 1 drop into left eye op in surgical eye for 8:00am, 12:00pm, 4 -There was docume were administered to 08/31/23. Review of Resident dated from 09/01/23 -There was an entry 1 drop into left eye op in surgical eye for 8:00am, 12:00pm, 4 -There was an entry 1 drop into left eye op in surgical eye for 8:00am, 12:00pm, 4 -There was docume were administered to 09/14/23There was docume were administered 09/15/23 to 09/26/2 -There was an adm documented as, "phytake-medication nor 09/26/23. Review of Resident notes from 07/01/23 was no documental	4:00pm and 8:00pm. rops were documented as a g on 07/29/23 at 8:00am. entation Systane eye drops nine of twelve opportunities //31/23. #2's August 2023 eMAR / for Systane eye drops instill three to four times daily post or three months scheduled at 4:00pm and 8:00pm. entation Systane eye drops four times daily from 08/01/23 #2's September 2023 eMAR 3 to 09/26/23 revealed: // for Systane eye drops instill three to four times daily post or three months scheduled at 4:00pm and 8:00pm. entation Systane eye drops four times daily from 09/01/23 entation Systane eye drops four times daily from 09/01/23 entation Systane eye drops four times daily from 09/01/23 entation Systane eye drops four times daily from 09/01/23 entation Systane eye drops four times daily from 09/01/23 entation Systane eye drops four times daily from 09/15/23 to #2's electronic progress 8 to 09/26/23 revealed there ion of notification to the seue with refilling the Systane	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL093010	B. WING		R 09/28/2023	
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 03/2	0/2023
			158 BUS E			
ALPHA MAGNOLIA GARDEN WARREN			TON, NC 27	589		
(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 273	Continued From pa	ge 2	D 273			
	on 09/26/23 at 2:04 Systane eye drops Observation of Res 8:09am to 8:12am i	ident #2's medication on hand pm revealed there were no available for administration. ident #2 on 09/28/23 from revealed she rubbed her left the heal of her left hand.				
	Telephone interview facility's contracted 3:03pm revealed: -Resident #2 had an instill 1 drop into left post-operative for the dated 07/28/23One 10mL bottle of dispensed on 07/28/23 approximately 190 approxi	with the pharmacist from the pharmacy on 09/26/23 at an order for Systane eye drops to eye three to four times daily because of Systane eye drops was 1/23; each bottle contained drops or 47 days' worth. Were an over the counter to used to prevent dry eyes. In mimicked tears and were reported to decreased eye ased tear production that eye caused. Were not on a cycle fill and ered by the facility staff. In the pharmacist from the pharmacist from the pharmacist from the pharmacist from the state of the pharmacist from the				
	one or two times a -She did not recall i eye drops in the pa	day. f she was administered her				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL093010	B. WING		l l	R 28/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AI DHA I	MAGNOLIA GARDEN	930 HWY	158 BUS E			
ALFIIAI	MAGNOLIA GANDLIN	WARREN	TON, NC 27	589		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 3	D 273			
	-She did not know v just made it feel bet	vhy she rubbed her left eye, "it ter".				
	09/26/23 at 2:04pm have Systane eye d administration beca	dication aide (MA) on revealed Resident #2 did not lrops available for use there was a problem with rage or the order from the				
	9:57am revealed: -The MAs were responded in the medicationsIf there was an issuinsurance issue the primary care provided help with the order; help get the medication does we available or could note that the medication does we will also be notified whe available or could note that the medication does we will also be notified whe available or could note that the medication does we will also be notified whe available or could not the medication does we will also be notified whe available or could not the provided that the medication does not the provided in the provid	e Coordinator (RCC) would en a medication was not ot be refilled. CC notified the PCP when were missed by a resident. It is notified the MA was tent the notification on the notes. If a refill for the Systane eye macy a couple of times but om the pharmacy; she did not ad left a voicemail with about the issue with refilling one eye drops and she had				
	Interview with the R	CC on 09/28/23 at 9:20am				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL093010	B. WING		R 09/28/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AL DUA	MACNOLIA CARREN		158 BUS E			
ALPHA	MAGNOLIA GARDEN	WARREN ⁻	TON, NC 27	589		
(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 273	Continued From pa	ge 4	D 273			
	-She did cart audits residents' medicationShe and the MAS vereordering medicationShe and the MAS vereordering medication the MA were respondent residents show medicationResident #2's Systic delivered by the phase thought the described by the phase to be refilledShe was not aware Systane eye drops to be refilledShe was not aware Systane eye drops and the ophthalmologistWhen the MAs not required to docume progress notesShe did not see who tified when she reflectronic progressShe did not see who tified when she reflectronic progressThe RCC was the medication from the The RCC was respect of the PCP when there was order or refill requesion.	weekly and asked the MA's if ons were available for were responsible for on before the resident ran out. In was not on a cycle fill, she or insible for calling the pharmacy all ane eye drops had been armacy last night, 09/27/23. Play in refilling Resident #2's was because it was too early are Resident #2 had not had her since 09/14/23. The with a medication being ould have notified the PCP or it. The call in the electronic mere the physician, they were ent the call in the electronic mere the physician had been eviewed Resident #2's notes. Idministrator on 09/28/23 at conly staff trained to reorder e pharmacy. Consible for contacting the last a problem with a medication st. CP should have been cident #2's chart. In contacted the PCP could order for the Systane eye				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. 501251110.		R	
		HAL093010	B. WING			8/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALPHA I	ALPHA MAGNOLIA GARDEN 930 HWY WARREN			589		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 5	D 273			
		ne interview with Resident #2's 09/27/23 at 1:24pm was				
	06/27/23 revealed t	ent #2's current FL2 dated here was an order for o treat high blood pressure) aily.				
	Medication Administrevealed: -There was an entreight hours schedu 10:00pmThere was docume administered 89 of 08/01/23 to 08/31/2 -There was nothing 08/30/23, at 10:00p noted under the exercise.	documented on 08/18/23 and m and there was nothing				
	dated from 09/01/2 -There was an entreight hours schedu 10:00pmThere was docume administered 73 of 09/01/23 to 09/26/2 -There was nothing 09/02/23, 09/04/23, 10:00pm and there exceptionsThere was nothing	:#2's September 2023 eMAR 3 to 09/26/23 revealed: y for hydralazine 25mg every led at 6:00am, 2:00pm, and entation hydralazine 25mg was 79 opportunities from 3. documented on 09/01/23, 09/11/23, and 09/21/23 at was nothing noted on the documented on 09/24/23 at g documented under the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		HAL093010	B. WING		09/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA I	MAGNOLIA GARDEN		158 BUS E TON, NC 27	589		
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D 273	73 Continued From page 6		D 273			
	Review of Resident #2's electronic progress notes from 07/01/23 to 09/26/23 revealed there was no documentation of notification to the provider about Resident #2's missed doses of hydralazine 25mg.					
	Observation of Resident #2's medication on hand on 09/26/23 at 2:04pm revealed: -On 09/05/23, 84 tablets of hydralazine 25mg were dispensed in three cardsThe medication instruction on the cards was hydralazine 25mg one tablet every eight hoursThe hydralazine medication cards were labeled one of one, one of two and one of three; each card contained 28 tabletsThe hydralazine medication card labeled one of three had 8 of 28 tablets available for administrationThe hydralazine medication card labeled two of three had 9 of 28 tablets available for administrationThe hydralazine medication card labeled three of three had 15 of 28 tablets available for					
	facility's contracted 3:03pm revealed: -Resident #2 had a 25mg every eight h-Resident #2's hydr-On 08/01/23, a 30-hydralazine 25mg v-On 09/05/23, a 28-hydralazine 25mg v-Resident #2's hydr three medication catablets.	alazine was on cycle fill. day supply of 90 tablets of vas dispensed. day supply of 84 tablets of				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	
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		HAL093010	B. WING		09/2	8/2023
NAME OF I	PROVIDER OR SUPPLIER	CTDEET AP	IDDESS CITY S	STATE, ZIP CODE		
INAIVIE OF I	-ROVIDER OR SUPPLIER			STATE, ZIF CODE		
ALPHA N	MAGNOLIA GARDEN		158 BUS E	500		
		WARREN	TON, NC 27	589		1
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
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17.0		,	17.0	DEFICIENCY)		
D 272	Cantinuad Francisco	a. 7	D 273			
D 273	Continued From pa	ge 7	D 2/3			
	medication; it lower	ed blood pressure until the				
	next scheduled dos	se.				
	-When a resident m	nissed a dose of hydralazine				
	their blood pressure	e would go up until the next				
	dose.					
		dent #2 on 09/28/23 at 8:09am				
		ot know what here medications				
	were ordered for or if she had high blood pressure.					
		dication aide (MA) on				
	09/28/23 at 9:57am					
		uired to document exceptions				
	on the eMAR, inclu					
		documented for a medication				
		missed dose and all missed				
		ered a medication error.				
		pposed to notify the Resident				
		RCC) and the resident's er (PCP) when there was a				
	missed dose or me					
		fied because they would				
		what to do about the missed				
	dose.	what to do about the missed				
		the MAs of missed doses				
		the system documenting				
	administration of me					
		CC notified the PCP when				
		vere missed by a resident.				
		s notified the MA was				
		nent the notification on the				
	electronic progress					
		Resident #2 had missed				
	doses of her hydral					
						
	Interview with the R	RCC on 09/28/23 at 9:20am				
	revealed:					
		weekly, but she did not audit				
		ed doses of medication.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL093010	B. WING		09/2	8/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA N	MAGNOLIA GARDEN		158 BUS E			
WARREN			TON, NC 27	589		
(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 APPROFILIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 8	D 273			
	doses of her hydral 09/26/23She did not know was documented on Redoses of hydralazin -The MAs should ha #2's missed hydralathappenedWhen a resident material pressure medication be notifiedWhen the MAs not required to docume progress notesShe did not see who notified when she redelectronic progress. Interview with the A 10:29am revealed:	ave notified her of Resident azine doses when they hissed a dose of any blood in the PCP was supposed to diffied the PCP, they were ent the call in the electronic here the PCP had been eviewed Resident #2's notes.				
	something docume why they were miss -She was not sure wonotifying the PCP a multiple missed dos	nedication should have nted on the eMAR explaining sed. what the protocol was for bout a missed dose or ses of a medication.				
	PCP when there was medicationContact with the Podocumented in Research and been seen as a see	cP should have been ident #2's chart. en contacted the PCP could aff on what to do when a				
		ne interview with Resident #2's der (PCP) on 09/28/23 at cessful.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 09/28/2023	
		HAL093010	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AI PHA MAGNOI IA GARDEN			158 BUS E FON, NC 27	589		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 296	Continued From pa	ge 9	D 296			
D 296	6 10A NCAC 13F .0904(c)(7) Nutrition And Food Service		D 296			
	(c) Menus in Adult(7) The facility shall diet menu for any re	04 Nutrition And Food Service Care Homes: Il have a matching therapeutic esident's physician-ordered guidance of food service staff.				
	reviews, the facility diet menu for 1 of 5 diet order for a low (#1). The findings are: Observation of the on 09/26/23 at 10:3 -The kitchen manage therapeutic diet me -The KM located the box in the kitchen, i around itThe therapeutic dieconcentrated sugar staff to reference.	ons, interviews, and record failed to have a therapeutic sampled residents (#1) with a concentrated sugar (LCS) diet kitchen during the initial tour 2am revealed: ger (KM) had to look for the nu. e therapeutic diet menu in a t had plastic shrink wrap et menu did not have a low (LCS) diet available for the #1's current FL-2 dated		Education was completed on 10 with dietary cook about the important following the therapeutic diet mensure all orders signed by physicing followed. The dietary cook make sure that the menus are vibeing followed at all times. The follow up periodically during meansure that diet orders are being	ortance o enu to sicians ar will visible an ED will altime to	re d
	01/26/23 revealed of mellitus type 2.	diagnosis included diabetes				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER. AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL093010	B. WING		09/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA I	MAGNOLIA GARDEN		158 BUS E	500		
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	TON, NC 27	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 296	Continued From pa	ge 10	D 296			
		#1's diet order dated here was an order for a LCS				
	Interview with Resident #1 on 09/26/23 at 9:08am revealed: -She was diabeticShe ate what the other residents ateShe was served sugar free items if the kitchen had them.					
	Interview with the cook on 09/26/23 at 10:39am revealed: -She did not use the therapeutic diet menu as a guide when preparing mealsThe residents the residents were all served the same thingResidents who were ordered an LCS diet were served sugar free items.					
	09/28/23 at 9:03am -The kitchen staff h on Monday, 09/25/2 -He did not realize to not have the LCS d -He did not reference LCS diet because it to the food when co sugar free snacksHe used the regular	ad started a new cycle menu 23. the new therapeutic menu did				
	(RCC) for the speci at 9:20am revealed -She gave the kitch and their diet orders who had a physicia	desident Care Coordinator al care unit (SCU) on 09/28/23 : en staff the list of residents is and there were residents in's order for an LCS diet. diets included an LCS diet.				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
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		HAL093010	B. WING			8/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DESS CITY S	STATE, ZIP CODE			
NAIVIL OF I	-NOVIDEN ON SUFFEIEN			STATE, ZIF CODE			
ALPHA N	MAGNOLIA GARDEN		158 BUS E FON, NC 27:	E90			
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(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 296	Continued From pa	ge 11	D 296				
	-She was not aware there was not a therapeutic diet menu for an LCS diet available for the kitchen staff to reference.						
	10:29am revealed: -The kitchen staff we new cycle menu incommenu because she review itShe did not know to the rapeutic diet means went into the know it was prepared by the rapeutic diet means and the rapeutic diet means of the know it was prepared by the rapeutic diet means of the known it was prepared by the rapeutic diet means of the kitchen staff of the kitchen staff of the known informed her they not menu for the LCS of the known informed her they not menu for the LCS of the kitchen staff of the known informed her they not menu for the LCS of the known informed her they not staff of the known info	kitchen everyday and I dinner every day. I dinner every day. I temperatures of equipment, itchen, what food was served, id and how it was presented. I kitchen staff to follow the nu. I the KM should have eeded a therapeutic diet liet.					
	·	e interview with Resident #1's der (PCP) on 09/28/23 at cessful					
D 358	10A NCAC 13F .10 Administration	04(a) Medication	D 358				
	(a) An adult care h preparation and adu prescription and no by staff are in accor (1) orders by a lice which are maintaine	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments dance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		D	
		HAL093010	B. WING		09/2	8/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ALPHA N	MAGNOLIA GARDEN		158 BUS E FON, NC 27	589		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
D 358	Continued From pa	ge 12	D 358			
	This Rule is not me Based on observatireviews, the facility were administered residents (#1, #2) in blood pressure (#1 and a medication for the findings are: 1. Review of Reside 06/27/23 revealed of both eyes, and a a. Review of an afte #2's ophthalmologis -Resident #2 had con 07/28/23. -There was an order to treat dry eyes) in four times daily for surgical eye. Review of Resident Medication Administrevealed: -There was an entrained op in surgical eye for 8:00am, 12:00pm, and and an antifered startir -There was document.			Re-education will be completed we med techs and RCC's by Execution Director to make sure that all me in the building at all times. If for supharmacy can don't fill the request medication, to inform the PCP are for that unit asap. Notify the PCP dosage of medication has been reasap. RCC's will make sure all disummaries are reviewed thoroug sent to PCP for clarification immediupon return to the community. To training will be completed on 9/29 ongoing during weekly trainings	ve ds are ome reas st for a d the RC when ar nissed scharge hly and ediately his 0/23 and	CC ny
	from 07/29/23 to 07					
	revealed:	v for Systane eve drops instill				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R	
		HAL093010	B. WING			09/28/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ALPHA N	MAGNOLIA GARDEN		158 BUS E TON, NC 27	589			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
D 358	1 drop into left eye op in surgical eye for 8:00am, 12:00pm, -There was docume were administered to 08/31/23. Review of Resident dated from 09/01/2 -There was an entrowant 1 drop into left eye op in surgical eye for 8:00am, 12:00pm, -There was docume were administered to 09/14/23. -There was docume were administered to 09/14/23. -There was docume were administered 09/15/23 to 09/26/2 -There was an administered 09/15/23 to 09/26/2 -There was an administered on 09/26/23. Observation of Reson 09/26/2 at 2:04 Systane eye drops Observation of Reson 09/26/2 -There was an administered as an eye four times with Telephone interview facility's contracted 3:03pm revealed: -Resident #2 had a instill 1 drop into left	three to four times daily post or three months scheduled at 4:00pm and 8:00pm. entation Systane eye drops four times daily from 08/01/23 at #2's September 2023 eMAR 3 to 09/26/23 revealed: y for Systane eye drops instill three to four times daily post or three months scheduled at 4:00pm and 8:00pm. entation Systane eye drops four times daily from 09/01/23 entation Systane eye drops 19 of 45 opportunities from	D 358				
		of Systane eve drops was					

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL093010	B. WING		09/28/2023	
NAME OF	DOMED OF CHEST ISS			STATE ZID CODE		-
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALPHA N	AGNOLIA GARDEN		158 BUS E	500		
		WARREN	TON, NC 27	589		
(X4) ID		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE
		,		DEFICIENCY)		
D 358	Continued From pa	ge 1/	D 358			
D 330			D 330			
		0/23; each bottle contained				
		drops or 47 days' worth.				
		were an over the counter				
		t used to prevent dry eyes.				
		mimicked tears and were				
		ry due to decreased eye				
	surgery commonly	ased tear production that eye				
	0,	were not on a cycle fill and				
		ered by the facility staff.				
		quest for a refill for Resident				
	#2's Systane eye dr					
		os were not administered as				
		ry the resident could				
		ations due to dry eyes.				
		, ,				
	Interview with Resid	dent #2 on 09/28/23 at 8:09am				
	revealed:					
		ered eye drops in her left eye				
	one or two times a					
		f she was administered her				
	eye drops in the pas					
	feel better.	t eye a lot because it made it				
		why she rubbed her left eye, "it				
	just made it feel bet					
	jast made it looi bol					
	Interview with a me	dication aide (MA) on				
		revealed Resident #2 did not				
	have Systane eye d					
		use there was a problem with				
		rage or the order from the				
	physician.					
		1114				
		ond MA on 09/28/23 at				
	9:57am revealed:	popolible for ordering refille				
		ponsible for ordering refills on				
	medications.	ue with an order or and				
		MAs would reach out to the				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, N. O. 27589 (FACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG D 358 Continued From page 15 primary care provider (PCP) and see if they could help get the medicationThe Resident Care Coordinator (RCC) would also be notified when a medication was not available or could not be refilledShe had requested a refill for the Systane eye drops from the pharmacy a couple of times but never heard back from the pharmacy, she did not recall the datesResident #2 had not complained eye irritation and she had not noticed her rubbing her eye. Interview with the RCC on 09/28/23 at 9:20am revealed: -She did cart audits weekly and asked the MA's if residents' medications were available for administrationShe and the MAs were responsible for reordering medication before the resident ran outWhen a medication was not on a cycle fill, she or the MA were responsible for calling the pharmacy and reorderingThe residents should never run out of a medicationResident #2'S Systane eye drops had been delivered by the pharmacy on 09/27/23She thought the delay in refilling Resident #2's Systane eye drops was because it was too early to be refilledShe was not aware Resident #2 had not had her Systane eye drops since 09/14/23If there was an issue with a medication being refilled the MAs should have notified the PCP or the ophthalmologist.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER 30 HWY 158 BUS E WARRENTON, NC 27589 (A) ID PREFIX (EACH DEFICIENCE) (EACH DEFICIENCE)		HAI 002040		B. WING			
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY TAG	NAME OF I	DROVIDED OR SUDDUED		<u> </u>		09/2	.0/2023
CALL					STATE, ZIF GODE		
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) D 358 Continued From page 15 primary care provider (PCP) and see if they could help with the order; sometimes the PCP could help get the medication. -The Resident Care Coordinator (RCC) would also be notified when a medication was not available or could not be refilled. -She had requested a refill for the Systane eye drops from the pharmacy a couple of times but never heard back from the pharmacy; she did not recall the dates. -Resident #2 had not complained eye irritation and she had not noticed her rubbing her eye. Interview with the RCC on 09/28/23 at 9:20am revealed: -She did cart audits weekly and asked the MA's if residents' medications were available for administration. -She and the MAs were responsible for reordering medication before the resident ran out. -When a medication was not on a cycle fill, she or the MA were responsible for calling the pharmacy and reordering. -The residents's Systane eye drops had been delivered by the pharmacy on 09/27/23. -She thought the delay in refilling Resident #2's Systane eye drops was because it was too early to be refilled. -She was not aware Resident #2 had not had her Systane eye drops since 09/14/23. -If there was an issue with a medication being refilled the MAs should have notified the PCP or the ophthalmologist.	ALPHA N	MAGNOLIA GARDEN			589		
primary care provider (PCP) and see if they could help with the order; sometimes the PCP could help get the medication. -The Resident Care Coordinator (RCC) would also be notified when a medication was not available or could not be refilled. -She had requested a refill for the Systane eye drops from the pharmacy a couple of times but never heard back from the pharmacy; she did not recall the dates. -Resident #2 had not complained eye irritation and she had not noticed her rubbing her eye. Interview with the RCC on 09/28/23 at 9:20am revealed: -She did cart audits weekly and asked the MA's if residents' medications were available for administration. -She and the MAs were responsible for reordering medication before the resident ran out. -When a medication was not on a cycle fill, she or the MA were responsible for calling the pharmacy and reordering. -The residents should never run out of a medication. -Resident #2's Systane eye drops had been delivered by the pharmacy on 09/27/23. -She thought the delay in refilling Resident #2's Systane eye drops was because it was too early to be refilled. -She was not aware Resident #2 had not had her Systane eye drops since 09/14/23. -If there was an issue with a medication being refilled the MAs should have notified the PCP or the ophthalmologist.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
Interview with the Administrator on 09/28/23 at 10:29am revealed: -The RCC was the only staff trained to reorder	D 358	primary care provid help with the order; help get the medica-The Resident Care also be notified whe available or could never heard back for recall the dates. Resident #2 had not not and she had not not literview with the Revealed: She did cart audits residents' medication. She and the MAs were respondent medication. When a medication the MA were respondent medication. Resident #2's Systic delivered by the phase of the was not aware systane eye drops to be refilled. She was not aware systane eye drops of the mass of the ophthalmologist literview with the A 10:29am revealed:	er (PCP) and see if they could sometimes the PCP could ation. e Coordinator (RCC) would en a medication was not of the refilled. If a refill for the Systane eye remacy a couple of times but from the pharmacy; she did not not complained eye irritation ticed her rubbing her eye. ECC on 09/28/23 at 9:20am If weekly and asked the MA's if the swere available for the resident ran out. In was not on a cycle fill, she or insible for calling the pharmacy and never run out of a sane eye drops had been the armacy on 09/27/23. The swas because it was too early the Resident #2 had not had her since 09/14/23. The sweekly and and the poly the pharmacy on the since 09/14/23. The sweekly and not had her since 09/14/23. The sweekly and see the properties of the	D 358			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL093010 B. WING			R 09/28/2023		
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE	-		
ALPHA MAGNOLIA GARDEN		158 BUS E FON, NC 279	589			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
order or refill requestIf the PCP had been con have written a new order drops before they ran ore resident #2's Systane been reordered before the would have been a research attempted telephone into ophthalmologist on 09/2 unsuccessful. b. Review of Resident #06/27/23 revealed there hydralazine (used to tree 25mg three times daily. Review of Resident #2's Medication Administration revealed: -There was an entry for eight hours scheduled a 10:00pmThere was documentated administered 89 of 93 of 08/01/23 to 08/31/23There was nothing documentated and under the excepting the resident was documentated and the second of the excepting the resident was documentated and the excepting the resident was documentated by the excepting the resident was documentated by the excepting the resident was documentated by the excepting the exception of the excepting the exception of the excepting the exception of the exception of the excepting the exception of the	sible for contacting the problem with a medication ontacted the PCP could be for the Systane eye out. If eye drops should have they ran out so there erve. Iterview with Resident #2's 27/23 at 1:24pm was #2's current FL2 dated be was an order for the eat high blood pressure) If the systane eye out. If the systane ey	D 358				

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	Of Fleatur Service INC					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE	
AND FLAIN	OF SOURCE HON	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED	
					R	
		HAL093010	B. WING		09/28/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE		
TW WILL OT	TO VIDEN ON GOLT EIEN		158 BUS E	57771E, 211 GGBE		
ALPHA N	MAGNOLIA GARDEN		ГОN, NC 27	590		
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	`	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
D 358	Continued From pa	ge 17	D 358			
2 000			2 000			
		entation hydralazine 25mg was				
		79 opportunities from				
	09/01/23 to 09/26/2					
		documented on 09/01/23,				
		09/11/23, and 09/21/23 at				
	exceptions.	was nothing noted on the				
		documented on 09/24/23 at				
	6:00am and nothing documented under the exceptions.					
	exceptione.					
	Observation of Res	ident #2's medication on hand				
	on 09/26/23 at 2:04	pm revealed:				
		blets of hydralazine 25mg				
	were dispensed in t	hree cards.				
		struction on the cards was				
		ne tablet every eight hours.				
		edication cards were labeled				
		wo and one of three; each				
	card contained 28 to					
	three had 8 of 28 ta	edication card labeled one of				
	administration.	biets available 101				
		edication card labeled two of				
	three had 9 of 28 ta					
	administration.					
	-The hydralazine m	edication card labeled three of				
	three had 15 of 28 t					
	administration.					
		with the pharmacist from the				
		pharmacy on 09/26/23 at				
	3:03pm revealed:	ourrent order for budgelesis s				
	25mg every eight h	current order for hydralazine				
		alazine was on cycle fill.				
		day supply of 90 tablets of				
	hydralazine 25mg w					
		day supply of 84 tablets of				
	hydralazine 25mg w					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL093010	B. WING		09/2	8/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA N	ALPHA MAGNOLIA GARDEN 930 HWY			500		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	TON, NC 27	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 18	D 358			
	three medication catabletsHydralazine was a medication; it lower next scheduled dos-When a resident medication pressured dose. Interview with Resident medication.	ralazine was dispensed into ards; each card contained 28 short acting blood pressure ed blood pressure until the se. hissed a dose of hydralazine e would go up until the next dent #2 on 09/28/23 at 8:09am of know what here medications				
	were ordered for or if she had high blood pressure.					
	09/28/23 at 9:57am -The MAs were req on the eMAR, incluWhen nothing was it was considered a doses were conside -The MAs were sup Care Coordinator (I primary care provid missed dose or me -The eMAR alerted when they were in t administration of m -She was not aware doses of her hydral	uired to document exceptions ding refusals. documented for a medication missed dose and all missed ered a medication error. posed to notify the Resident RCC) and the resident's er (PCP) when there was a dication error. the MAs of missed doses the system documenting edications. Resident #2 had missed azine.				
	revealed: -She did cart audits the eMAR for misse -She was not aware doses of her hydral 09/26/23.	RCC on 09/28/23 at 9:20am weekly, but she did not audit ed doses of medication. Resident #2 had missed 10 azine from 08/01/23 to				

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DIVISION	of Health Service Re	egulation	т			
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
	HAL093010		B. WING		1	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS CITY S	STATE, ZIP CODE		
			158 BUS E	, 0022		
ALPHA M	IAGNOLIA GARDEN		TON, NC 27	589		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEITGIEROTY		
D 358	Continued From pa	ge 19	D 358			
		sident #2's eMAR or why the				
	doses of hydralazin					
		ave notified her of Resident				
		azine doses when they				
	happened.	signed a dage of any blood				
		nissed a dose of any blood n the PCP was supposed to				
	be notified.	if the FOF was supposed to				
		MAs to administer the				
	residents' medications as ordered and to notify					
	her when there was	s a missed dose.				
		dministrator on 09/28/23 at				
	10:29am revealed:	nedication should have				
		nted on the eMAR explaining				
	why they were miss	sed.				
		what the protocol was for				
	notifying the PCP a	bout a missed dose or				
		ses of a medication.				
		MAs to follow the eMAR and				
		dents their medication as				
	scheduled.					
	Attempted telephon	ne interview with Resident #2's				
		der (PCP) on 09/28/23 at				
	8:42am was unsucc	cessful.				
		ent #1's current FL-2 dated				
	01/26/23 revealed:					
	-Diagnosis included					
		er for hydrochlorothiazide t high blood pressure) daily.				
	Zonny (useu to treat	thigh blood pressure, daily.				
	Review of Resident	#1 physician's orders dated				
		here was an order for				
	hydrochlorothiazide	25mg daily.				
		#1 discharge summary dated				
	hydrochlorothiazide	here was no order for 25mg daily.				

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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:			,
		HAL093010	B. WING		R 09/28/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA I	ALPHA MAGNOLIA GARDEN 930 HWY WARREN			589		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 358	Continued From pa	age 20	D 358			
	Review of Resident electronic medication (eMAR) from 09/18 -There was an entrodaily with a schedur 8:00amThere was docume administered hydrodolog/18/23 to 09/26/23 at the endication of Resident and on 09/26/23 at the endication labeled with a dispensed document of the pharmacy recipies of the pharmacy recipies of the pharmacy serities of the pharmacy had regarding the requestree of the pharmacy dispenses o	t #1's September 2023 on administration record b/23 to 09/26/23 revealed: y for hydrochlorothiazide 25mg led administration time of entation Resident #5 was echlorothiazide 25mg daily from cas. sident #1's medications on at 1:41pm revealed: le pack that contained 12 e 25mg in the medication cart. bel read "take one tablet daily" ate of 09/05/23. w with the Pharmacist at the pharmacy on 09/27/23 at eived a discharge summary 09/17/23. er to continue administration of e 25mg to Resident #1. n order for hydrochlorothiazide she was admitted to the at a request to the facility and drovider (PCP) to see if the be continued. d not received a response				
	from the facility's co	dication clarification request ontracted pharmacy dated on 09/18/23 to request an				

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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:		.	,	
		HAL093010	B. WING			₹ 28/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA	ALPHA MAGNOLIA GARDEN 930 HWY WARREN			589		
(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 SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 358	order to continue of hydrochlorothiazide. There was confirm the facility. Interview with Resister revealed: -She was in the hook kidney infectionShe did not know medications she was linterview with the F(RCC) on 09/27/23-Discharge summar pharmacy when a manage of the medication aid discharge summar. The medication aid discharge summar. She did not know Resident #1's dischedient #1's disched	r to discontinue 2 25mg for Resident #1. nation the fax was received at dent #1 on 09/27/23 at 8:15am spital for three days for a if she was taking the same as prior to the hospitalization. Resident Care Coordinator at 1:17pm revealed: aries were faxed to the resident returned from the de or the RCC would fax the by to the pharmacy. hydrochlorothiazide was not on harge summary. it was not discontinued on harge summary, Resident #7 king the medication, since she dication prior to the et the PCP to see if the et was to continue. e a fax from the pharmacy to holorothiazide 25mg was to be administrator on 09/27/23 at ponsible for reviewing the y and faxing to the pharmacy, ered the discontinued orders hydrochlorothiazide was not on	D 358			

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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		
			A. BUILDING:			,
		HAL093010	B. WING		09/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ALPHA I	MAGNOLIA GARDEN		158 BUS E FON, NC 27	589		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	-She did not know to request to verify when hydrochlorothiazide -She expected the summary and to folloclear. Attempted telephor Primary Care Proving: 32am and 11:30am	the pharmacy had sent a sether to continue the sether to continue the sether to review the discharge low up on orders that were not the interview with Resident #7's der (PCP) on 09/27/23 at m.	D 358			
D 375	Medications 10A NCAC 13F .10 Medications (a) An adult care h who are competent self-administer thei requirements are m (1) the self-adminis physician or other p prescribe medication documented in the (2) specific instruct prescription medication medication label. This Rule is not me Based on observati interviews, the facil resident sampled (#	tration is ordered by a person legally authorized to person in North Carolina and resident's record; and sons for administration of ations are printed on the person are printed by: et as evidenced by: et as evi	D 375	Education was completed on 9 with all med techs and aides, e those who work SCU area to resure, when providing care to repersonal care items after they with each resident. Room swe are to be completed during ea to shift daily, to ensure nothing cause any harm is left in rooms and ED shall perform room che periodically throughout the weethat nothing harmful is left in reroom and that staff are comple room sweeps. This training will weekly by RCC's.	specially make move all finish eps ch that can s. RCC's ecks ek to ensu sidents ting their	

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		HAL093010	B. WING		1	8/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE			
ALPHA N	MAGNOLIA GARDEN		158 BUS E FON, NC 27:	580			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE	
D 375	Continued From pa	ge 23	D 375				
	06/27/23 revealed: -Diagnoses include delirium with acute -The Resident #6 w disoriented and war-Resident #6 reside (SCU)There was no order skin for Resident #6 remedications. Observation of Resident #6 revealed: -There were 2 tube bedside table, 3 oz. protectant with dimemoisturizing body of	ed in the special care unit er for a lotion or cream for dry 6. er for self-administration of ident #6's room during the r on 09/26/23 at 8:59am s of body cream lying on his of SENSI CARE, a skin ethicone and 2 oz. Once a Day					
	morning survey rourevealed: -There were 2 tube bedside table, 3 oz. protectant with dimensisturizing body compositions.	ident #6's room during the nds on 09/27/23 at 8:15am s of body cream lying on his of SENSI CARE, a skin ethicone and 2 oz. Once a Day ream. kin creams were one-half full.					
	revealed: -The Resident alwahis bedside table He liked to rub the hands when his skithed to rub the hands when his skithed to rub the did not call on	dent #6 on 09/26/23 at 9:20am bys kept the tubes of cream on c creams on his arms and n felt dry. a personal care assistant n aide (MA)to assist.					

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	or realth Service IN		()(0) MUU TIBI	F CONCERNATION	(VO) DATE	OLIDA (EX
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE	SURVEY LETED
			A. BUILDING:		30	
			D 14/11/0		R	
		HAL093010	B. WING		09/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AL DUA I	AA ONOLIA OADDEN	930 HWY	158 BUS E			
ALPHA	MAGNOLIA GARDEN	WARREN ⁻	TON, NC 27	589		
(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 375	Continued From pa	ge 24	D 375			
	-No staff asked aboutableNo staff tried to take on the medication of the couple of	but the creams on his bedside the treams and place them the cart. The sits the facility and hands out to the residents. The sits the facility and hands out to the residents. The sits the facility and hands out to the residents. The sits the facility and hands out to the residents. The sits the facility and hands out to the residents. The sits the facility and hands out to the residents at his and getting the sits that the sits the				
	revealed: -Resident #6 did no creamsThere were no skir cart for Resident #6 -She administered I his room but she wa creams kept on his -Resident #6 did no order to keep medic -She had not notice #6's room. Review of the manu product information - SENSI CARE, a s dimethicone may proceed to the result of the second of th	Resident #6's medications in as not aware there were bedside table. It have a self-administration cations in his room. It has been to the skin creams in Resident afacturing company's on-line revealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 09/28/2023		
HAL093010		HAL093010					
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
			158 BUS E	,			
ALPHA I	MAGNOLIA GARDEN	WARREN	TON, NC 27	589			
(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 375	Continued From pa	ge 25	D 375				
	- Once a Day moisturizing body cream may produce skin burning and stinging.						
	on shelves in the bar-Resident #6 liked to apply them -Resident #6 did no self-administering n	to use lotions and creams and himself. of have an order for medications.					
	staying on Residen MAs see them.	ble that the creams were t #6's bedside table and no ble staff did not know how long en in his room.					
		ew with Administrator on					
		ne interview with Resident #6's t 9:32am and 11:30am.					

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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	
			A. BUILDING.			R	
		HAL093010	B. WING			28/2023	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ALPHA I	IAGNOLIA GARDEN		158 BUS E TON, NC 27	589			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 375	Continued From pa	ige 26	D 375				
	06/27/23 revealed: -Diagnoses includir gastric-esophageal depressive disorde	ent #7's current FL-2 dated ng hypertension, reflux disease, constipation, r, and hyperlipidemia. er for the self-administration of					
	dated 07/18/23 reverse of the control of the contro	t #7's signed physician orders ealed: er for triamcinolone cream and itching) 0.1% apply to ily as needed for rash and er for self-administration of					
	revealed: -There were three prontaining a white of dresser.	top of Resident #7's dresser plastic medicine cups, each cream, sitting on top of the cups were filled to ½ full of the					
	revealed: -He used the crean -He used the crean lower legsThe medication aid cream when he ask -The MA would plac cup for him to take -The cream was ke medication cart. Telephone interview	ce the cream in the medication					

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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	
					R	
		HAL093010	B. WING		09/28/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ΔΙ ΡΗΔ Ι	MAGNOLIA GARDEN		158 BUS E			
AEI 11A 1	MAGNOLIA GANDLIN	WARREN	TON, NC 27	589		
(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 APPROPRIED TO THE APPROPRIED CORRECTION OF THE	D BE COMPLETE	
D 375	Continued From pa	ge 27	D 375			
D 375	10:38am revealed: -Resident #7 had a cream twice daily a -Triamcinolone creaused for rash and it -The pharmacy didorder for Resident # Interview with a per 09/28/23 at 9:43am -She assisted with -She had not seen #7's roomShe would have to medications in Res Interview with a MA revealed: -She did not give R medication cup to p-Resident #7 had a triamcinolone for hi -She would apply the Resident #7 requesions in his roomShe did not know to roomShe would have received in his room.	n order for triamcinolone is needed for dry, itching skin. It was a low potency steroid tiching. It not have a self-administration with the care aide (PCA) on a revealed: It care for Resident with the medication in Resident with the MA if she saw ident with the medication in Resident with the medication. It is lower legs. In the medication was in his emoved the medication from	D 375	Re-education was provided on Sall med tech and aides about no residents to self administrator a including creams and lotions duresident's not having a self-adm If a resident request to be allowed medication, Med tech will inform get an assessment completed to Education was also provided to on why he can no longer be give creams to apply himself. The education weekly by RCCs.	t allowing ny medication e to ninistered order. ed to self administer the RCC and PCP b be able to do so. the resident en the	

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NAME OF PROVIDER OR SUPPLIER AL PULA MACCOLLA CARDEN B. WING B. WING O9/28/2023	STATEMENT OF DEFICIENCIES (X1) 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 930 HWY 158 RUS F			HAL093010	B. WING			
930 HWY 158 BUS E	NAME OF P	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		0.2020
ALPHA MAGNULIA GAKUEN WARRENTON NO 07500	ALPHA MAGNOLIA GARDEN 930 HWY 158 BUS E						
WARRENTON, NC 27589							
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
D 375 Continued From page 28 D 375	D 375	Continued From pa	ge 28	D 375			
cream in his roomResident #7 would need to be assessed by the PCP to ensure Resident #7 could safely self-administer a topical creamThe MAs were not to give residents' medications and allow the residents to take the medications back to their roomsShe expected the MAs to observe the residents taking their medications. Refer to the interview with Administrator on 09/28/23 at 10:06am. Attempted telephone interview with Resident #7's PCP on 09/27/23 at 9:32am and 11:30am was unsuccessful. Interview with the Administrator on 09/28/23 at 10:06am revealed: -Residents may self-administer medications after being assessed by the PCPMedications should not be left in resident rooms unless they had an order for self-administration and had been assessed by the PCPShe expected the MAs to administer all medications to the residents if there was no self-administration order.	D 3/5	cream in his roomResident #7 would PCP to ensure Res self-administer a to -The MAs were not and allow the reside back to their rooms -She expected the I taking their medicat Refer to the intervie 09/28/23 at 10:06ar Attempted telephon PCP on 09/27/23 at unsuccessful. Interview with the A 10:06am revealed: -Residents may sel being assessed by -Medications should unless they had an and had been asse -She expected the I medications to the I	need to be assessed by the ident #7 could safely pical cream. to give residents' medications ents to take the medications. MAs to observe the residents tions. When with Administrator on m. The interview with Resident #7's to 9:32am and 11:30am was and ministrator on 09/28/23 at the PCP. If not be left in resident rooms order for self-administration seed by the PCP. MAs to administer all residents if there was no	D 3/5			

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