

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	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	{D 000}		
{D 273}	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews, and interviews, the facility failed to ensure physician notification for 2 of 5 sampled residents (#1, and #3) related to medication refusals of an inhaler, a long-acting insulin, a stool softener, a vitamin supplement, an anti-depressant, a statin medication, an antipsychotic medication, and a laxative (#1); and a psychotropic medication (#3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 11/21/22 revealed diagnoses included mild intellectual disability, gastro-esophageal reflux disease (GERD), Diabetes mellitus Type 2, schizoaffective, and hyperlipidemia.</p> <p>a. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for Advair Diskus 250/50 (a steroidal inhaler used to treat shortness of breath) one puff orally twice a day.</p> <p>Review of Resident #1's July 2023 electronic</p>	{D 273}	<p>RCC will ensure that prescribers will be notified of any discrepancies in health care orders that are not carried out as ordered, including medication refusals.</p> <p>Administrator will monitor weekly for 3 months and then monthly thereafter.</p>	<p>Beginning 9/17/23 and ongoing thereafter</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Patricia S Miller</i>	TITLE Administrator	(X6) DATE 10/11/23
--	------------------------	-----------------------

Reviewed and Acknowledged

Keisha Banks

10/23/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 1</p> <p>medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Advair Diskus 250/50 one puff orally twice a day scheduled for administration at 8:00am and 7:00pm. -Advair Diskus 250/50 was documented for "resident refused" at 7:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23. <p>Review of Resident #1's August 2023 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Advair Diskus 250/50 one puff orally twice a day scheduled for administration at 8:00am and 7:00pm. -Advair Diskus 250/50 was documented for "resident refused" at 7:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23. <p>Review of Resident #1's progress notes revealed:</p> <ul style="list-style-type: none"> -There was no documentation Resident #1 had experienced incidents of shortness of breath or hospitalizations. -There was no documentation the primary care provider (PCP) was notified for refused medications. <p>b. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for Docqlace 100mg (used to treat constipation) one capsule at bedtime.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Docqlace 100mg one capsule at bedtime scheduled for administration 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 2</p> <p>at 7:00pm. -Docqlace 100mg was documented for "resident refused" at 7:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23.</p> <p>Review of Resident #1's August 2023 eMAR revealed: -There was an entry for Docqlace 100mg one capsule at bedtime scheduled for administration at 7:00pm daily. -Docqlace 100mg was documented for "resident refused" at 7:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23.</p> <p>Review of Resident #1's progress notes revealed: -There was no documentation Resident #1 had experienced incidents of constipation. -There was no documentation the primary care provider (PCP) was notified for refused medications.</p> <p>c. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for fish oil 1000mg (used to treat high cholesterol) 2 capsules 3 times a day.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for fish oil 1000mg take two capsules 3 times a day scheduled for administration at 8:00am, 2:00pm, and 8:00pm daily. -Fish oil 1000mg was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 3</p> <p>Review of Resident #1's August 2023 eMAR revealed: -There was an entry for fish oil 1000mg take two capsules 3 times a day scheduled for administration at 8:00am, 2:00pm, and 8:00pm daily. -Fish oil 1000mg was documented for "resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23.</p> <p>Review of Resident #1's progress notes and laboratory reports revealed: -There was no documentation of Resident #1's lipid values available for review. -There was no documentation the primary care provider (PCP) was notified for refused medications.</p> <p>d. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for Levemir (a long-acting insulin used to treat elevated blood sugar levels) 100units/ml inject 85 units subcutaneously twice a day.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Levemir 100units/ml inject 85 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pm daily. -Levemir 100units/ml was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23. -Blood sugar results at 7:00am (after missed</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 4</p> <p>8:00pm doses the evening before) ranged from 238 to 274.</p> <p>Review of Resident #1's August 2023 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Levemir 100units/ml inject 85 units subcutaneously twice a day scheduled for administration at 8:00am and 8:00pm daily. -Levemir 100units/ml was documented for "resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23. -Blood sugar results at 7:00am (after missed 8:00pm doses the evening before) ranged from 183 to 286. <p>Review of Resident #1's progress notes revealed:</p> <ul style="list-style-type: none"> -There was no documentation Resident #1 had experienced incidents of hyperglycemia or hypoglycemia. -There was no documentation the primary care provider (PCP) was notified for refused medications. <p>e. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for mirtazapine (used to treat depression) 30mg at bedtime.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for mirtazapine 30mg at bedtime scheduled for administration at 8:00pm daily. -Mirtazapine 30mg was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 5</p> <p>07/23/23, 07/25/23, 07/27/23, and on 07/29/23.</p> <p>Review of Resident #1's August 2023 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for mirtazapine 30mg at bedtime scheduled for administration at 8:00pm daily. -Mirtazapine 30mg was documented for "resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23. <p>Review of Resident #1's progress notes revealed:</p> <ul style="list-style-type: none"> -There was no documentation Resident #1 had experienced any episodes of depression. -There was no documentation the primary care provider (PCP) was notified for refused medications. <p>f. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for pravastatin (used to treat high cholesterol) 40mg at bedtime.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for pravastatin 40mg at bedtime scheduled for administration at 8:00pm daily. -Pravastatin 40mg was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23. <p>Review of Resident #1's August 2023 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for pravastatin 40mg at bedtime scheduled for administration at 8:00pm 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 6</p> <p>daily.</p> <p>-Pravastatin 40mg was documented for "resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23.</p> <p>Review of Resident #1's progress notes revealed:</p> <p>-There was no documentation Resident #1 had laboratory values for lipids available for review.</p> <p>-There was no documentation the primary care provider (PCP) was notified for refused medications.</p> <p>g. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for risperidone (an antipsychotic used to treat schizoaffective disorder) 0.5mg take one tablet 2 times a day with a 2mg dose.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed:</p> <p>-There was an entry for risperidone 0.5mg take one tablet 2 times a day with a 2mg dose scheduled for administration at 8:00am and 8:00pm daily.</p> <p>-Risperidone 0.5mg was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23.</p> <p>Review of Resident #1's August 2023 eMAR revealed:</p> <p>-There was an entry for risperidone 0.5mg take one tablet 2 times a day with a 2mg dose scheduled for administration at 8:00am and 8:00pm daily.</p> <p>-Risperidone 0.5mg was documented for</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 7</p> <p>"resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23.</p> <p>Review of Resident #1's progress notes revealed: -There was no documentation Resident #1 had experienced incidents related to behaviors. -There was no documentation the primary care provider (PCP) was notified for refused medications.</p> <p>h. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for risperidone (used to treat schizoaffective disorder) 2.0mg take one tablet 2 times a day.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed: -There was an order for risperidone 2.0mg take one tablet 2 times a day scheduled for administration at 8:00am and 8:00pm daily. -Risperidone 2.0mg was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23.</p> <p>Review of Resident #1's August 2023 eMAR revealed: -There was an entry for risperidone 2.0mg take one tablet 2 times a day scheduled for administration at 8:00am and 8:00pm daily. -Risperidone 2.0mg was documented for "resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 8</p> <p>Review of Resident #1's progress notes revealed: -There was no documentation Resident #1 had experienced incidents related to behaviors. -There was no documentation the primary care provider (PCP) was notified for refused medications.</p> <p>i. Review of Resident #1's signed physician's orders dated 05/22/23 revealed there was an order for Sennalax-S (used to treat constipation) 8.6-50mg 2 tablets at bedtime for constipation.</p> <p>Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Sennalax-S 8.6-50mg 2 tablets at bedtime for constipation scheduled for administration at 8:00pm daily. - Sennalax-S 8.6-50mg was documented for "resident refused" at 8:00pm for 10 of 31 opportunities on 07/09/23, 07/13/23, 07/14/23, 07/17/23-07/19/23, 07/23/23, 07/25/23, 07/27/23, and on 07/29/23.</p> <p>Review of Resident #1's August 2023 eMAR revealed: -There was an entry for Sennalax-S 8.6-50mg at bedtime scheduled for administration at 8:00pm daily. -Sennalax-S 8.6-50mg was documented for "resident refused" at 8:00pm for 12 of 31 opportunities on 08/01/23, 08/03/23, 08/04/23, 08/13/23, 08/14/23, 08/20/23-08/22/23, 08/26/23, and on 08/28/23-08/30/23.</p> <p>Review of Resident #1's progress notes revealed: -There was no documentation Resident #1 had experienced incidents related to constipation with the resident. -There was no documentation the primary care</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 9</p> <p>provider (PCP) was notified for refused medications.</p> <p>Interview with Resident #1 on 09/06/23 at 4:10pm revealed:</p> <ul style="list-style-type: none"> -She did not refuse medications when she was awake. -She did not go to bed early (but could not explain what was early). -She did not take her evening medications every night. -She refused her medications at night sometimes because she had already gone to bed. -She had not had any issues with not receiving her medications at night. <p>Interview with an evening MA on 09/07/23 at 6:40am revealed:</p> <ul style="list-style-type: none"> -He worked the evening shift from 7:00pm to 7:00am. -He administered 8:00pm medications to the residents. -Sometimes, Resident #1 was in bed before the 8:00pm medication pass. -If Resident #1 did not come to the medication room for 8:00pm medications, he went to her room and knocked on the door announcing that it was time for her medications. -If Resident #1 was asleep and did not answer, he did not awaken her for her medications. -"He was not going to wake her up and give her medications lying in bed". -The eMAR system displayed a history icon that would reveal if the previous dose scheduled for the same time had not been administered. -He thought the number of missed doses before notifying the Resident Care Coordinator (RCC) or Administrator was if the resident missed 3 or 4 doses. -He either verbally informed the RCC or the 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 10</p> <p>Administrator in the past that Resident #1 refused her 8:00pm medications occasionally or documented on the 24 hours shift notes.</p> <ul style="list-style-type: none"> -He did not know a specific time when he had told the RCC or the Administrator Resident #1 was not administered her 8:00pm medications -He had not notified Resident #1's primary care provider (PCP) because he worked nights and the PCP's office was closed before he got to work and not open before he left in the morning. -He was not sure if the RCC or Administrator audited residents' eMARs for refused medications and notified the PCP. <p>Telephone interview with Resident #1's PCP on 09/07/23 at 1:44pm revealed:</p> <ul style="list-style-type: none"> -The facility should be letting him know if residents were refusing medications after 2 or 3 times in a row or routine refusals. -Not receiving medications as ordered would alter the effectiveness of disease management which could lead to increased negative outcomes like increased depression, elevated cholesterol and lipid levels which could contribute to heart conditions, elevated blood sugars in diabetics that could ultimately lead to organ damage, and stomach discomfort from constipation. -The PCP could be notified via faxes to his office, text to his phone, messages on his telephone or through the computer messaging system 24 hours a day and 7 days a week; there was an on-call answering service for the PCP as well. -He had no documentation the facility had notified him of the multiple refused doses of Resident #1's 8:00pm medications. -He would have suggested moving the evening time earlier in the evening if Resident #1 went to bed early, but he was not informed of the refused doses. 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 11</p> <p>Interview with the Administrator on 09/07/23 at 5:50pm revealed:</p> <ul style="list-style-type: none"> -She or the RCC were responsible to audit eMARs for missed medications, including refused medications. -Staff should be notifying the PCP, RCC or the Administrator after 2 or 3 missed doses of a medication. -She had not been routinely auditing residents' eMARs due to staffing issues. -There was no documentation available for review for medication staff having notified the PCP for Resident #1 refusing 8:00pm medications in July 2023 and August 2023. -The evening shift MAs had not informed the Administrator of Resident #1's 8:00pm medication refusals. <p>Attempted interview with the Resident Care Coordinator (RCC) on 09/07/23 at 5:25pm was unsuccessful.</p> <p>2. Review of Resident #3's current FL2 dated 02/20/23 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Alzheimer's dementia with behavioral disturbance, schizophrenia, and seizure disorder. -He was intermittently disoriented. -He had other inappropriate behaviors. -There was an order for Geodon 60mg (used to treat mood/mental disorders) twice daily. <p>Review of Resident #3's psychiatry progress note dated 08/09/2023 revealed:</p> <ul style="list-style-type: none"> -The psychiatrist had been slowly reducing Geodon and Resident #3 currently was prescribed Geodon 20mg at 8:00am and 40mg at 8:00pm. -Staff reported Resident #3 had increased evening agitation within the past 4 weeks. 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 12</p> <ul style="list-style-type: none"> -The psychiatrist prescribed Depakote sprinkles (used to treat mental/mood conditions) 125mg at 11:00am and 4:00am. -The psychiatrist maintained the current regimen of Geodon 20mg at 8:00am and 40mg at 8:00pm. <p>Review of Resident #3's psychiatry progress note dated 08/18/2023 revealed:</p> <ul style="list-style-type: none"> -Staff reported Resident #3 had no behavioral outbursts since being prescribed Depakote sprinkles. -The psychiatrist discontinued Geodon 20mg at 8:00am and 40mg at 8:00pm. -The psychiatrist prescribed Geodon 20mg at 8:00pm. <p>Review of Resident #3's electronic medication administration record (eMAR) for August 2023 revealed:</p> <ul style="list-style-type: none"> -There was an entry for Geodon 20mg scheduled for 8:00pm with a start date of 8/18/23. -There was documentation on 08/30/2023 at 8:00pm that Resident #3 refused Geodon 20mg. <p>Review of Resident #3's eMAR for September 2023 revealed:</p> <ul style="list-style-type: none"> -There was an entry for geodon 20mg scheduled for 8:00pm. -There was documentation on 09/01/2023 at 8:00pm that Resident #3 refused Geodon 20mg. <p>Attempted telephone interview with the medication aide (MA) who documented refusals on the August and September 2023 MAR on 09/07/2023 at 3:52pm was unsuccessful.</p> <p>Review of Resident #3's progress notes revealed:</p> <ul style="list-style-type: none"> -On 09/05/2023, Resident #3 was confused and went into another resident's room. -The other resident pushed Resident #3 and 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	<p>Continued From page 13</p> <p>Resident #3 pushed the other resident back. -Resident #3 lost his balance and fell on his buttocks in the hallway. -Staff assessed Resident #3 who had no injuries.</p> <p>Interview with Resident #3 on 09/06/2023 at 4:18pm revealed: -He took his medications. -He did not refuse his medications.</p> <p>Interview with the Administrator on 09/06/2023 at 3:50pm revealed: -The Resident Care Coordinator (RCC) or the Administrator would be responsible to notify the primary care provider (PCP) for refused medications. -She had not notified the PCP or mental health provider (MHP) regarding Resident #3 refusing his medications</p> <p>Interview with Resident #3's PCP on 09/07/2023 at 1:45pm revealed: -He did not remember being contacted by any staff reporting Resident #3 refusing his 8:00pm Geodon on 08/30/2023, 09/01/2023, 09/02/2023, and 09/03/2023. -Resident #3's behaviors could have been adversely affected by not getting Geodon on those days. -He would have expected to have been notified about Resident #3 refusing Geodon. -He would expect to be notified when a resident refused medication twice in a week. -He had not been notified about Resident #3 having confusion or wandering into another resident's room on 09/05/2023.</p> <p>Interview with the Administrator on 09/07/2023 at 5:35pm revealed: -She was out of work from 08/30/2023 until</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

{D 273}	<p>Continued From page 14</p> <p>09/04/2023.</p> <ul style="list-style-type: none"> -Resident #3's MHP had been reducing some of his medications. -She had previously notified Resident #3's MHP that the resident was exhibiting increased behaviors. -She was not aware that Resident #3 had refused his 8:00pm Geodon on 08/30/2023, 09/01/2023, 09/02/2023 and 09/03/2023. -She or the RCC were responsible to audit eMARs for missed medications, including refused medications. -She had not been routinely auditing residents' eMARs due to staffing issues. -Staff should be notifying the PCP, RCC or the Administrator after 2 or 3 missed doses of a medication. <p>Attempted telephone interview with the RCC on 09/07/23 at 5:25pm was unsuccessful.</p> <p>The facility failed to notify the physician of a resident's refusals of 8 medications scheduled at 8:00pm including a long-acting insulin placing the resident at risk for elevated blood sugars which could cause damage to the kidneys and eyes, an anti-depressant and anti-psychotic medications placing the resident at risk for increased depression and schizophrenic episodes, and an inhaler placing the resident at risk for breathing difficulty including shortness of breath (#1); and a resident refusing a psychotropic medication which resulted in behaviors of wandering into other residents' rooms. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/07/23 for this violation.</p>	{D 273}		
---------	---	---------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 15	{D 273}		
	<p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 15, 2023.</p> <p>{D 276} 10A NCAC 13F .0902(c)(3-4) Health Care</p> <p>10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure implementation of orders for 1 of 5 sampled residents (#3) who had orders for a referral to a dermatologist.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 02/20/23 revealed: -Diagnoses included Alzheimer's dementia with behavioral disturbance, schizophrenia, and seizure disorder. -He was intermittently disoriented.</p> <p>Review of Resident #3's physician progress notes dated 04/10/2023 revealed: -Resident #3 had developed a lesion to the pinna (outer rim) of his left ear. -The lesion was open with a mucoid drainage at the top of the pinna.</p>	{D 276}	RCC will assure that documentation is recorded in residents' records of all treatments, orders from physicians and health care related referrals as well as implementation of each which shall include MAR documentation by med aides for all orders and to also include refusals by residents of any med/treatment orders or refusals to attend scheduled appointments.	beginning 10/1/23 and ongoing thereafter

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 276}	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Resident #3 did not remember an injury or trauma. -Staff said it appeared over the last few days. -Resident #3 stated the lesion was not painful. <p>Review of physician's orders revealed:</p> <ul style="list-style-type: none"> -There was an order dated 04/10/2023 to apply an antibiotic ointment twice daily to affected area for 7 days. -There was an order for a referral to a dermatologist for evaluation of left ear. <p>Review of Resident #3's care notes and physician's encounter summaries on 09/06/2023 revealed there was no documentation Resident #3 had been seen by a dermatologist.</p> <p>Observation of Resident #3's left ear on 09/07/2023 at 2:05pm revealed:</p> <ul style="list-style-type: none"> -There was an oval area in the middle of the left outer ear section (pinna) which was 1 inch to 1 and 1/2 inches in length and 1/2 to 3/4 inches wide. -The area had dry scabbing with no drainage observed. <p>Interview with the Administrator on 09/07/2023 at 9:10am revealed:</p> <ul style="list-style-type: none"> -The facility made a dermatology appointment for Resident #3 for evaluation of his ear, but it was cancelled. -She was not sure if the dermatology office cancelled the appointment or if the facility cancelled because of not being able to transport him. -On 06/09/2023, she sent a referral along with another resident to the same dermatology office. -She did not know if she was supposed to call the dermatologist office or if the dermatologist office was supposed to call the facility to reschedule. 	{D 276}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 276}	<p>Continued From page 17</p> <p>-She would call to reschedule Resident #3's appointment today.</p> <p>Interview with the dermatologist office on 09/07/2023 at 9:29am revealed:</p> <p>-Resident #3 had an appointment scheduled for 04/21/2023.</p> <p>-Someone from the facility rescheduled the 04/21/2023 appointment to 06/09/2023.</p> <p>-The appointment on 06/09/2023 was a "no show".</p> <p>-The dermatologist office had received no contact from the facility about the missed appointment or to reschedule the appointment.</p> <p>Interview with Resident #3's primary care provider (PCP) on 09/07/2023 at 1:45pm revealed:</p> <p>-He had not seen Resident #3 since 04/10/2023.</p> <p>-He would have expected the facility to have gotten the referral for Resident #3 completed by now.</p> <p>-He was not aware the facility had rescheduled the appointment on 04/21/2023 to 06/09/2023 and that appointment was not kept, and an appointment had not been rescheduled.</p> <p>-He had not prescribed any additional ointment for Resident #3's ear since April 2023.</p> <p>-Staff had not contacted him about Resident's #3's ear since his visit on 04/10/2023.</p> <p>Interview with Resident #3 on 09/07/2023 at 2:15pm revealed:</p> <p>-He did not remember ointment being applied to his ear.</p> <p>-He did not remember a referral being made to a dermatologist about his ear.</p> <p>-Staff were not applying ointment or cream to his ear and his ear did not hurt.</p> <p>Interview with the Administrator on 09/07/2023 at</p>	{D 276}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 276}	Continued From page 18 5:05pm revealed: -She or the Resident Care Coordinator (RCC) were responsible for making sure appointment referrals were made. -She or the RCC were responsible to follow up about the referral to the dermatologist for Resident #3's ear. -There was a Supervisor who also would have been responsible to make sure a referral was made for Resident #3, but she was not sure if the Supervisor was still employed during that time. Attempted interview with the Resident Care Coordinator (RCC) on 09/07/23 at 5:25pm was unsuccessful.	{D 276}		
{D 317}	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a minimum of 14 hours of a variety of group activities provided each week for residents: The findings are: Observation of the activity room (where all activity supplies were stored) on 09/06/2023 at 9:20am revealed:	{D 317}	Activity Director will change times of activities to ensure that no activities are planned during meal times and to ensure that 14 hours of activities are offered weekly. AD will document attendance of each activity and administrator will monitor monthly.	10/1/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 317}	<p>Continued From page 19</p> <ul style="list-style-type: none"> -The door to the activity room was locked. -There were some colored pencils, coloring pages and a few board games in the room. -There was a plastic bowling set in the corner. -There was a closet with doors and a cabinet with doors (which contained more activities for the facility) which were both locked. <p>Observation of the common lounge room on 09/06/2023 at 9:40am revealed:</p> <ul style="list-style-type: none"> -There were chairs and couches for residents to sit on. -There was one television which was turned on. -There was a piano and a stationary bike. -There was one bookshelf with several books, hymnals, and puzzles. <p>Observation of the facility's monthly activities calendar on 09/06/23 at 9:30am revealed:</p> <ul style="list-style-type: none"> -The activities calendar was posted in the dining hall. -The activities calendar did not correspond to the current month of September 2023. -The first day of the posted activities calendar started on Tuesday. -The first day of September 2023 occurred on a Friday. -The dates on the calendar did not match the current month, so it could not be determined what, if any activities were scheduled for the current date. -There were at least 14 hours of scheduled activities weekly. -Activities were scheduled every Monday through Friday from 12:00pm to 3:00pm. -No activities were scheduled on Saturdays or Sundays. <p>Observation of the facility on 09/06/2023 at 12:00pm revealed:</p>	{D 317}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 317}	<p>Continued From page 20</p> <ul style="list-style-type: none"> -Staff were assisting residents to the dining hall for the lunch meal. -There was no activity occurring at 12:00pm within the facility. -The Activity Director (AD) was not in the facility. -The activity calendar that was posted did not match the current month's, however, the activity on the first Wednesday of the month was "jewelry class" from 12:00pm to 2:00pm. <p>Observation of the facility on 09/06/2023 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -There was no activity occurring at 2:00pm within the facility. -The AD was not in the facility. -Some residents were in the living room and the television was on. -Some residents were in the hallway. -Some residents were outside on porches. -Some residents were sitting or lying down in their rooms. -The activity calendar that was posted did not match the current month's date, however, the activity on the first Wednesday of the month was "cards" from 2:00pm to 3:00pm. <p>Observation of the facility on 09/06/2023 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -The AD was not at the facility. -About 15 residents were in the dining hall playing Bingo. -A dietary staff member was calling the Bingo numbers. -The activity lasted 30 minutes. -The activity calendar that was posted did not match the current month's date, however, the activity on the first Wednesday of the month was "cards" from 2:00pm to 3:00pm. <p>Observation of the facility on 09/06/2023 at</p>	{D 317}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 317}	<p>Continued From page 21</p> <p>various times between 9:30am and 5:00pm revealed:</p> <ul style="list-style-type: none"> -The AD was not in the facility. -No other activities were being done and no one asked residents to participate in activities. -Residents were observed throughout the day sitting on the porches, sitting in the living room where the television was turned on, in the hallway, or sitting or lying down in their rooms. <p>Observation of the facility on 09/07/2023 at 12:00pm revealed:</p> <ul style="list-style-type: none"> -Staff were assisting residents into the dining hall for lunch at 12:00pm. -The AD was not in the facility. -There was no activity occurring at 12:00pm within the facility. -The activity calendar that was posted did not match the current month's date, however, the activity on the first Thursday of the month was "puzzles" from 12:00pm to 1:00pm.. <p>Observation of the facility on 09/07/2023 at 1:00pm revealed:</p> <ul style="list-style-type: none"> -The AD was not in the facility. -There was no activity occurring at 1:00pm in the activity room or within the building. -Some residents were in the living room and the television was on. -Some residents were in the hallway. -Some residents were outside on the porches. -Some residents were sitting or lying down in their rooms. -The activity calendar that was posted did not match the current month's date, however, the activity on the first Thursday of the month was "coloring" from 1:00pm to 3:00pm. <p>Observation on 09/07/2023 at various times between 8:00am and 7:00pm revealed:</p>	{D 317}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 317}	<p>Continued From page 22</p> <ul style="list-style-type: none"> -Some residents were in the living room and the television was on. -Some residents were in the hallway. -Some residents were outside smoking. -Some residents were in their rooms sitting or lying in the bed. -There were no activities available for residents to participate in the entire day. -The AD was not in the facility. <p>Observation of the activity room (where all activity supplies were stored) on 09/07/2023 throughout the day revealed:</p> <ul style="list-style-type: none"> -The closet and a cabinet (which contained the activities for the facility) were both locked and no staff retrieved any activity supplies from the activity room. -There were records of activities from 08/01/2023 through 08/25/2023. -The records listed names of residents who attended the activity. -There were no records after 08/25/2023. <p>Interview with a resident on 09/07/2023 at 9:48am revealed:</p> <ul style="list-style-type: none"> -There was an AD but she was not always at the facility. -Residents had played Bingo and done some activities in the activity room. -The AD did not announce when activities were happening; residents had to go see if an activity was happening. -He played Bingo yesterday, but it had been a long time since Bingo was offered to residents before yesterday. <p>Interview with a second resident on 09/07/2023 at 9:53am revealed:</p> <ul style="list-style-type: none"> -The residents did not have many activities. -They played Bingo once a month. 	{D 317}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 317}	<p>Continued From page 23</p> <ul style="list-style-type: none"> -They had crafts once every 2 weeks but it only lasted 30 minutes. -He did not know of any activities on 09/04/2023 or 09/05/2023. -There was not much to do and that was why most of the residents went outside and smoked cigarettes. <p>Interview with a third resident on 09/07/2023 at 10:01am revealed:</p> <ul style="list-style-type: none"> -They did activities at the facility. -He never went into the activity room. -No one told him when activities are going on. <p>Interview with a fourth resident on 09/07/2023 at 10:30am revealed:</p> <ul style="list-style-type: none"> -Residents made bracelets sometimes. -He thought they had activities every other day. -They had Bingo about 3 times a month. -Someone told him when they were doing activities. <p>Interview with a fifth resident on 09/07/2023 at 11:30am revealed:</p> <ul style="list-style-type: none"> -They played Bingo yesterday. -It had been about a week and half before yesterday since they had any activities. -The AD had been out sick. <p>Interview with a kitchen staff on 09/07/2023 at 11:35am revealed:</p> <ul style="list-style-type: none"> -She started serving lunch at 12:00pm. -Residents came to lunch in groups until all were served. -The Administrator asked her to fill in and do activities between lunch and dinner when the AD was absent. -She did not know who filled in to do activities when she was not working. 	{D 317}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 317}	<p>Continued From page 24</p> <p>Interview with a Personal Care Aide (PCA) on 09/07/2023 at 4:15pm revealed: -She had been at the facility for 5 weeks. -She worked Fridays, Saturdays and Sundays. -It had been a few weeks since she saw the AD doing activities with residents.</p> <p>Interview with the Administrator on 09/07/2023 at 5:35pm revealed: -The AD had been out sick for a while. -She did not have someone available to do all the scheduled activities. -Staff filled in for the AD sometimes. -She and other staff had taken individual residents out shopping, but staff did not take residents anywhere as a group. -She thought the AD was trying to take residents shopping once a month. -A staff person took one resident to the store today.</p> <p>Attempted interview with the AD on 09/07/2023 at 12:01pm was unsuccessful.</p>	{D 317}		
{D 358}	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 25</p> <p>reviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 2 of 5 sampled residents (#5 and #2) with orders for an antibiotic, an expectorant medication, a steroidal medication (#5), and an antibiotic ointment (#2).</p> <p>The findings are:</p> <p>1. Review of Resident #5's current FL-2 dated 02/13/23 revealed diagnoses included acute on chronic respiratory failure with hypoxia and hypercapnia (elevated carbon dioxide in blood), chronic obstructive pulmonary disease (COPD) and history of chest pain with high cardiac etiology (cause or origin).</p> <p>Review of Resident #5's Resident Care notes dated 09/05/23 revealed documentation Resident #5 returned to the facility on 09/05/23 from a home visit. Review of hospital discharge documentation presented by the family revealed Resident #5 was hospitalized while on leave with his family for a COPD exacerbation.</p> <p>a. Review of Resident #5's after hospital after visit summaries and hospital discharge summaries revealed:</p> <ul style="list-style-type: none"> -There was an order for doxycycline (an antibiotic) 100mg dated 08/30/23 from a hospital emergency department (ED) visit. -There was an order to discontinue doxycycline 100mg dated 09/05/23 from a subsequent hospitalization from 09/03/23 to 09/05/23 (Resident #5 had 3 different antibiotics ordered on 09/05/23 replacing doxycycline 100mg). <p>Review of Resident #5's September 2023 electronic medication administration record (eMAR) from 09/01/23 to 09/07/23 revealed:</p>	{D 358}	<p>Facility will ensure that all orders by prescribers are carried out and documented. RCC will monitor MAR to ensure that med aides are documenting when they administer medications or treatments.</p> <p>RCC will ensure that pharmacy receives all discharge orders when residents return from hospitalizations and will ensure that MAR and medications/treatments align with hospital discharges.</p>	Beginning 10/1/23 and ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 26</p> <ul style="list-style-type: none"> -There was an entry for doxycycline 100mg take one capsule twice a day until gone, scheduled for administration at 8:00am and 8:00pm. -Doxycycline 100mg was documented as administered on 09/01/23 at 8:00am. -Doxycycline 100mg was documented as "out of facility" at 8:00pm on 09/01/23 and at 8:00am and 8:00pm on 09/02/23-09/05/23. -Doxycycline 100mg was documented as administered at 8:00am and 8:00pm on 09/06/23, 8:00pm, and 8:00am on 09/07/23. <p>Observation of Resident #5's medications on hand on 09/07/23 at 1:50pm revealed:</p> <ul style="list-style-type: none"> -There were 5 doxycycline 100mg remaining in a morning cassette labeled one capsule twice a day until gone dispensed on 08/31/23. -There were 6 doxycycline 100mg remaining in an evening cassette labeled one capsule twice a day until gone dispensed on 08/31/23. <p>Interview with the Administrator on 09/07/23 at 1:55pm revealed:</p> <ul style="list-style-type: none"> -She was administering medications on a routine basis due to staffing issues. -She and the Resident Care Coordinator (RCC) were responsible for ensuring medication orders entered by the contracted pharmacy were reviewed and accurate. -She had not seen the order to discontinue doxycycline 100mg. -Doxycycline 100mg was still on the medication cart and the eMAR and was administered on 09/06/23 and 8:00am on 09/07/23. <p>Telephone interview with a fill-in pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:40pm revealed:</p> <ul style="list-style-type: none"> -The pharmacist that routinely entered medication orders for the facility was not available for 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 27</p> <p>interview.</p> <ul style="list-style-type: none"> -He could not determine if the pharmacy received Resident #5's discharge summary from the 09/05/23 hospitalization with the order to discontinue doxycycline 100mg. <p>Interview with Resident #5 on 09/07/23 at 2:30pm revealed:</p> <ul style="list-style-type: none"> -His family took him out of the facility a lot. -He was in the hospital during his last leave with family for breathing difficulty. -He was not sure of the medications he was given at the hospital; he took so many different medications. -He was feeling better but still had a cough. -He took medications that the facility gave him, because he could not keep up with all the different medications. -He thought he was on a medication for infection. <p>Attempted interview with the RCC on 09/07/23 at 5:25pm was unsuccessful.</p> <p>Interview with Resident #5's primary care provider (PCP) on 09/07/23 at 1:55pm revealed:</p> <ul style="list-style-type: none"> -Resident #5 was prone to COPD exacerbation episodes that usually resulted in hospitalization. -He saw Resident #5's hospital discharge visit from 08/31/23 when he was at the facility for routine resident visits on 09/04/23. -He did not see Resident #5 because he was out of the facility with family. -He did not know Resident #5 had been discharged from the hospital on 09/05/23. -He would expect the facility to administer medications according to the hospital discharge orders. <p>Refer to the interview with the Administrator on 09/07/2023 at 5:35pm.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 28</p> <p>b. Review of Resident #5's after visit summary and discharge summary dated 09/05/23 revealed there was an order for guaifenesin 600mg (used to treat congestion) one tablet 2 times a day for 5 days.</p> <p>Review of Resident #5's September 2023 eMAR from 09/01/23 to 09/07/23 revealed: -There was no entry for guaifenesin 600mg one tablet 2 times a day for 5 days. -There was no documentation guaifenesin 600mg was administered as ordered on 09/06/23 or 09/07/23.</p> <p>Observation of Resident #5's medications for administration on 09/07/23 at 1:50pm revealed there was no guaifenesin 600mg available for administration.</p> <p>Interview with Resident #5's revealed: -Resident #5 was prone to COPD exacerbation episodes that usually resulted in hospitalization. -He saw Resident #5's hospital discharge visit from 08/31/23 when he was at the facility for routine resident visits on 09/04/23. -He did not see Resident #5, because he was out of the facility with family. -He did not know Resident #5 had been discharged from the hospital on 09/05/23. -He would expect the facility to administer medications according to the hospital discharge orders.</p> <p>Interview with the Administrator on 09/07/23 at 1:55pm revealed: -She was administering medications on a routine basis due to staffing issues. -She had not seen the discharge summary with the order to start guaifenesin 600mg.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 29</p> <p>-The pharmacy should have received the order and added it to Resident #5's eMAR.</p> <p>Telephone interview with a fill-in pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:40pm revealed:</p> <p>-The pharmacist that routinely entered medication orders for the facility was not available for interview.</p> <p>-He could not determine if the pharmacy received Resident #5's discharge summary from the 09/05/23 hospitalization with the order to start guaifenesin 600mg one tablet 2 times a day for 5 days.</p> <p>Interview with Resident #5 on 09/07/23 at 2:30pm revealed:</p> <p>-His family took him out of the facility a lot.</p> <p>-He was in the hospital during his last leave with family for breathing difficulty.</p> <p>-He was not sure of the medications he was given at the hospital; he took so many different medications.</p> <p>-He was feeling better but still had a cough.</p> <p>-He took medications that the facility gave him because he could not keep up with all the different medications.</p> <p>-He had taken guaifenesin for congestion before but did not think he was receiving guaifenesin currently.</p> <p>Telephone interview with a fill-in pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:40pm revealed:</p> <p>-The pharmacist that routinely entered medication orders for the facility was not available for interview.</p> <p>-He was could not determine if the pharmacy received Resident #5's discharge summary from the 0</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 30</p> <p>Attempted interview with the RCC on 09/07/23 at 5:25pm was unsuccessful.</p> <p>Refer to the interview with the Administrator on 09/07/2023 at 5:35pm.</p> <p>c. Review of Resident #5's after hospital after visit summaries and hospital discharge summaries revealed:</p> <ul style="list-style-type: none"> -There was an order dated 08/30/23 for prednisone (a steroid used to improve breathing) 20mg take 3 tablets (60mg) daily for 5 days from a hospital emergency department (ED) visit. -There was an order dated 09/05/23 to change prednisone 20mg to 2 tablets (40mg) daily for 5 days from a subsequent hospitalization from 09/03/23 to 09/05/23. <p>Review of Resident #5's August 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for prednisone 20mg take 3 tablets (60mg) daily for 5 days, scheduled for administration at 8:00pm. -Prednisone 60mg was documented as administered on 08/31/23 at 8:00pm. <p>Review of Resident #5's September 2023 eMAR on 09/07/23 from 09/01/23 to 09/07/23 revealed:</p> <ul style="list-style-type: none"> -There was an entry for prednisone 20mg take 3 tablets (60mg) daily for 5 days, scheduled for administration at 8:00pm. -Prednisone 60mg was documented as not administered on 09/01/23- 09/04/23 at 8:00pm and discontinued on 09/05/23. -There was no entry for prednisone 20mg take 2 tablets (40mg) daily for 5 days ordered on 09/05/23. 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 31</p> <p>Observation of Resident #5's medications for administration on 09/07/23 at 1:50pm revealed there was no prednisone 20mg (to equal 60mg or 40mg) available for administration.</p> <p>Interview with Resident #5's primary care provider (PCP) on 09/07/23 at 1:45pm revealed: -Resident #5 was prone to COPD exacerbation episodes that usually resulted in hospitalization. -He saw Resident #5's hospital discharge visit from 08/31/23 when he was at the facility for routine resident visits on 09/04/23. -He did not see Resident #5 because he was out of the facility with family. -He did not know Resident #5 had been discharged from the hospital on 09/05/23. -He would expect the facility to administer medications according to the hospital discharge orders.</p> <p>Interview with the Administrator on 09/07/23 at 1:55pm revealed: -She was administering medications on a routine basis due to staffing issues. -She was out of work from 08/30/2023 until 09/04/2023. -She had not reviewed Resident #5's after visit summary dated 09/05/23 for accuracy. -The Resident Care Coordinator (RCC) reported to her that Resident #5's family picked him up at the facility on 08/31/23. -The RCC told her he thought the hospital sent all discharge orders for Resident #5's discharge on 09/05/23 to the contracted pharmacy because Resident #5 received the 3 antibiotics on 09/06/23 that were ordered on the after visit summary dated 09/05/23. -She had not seen the discharge summary with the order to start prednisone 40mg daily for 5 days.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 32</p> <ul style="list-style-type: none"> -The pharmacy should have received the order and added it to Resident #5's eMAR. -The pharmacy must have gotten the discharge summary for 09/05/23 because prednisone 60mg was discontinued on 09/05/23 per the orders from the discharge summary. <p>Interview with Resident #5 on 09/07/23 at 2:30pm revealed:</p> <ul style="list-style-type: none"> -His family took him out of the facility a lot. -He was in the hospital during his last leave with family for breathing difficulty. -He was not sure of the medications he was given at the hospital; he took so many different medications. -He was feeling better but still had a cough. -He took medications that the facility gave him because he could not keep up with all the different medications. -He had taken prednisone before to help with his breathing but did not think he was receiving prednisone currently. -His breathing was getting better but he still was not back to his normal breathing. <p>Telephone interview with a fill-in pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:40pm revealed:</p> <ul style="list-style-type: none"> -The pharmacist that routinely entered medication orders for the facility was not available for interview. -He could not determine if the pharmacy received Resident #5's discharge summary from the 09/05/23 hospitalization with the order for prednisone 40mg daily for 5 days. <p>Attempted interview with the RCC on 09/07/23 at 5:25pm was unsuccessful.</p> <p>Refer to the interview with Resident #5's primary</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 33</p> <p>care provider (PCP) on 09/07/23 at 1:55pm.</p> <p>Refer to the interview with the Administrator on 09/07/2023 at 5:35pm.</p> <p>2. Review of Resident #2's current FL-2 dated 03/06/23 revealed diagnoses included uncontrolled diabetes mellitus 2, hypertension, and hyperlipidemia.</p> <p>Review of Resident #2's physician's orders dated 08/21/23 revealed: -There was an order for an antibiotic ointment apply twice a day for 3 days. -There was no documentation where the ointment was to be applied.</p> <p>Review of Resident #2's standing orders for treatments dated 04/10/23 revealed an order for skin tears, abrasions, or minor irritations - clean area with normal saline, apply an antibiotic ointment, cover with gauze or a bandage, and change as needed until healed.</p> <p>Review of Resident #2's electronic Treatment Administration Record (eTAR) for August 2023 revealed: -There was an entry for Neosporin (antibiotic ointment) clean area with normal saline then apply ointment and cover daily until healed scheduled for application as needed. -There was no documentation Neosporin had been applied. -There was no entry for an antibiotic ointment apply twice daily for 3 days.</p> <p>Review of Resident #2's eTAR for 09/01/23 through 09/07/23 revealed: -There was an entry for Neosporin (antibiotic ointment) clean area with normal saline then</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 34</p> <p>apply ointment and cover daily until healed scheduled for application as needed.</p> <ul style="list-style-type: none"> -There was documentation Neosporin had been applied on 09/07/23. -There was no entry for an antibiotic ointment apply twice daily for 3 days. <p>Observation of Resident #2's medications available for administration on 09/07/23 at 2:53pm revealed Neosporin was available for administration.</p> <p>Observation of Resident #2 on 09/07/23 at 2:30pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 did not have any visible bandages on any part of his body. -Resident #2 had healing, red sores on his face. -It looked like there was a clear shiny substance on the sores on his face. <p>Interview with Resident #2 on 09/07/23 at 2:31pm revealed:</p> <ul style="list-style-type: none"> -He had received Neosporin ointment for the sores on his face, but he did not know how often. -Neosporin had been applied the morning of 09/07/23. -He did not remember Neosporin being applied twice daily. <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:19pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy did not receive a physician's order for an antibiotic ointment apply twice daily for 3 days. -There was an order for a house stock Neosporin clean area with normal saline then apply ointment and cover daily until healed. -The pharmacy had not dispensed Neosporin to the facility, but they could have gotten the 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	<p>Continued From page 35</p> <p>Neosporin from another pharmacy or over the counter.</p> <p>Telephone interview with Resident #2's primary care provider (PCP) on 09/07/23 at 1:46pm revealed: -He did not have Resident #2's information available to review, and he could not remember why an antibiotic ointment was prescribed for him twice daily for 3 days. -He expected the facility to apply the antibiotic ointment twice daily for 3 days as ordered.</p> <p>Interview with the Administrator on 09/07/23 at 6:00pm revealed: -She worked as medication aide (MA) in addition to being the Administrator. -She remembered seeing the order for Resident #2 to have an antibiotic ointment applied twice daily for 3 days. -There was redness and red scratch-like marks on Resident #2's forehead, but she did not know how they got there. -She did not send the order dated 08/21/23 for the antibiotic ointment twice daily for 3 days to the pharmacy. -She did not think the order was sent to the pharmacy because there was a standing order for Neosporin. -The MA who no longer worked at the facility should have been applying the Neosporin during the first shift, but she did not know if second shift would have known to apply the Neosporin in the evening for 3 days.</p> <p>Attempted telephone interviews with two MAs on 09/07/23 at 5:20pm and 5:25pm were unsuccessful.</p> <p>Refer to the interview with the Administrator on</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	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 36 09/07/2023 at 5:35pm. Interview with the Administrator on 09/07/2023 at 5:35pm revealed: -She was out of work from 08/30/2023 until 09/04/2023. -Sometimes, the hospital faxed medication orders directly to the contracted pharmacy. -The pharmacy entered orders on the residents' eMARs. -The facility was responsible to fax all orders to the pharmacy for processing. -The Resident Care Coordinator (RCC) was reviewing orders for residents during her absence. -She and the RCC were responsible for ensuring medication orders entered by the contracted pharmacy were reviewed and accurate.	{D 358}		
D 392	10A NCAC 13F .1008 (a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. These records shall be maintained with the resident's record in the facility and in such an order that there can be accurate reconciliation of controlled substances. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure there was an accurate accounting for the receipt, administration, and disposition of controlled medications for 2 of 3 sampled residents (#5 and #2) related to an anti-anxiety medication (#5 and #2).	D 392	Med aides will ensure that documentation is completed for any discrepancies in controlled substance counts resulting from software glitches, human error in receipt or disposal of controlled substances as input into the eMAR or when controlled substances are returned to the pharmacy for disposal. RCC will review documentation once per month.	Beginning October 1, 2023 and ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 37</p> <p>The findings are:</p> <p>1. Review of Resident #5's current FL-2 dated 02/13/23 revealed: -Diagnoses included acute on chronic respiratory failure with hypoxia and hypercapnia (elevated carbon dioxide in blood), chronic obstructive pulmonary disease (COPD) and history of chest pain with high cardiac etiology (cause or origin). -There was an order for lorazepam (a controlled substance used to treat anxiety) 1 mg take one-half tablet (0.5mg) twice daily as needed (prn) for anxiety.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:45pm revealed Resident #5 was dispensed lorazepam as follows: -On 06/19/23, there were 14 tablets of lorazepam 1mg labeled take one-half tablet twice a day for 28 doses dispensed. -On 07/25/23, there were 14 tablets of lorazepam 1mg labeled take one-half tablet twice a day for 28 doses dispensed. -On 09/05/23, there were 14 tablets of lorazepam 1mg labeled take one-half tablet twice a day for 28 doses dispensed.</p> <p>Review of Resident #5's June 2023 electronic medication administration record (eMAR) from 06/19/23 to 06/30/23 revealed: -There was an entry for lorazepam 1mg take one-half (0.5mg) tablet twice a day prn for anxiety. -There was documentation Resident #5 was administered 5 doses of lorazepam 0.5mg from 06/16/23 to 06/30/23.</p> <p>Review of Resident #5's inventory history for lorazepam 1mg tablets revealed:</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 38</p> <p>-On 06/19/23, the beginning balance was 3.5 tablets and 15 tablets (instead of 14 tablets documented by the pharmacy) were added to the running inventory giving a balance of 18.5 tablets.</p> <p>-There was documentation for administration of 5 doses of lorazepam 1mg tablets matching the doses documented as administered on the June 2023 eMAR.</p> <p>-The remaining balance on the inventory history on 06/30/23 was 16 tablets (32 doses).</p> <p>Review of Resident #5's July 2023 eMAR from 07/01/23 to 07/25/23 compared to Resident #5's inventory history for lorazepam 1mg tablets revealed:</p> <p>-There was an entry for lorazepam 1mg take one-half (0.5mg) tablet twice a day prn for anxiety on the eMAR.</p> <p>-There was documentation Resident #5 was administered 19 doses of lorazepam 0.5mg from 07/01/23 to 07/25/23 on the eMAR</p> <p>-There was documentation Resident #5 was administered 19 doses of lorazepam 0.5mg from 07/01/23 to 07/25/23 leaving 13 doses (6.5 lorazepam 1mg tablets) on the inventory history for lorazepam 1mg.</p> <p>-On 07/25/23, there was documentation Resident #5 received 14 lorazepam 1mg tablets (28 doses) which were added to the running inventory to equal 20.5 lorazepam 1mg tablets (41 doses).</p> <p>-There was documentation Resident #5 was administered 4 doses of lorazepam 0.5mg from 07/26/23 to 07/31/23 on the eMAR leaving 18.5 tablets (37 doses) remaining on 07/31/23.</p> <p>Review of Resident #5's August 2023 eMAR from 08/01/23 to 08/22 /23 compared to Resident #5's inventory history for lorazepam 1mg tablets revealed:</p> <p>-There was an entry for lorazepam 1mg take</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 39</p> <p>one-half (0.5mg) tablet twice a day prn for anxiety on the eMAR.</p> <p>--There was documentation Resident #5 was administered 21 doses of lorazepam 0.5mg from 08/01/23 to 08/22/23 on the eMAR</p> <p>-There was documentation Resident #5 was administered 21 doses of lorazepam 0.5mg from 08/01/23 to 08/22/23 leaving 16 doses (8 lorazepam 1mg tablets) on the inventory history for lorazepam 1mg.</p> <p>Review of Resident #5's September 2023 eMAR from 09/01/23 to 09/07/23 compared to Resident #5's inventory history for lorazepam 1mg tablets revealed:</p> <p>-There was an entry for lorazepam 1mg take one-half (0.5mg) tablet twice a day prn for anxiety on the eMAR.</p> <p>-On 09/05/23, there were 14 tablets of lorazepam 1mg labeled take one-half tablet twice a day for 28 doses added to the inventory history for Resident #5's lorazepam 1mg tablets.</p> <p>-There was documentation Resident #5 was administered 1 dose of lorazepam 0.5mg on 09/07/23 on the eMAR</p> <p>-There was documentation for an adjustment of 8 tablets (16 doses) deducted from the inventory history of Resident #5's lorazepam 1mg tablets without explanation for the adjustment.</p> <p>Based on review of Resident #5's inventory tracking for lorazepam 1mg tablets, observation of no lorazepam 1mg tablets on hand for administration and interviews, the facility did not have an accurate accounting for administration or disposition of 8 lorazepam 1mg tablets for Resident #5.</p> <p>Observation of medication on hand for administration for Resident #5 on 09/07/23 at</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 40</p> <p>1:50pm revealed: -There was one medication cassette with 14 doses of lorazepam 0.5mg (7 lorazepam 1mg tablets) and one cassette with 13 doses (6.5 lorazepam 1mg tablets) labeled as dispensed on 09/05/23 on hand for Resident #5. -There were no additional lorazepam 1mg tablets available for administration for Resident #5.</p> <p>Interview with the Resident Care Coordinator (RCC) on 09/07/23 at 2:00pm revealed: -He did not know what happened to Resident #5's 8 lorazepam 1mg tablets supposed to be on hand prior to receiving 14 tablets on 09/05/23. -He thought the count was off due to incorrect receiving quantities entered into the running inventory.</p> <p>Telephone interview with a pharmacist at the contracted pharmacy on 09/07/23 at 4:40pm revealed there was no documentation available for the pharmacy to know if Resident #5 had any lorazepam 1mg returned in August 2023.</p> <p>Interview with the Administrator on 09/07/23 at 6:20pm revealed she did not know where the 8 tablets of lorazepam 1mg for Resident #5 would be located, but she thought that it was most likely an error in the inventory tracking system from incorrect input of quantity received or quantity returned in unopened medication cassettes.</p> <p>Based on review of Resident #5's inventory tracking for lorazepam 1mg tablets, observation of no lorazepam 1mg tablets on hand for administration and interviews, the facility did not have an accurate accounting for administration or disposition of 8 lorazepam 1mg tablets from 06/19/23 to 09/04/23 for Resident #5.</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 41</p> <p>Refer to the interview with the Resident Care Coordinator (RCC) on 09/07/23 at 2:00pm.</p> <p>Refer to the telephone interview with a pharmacist at the contracted pharmacy on 09/07/23 at 4:40pm.</p> <p>Refer to the Interview with the Administrator on 09/07/23 at 6:20pm.</p> <p>2. Review of Resident #2's current FL-2 dated 03/06/23 revealed: -Diagnoses included bipolar disorder. -There was an order for lorazepam (a controlled substance used to treat anxiety) 0.5mg 1 tablet twice daily and 2 tablets at bedtime.</p> <p>Review of Resident #2's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for lorazepam 0.5mg take 1 tablet twice daily and 2 tablets at bedtime scheduled for administration at 8:00am, 2:00pm, and 8:00pm. -There was documentation Resident #5 was administered lorazepam for 89 of 93 opportunities.</p> <p>Review of Resident #2's August 2023 eMAR revealed: -There was an entry for lorazepam 0.5mg take 1 tablet twice daily and 2 tablets at bedtime scheduled for administration at 8:00am, 2:00pm, and 8:00pm. -There was documentation Resident #5 was administered lorazepam for 90 of 93 opportunities.</p> <p>Review of Resident #2's eMAR for 09/01/23 through 09/06/23 revealed:</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 42</p> <ul style="list-style-type: none"> -There was an entry for lorazepam 0.5mg take 1 tablet twice daily and 2 tablets at bedtime scheduled for administration at 8:00am, 2:00pm, and 8:00pm. -There was documentation Resident #5 was administered lorazepam for 19 of 19 opportunities from 09/01/23 to 09/06/23. <p>Review of Resident #2's inventory history for lorazepam 0.5mg tablets revealed:</p> <ul style="list-style-type: none"> -On 07/01/23, the beginning balance was 27 tablets. -On 07/07/23, there was a balance of 4 tablets and 14 tablets were added and documented as delivered bringing the balance to 18 tablets. -On 07/10/23, there was a balance of 8 tablets and 30 tablets were added and documented as delivered bringing the balance to 38 tablets. -On 07/18/23, there was a balance of 8 tablets and 124 tablets were added and documented as delivered bringing the balance to 132 tablets. -On 07/27/23 at 2:49pm, there was a balance of 95 tablets and 57 tablets were deducted and documented as disposal bringing the balance to 37 tablets. -On 07/27/23 at 2:59pm, there was a balance of 37 tablets and 7 tablets were deducted and documented as disposal bringing the balance to 30 tablets. -On 08/04/23, there was a balance of 2 tablets and 56 tablets were added and documented as delivered bringing the balance to 58 tablets. -On 08/18/23, there was a balance of 6 tablets and 56 tablets were added and documented as delivered bringing the balance to 62 tablets. -On 09/01/23, there was a balance of 8 tablets and 56 tablets were added and documented as delivered bringing the balance to 64 tablets. -On 09/06/23, there was a balance of 43 tablets and 8 tablets were deducted and documented as 	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 43</p> <p>disposal bringing the balance to 35 tablets.</p> <p>Observation of Resident #2's medications available for administration on 09/07/23 at 2:53pm revealed:</p> <ul style="list-style-type: none"> -There were 3 colored medication cassettes of lorazepam 0.5mg with instructions to take 1 tablet twice daily and take 2 tablets at bedtime. -The pink medication cassette had 7 tablets remaining, the green medication cassette had 7 tablets remaining, and the gray medication cassette had 16 tablets remaining for a total of 30 tablets. <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/07/23 at 4:19pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 had an order for lorazepam 0.5mg 1 tablet twice daily and 2 tablets at bedtime. -Lorazepam was refilled by the pharmacy every 2 weeks with dispensed dates on 06/27/23, 07/05/23, 07/19/23, 08/03/23, 08/17/23, and 08/30/23 with a quantity of 56 tablet on each dispensed date. -The start dates for the medications may be off because medications were delivered on Thursdays and should have started on the next Friday. -He could not tell if any lorazepam had been returned to the pharmacy for Resident #2. <p>Refer to the interview with the Resident Care Coordinator (RCC) on 09/07/23 at 2:00pm.</p> <p>Refer to the telephone interview with a pharmacist at the contracted pharmacy on 09/07/23 at 4:40pm.</p> <p>Refer to the Interview with the Administrator on 09/07/23 at 6:20pm.</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 44</p> <p>Interview with the RCC on 09/07/23 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -He had recently assumed the position of RCC due to staff turn-over. -He had administered medications and assisted the Administrator with reports and administrative needs prior to becoming the RCC. -The facility did not use the controlled substance count sheets (CSCS) for accounting for controlled substances. -The facility used the eMAR's computer inventory tracking sheet for accounting for controlled substances. -The computer kept a decreasing running balance of tablets administered. -Controlled medications were supposed to be entered as received by the medication aide that signed for the controlled substances delivered by the pharmacy when the medication was placed on the medication cart. -There was no overstock of controlled medications kept off the medication cart. -There had been instances when medication aide staff had entered incorrect numbers for the tablets received from the pharmacy. -He periodically adjusted the computer's controlled substance count to match the quantity on hand when the count did not match. -Any controlled medications sent back to the pharmacy were supposed to be written on a return sheet for tracking, but he had not been auditing controlled substances returns for reconciliation of controlled substances. <p>Telephone interview with a pharmacist at the contracted pharmacy on 09/07/23 at 4:40pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy did not credit residents for returned medications. 	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RIVERWOOD ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 711 W ATKINS DR DOBSON, NC 27017
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 392	<p>Continued From page 45</p> <ul style="list-style-type: none"> -The facility could return medications for destruction by the pharmacy. -The facility would be responsible to write up returned medications on the return forms and keep for the facility's record of disposal of medications, including controlled substances. <p>Interview with the Administrator on 09/07/23 at 6:20pm revealed:</p> <ul style="list-style-type: none"> -The Administrator and the RCC were responsible to ensure there was an accurate accounting for receipt, administration and disposition of controlled substances. -The medication aides (MA) should be counting off controlled substances at shift changes according to the facility's policy. -The MAs, including herself when she was staffing the medication cart, had not been reconciling controlled substance at shift changes. -No staff reviewed the inventory history on the eMARs for accuracy. -There had been staff changes recently with the former RCC leaving a few of months ago. -She hired another staff for the position, but she left after about one month. -The current RCC was moved into the position about a month ago and did administrative jobs as well as RCC duties. -She had depended on the RCC to keep tract of the controlled substance. -The evening MA staff had informed the Administrator occasionally that a controlled substance count was off by a few tablets. 	D 392		