Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
				B. WING		
		FCL098036		B. WING		10/05/2023
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
COMPASS	SIONATE CARE HOME A	T FOXCROFT	2413 FOXO			
			WILSON, N	C 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' .SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
C 000	Initial Comments			C 000		
	The Adult Care Licens annual survey on Oct		cted an			
C 249	10A NCAC 13G .0902	2(c)(3)(4) Health Ca	re	C 249		
	10A NCAC 13G .0902 (c) The facility shall a following in the reside (3) written procedure a physician or other liand (4) implementation of orders specified in Su Rule.	assure documentation of the control	ers from essional;			
	This Rule is not met a Based on record revie facility failed to ensure physician's orders for to weekly weights and	ews and interviews, e the implementation 1 of 3 residents (#1	n of			
	The findings are:					
	Review of Resident # 09/08/23 revealed dia heart failure (CHF).					
	a. Review of Resident 09/08/23 revealed the weight and report wei greater in 24 hours or week to primary care	ere was an order for ght gain of 3 pounds 5 pounds or greate	daily s or			
	Review of Resident # dated 06/29/23 revea -There was an order t document in resident' -There was an order t	led: to start daily weights s chart.	s and			

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

TITLE (X6) DATE

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FCL098036 B. WING 10/05/202	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	E OF PROVIDER OR SU
COMPASSIONATE CARE HOME AT FOXCROFT 2413 FOXCROFT RD WILSON, NC 27893	MPASSIONATE CAR
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	EFIX (EACH
C 249 Continued From page 1 used to treat fluid retention) 40mg once a day for 4 days, then start as needed for weight gain of 3 pounds in 1 day or 5 pounds in 1 week. Review of Resident #1's resident vital signs sheet revealed: -Resident #1's weight was documented as 185 pounds on 06/06/23Resident #1's weight was documented as 189 pounds on 07/06/23Resident #1's weight was documented as 189 pounds on 07/06/23Resident #1's weight was documented as 184 pounds on 07/06/23Resident #1's weight was documented as 186.2 pounds on 08/06/23Resident #1's weight was documented as 183.6 pounds on 08/06/23There were no daily weights recorded. Interview with a medication aide (MA) on 10/05/23 at 11:19am revealed she just weighed Resident #1 and his weight was 186 pounds. Review of Resident #1's June 2023 electronic medication administration record (eMAR) revealed there was no entry for daily weights. Review of Resident #1's July 2023 eMAR revealed there was no entry for daily weights. Review of Resident #1's Septembre 2023 eMAR revealed there was no entry for daily weights. Review of Resident #1's Septembre 2023 eMAR revealed there was no entry for daily weights. Review of Resident #1's Septembre 2023 eMAR revealed there was no entry for daily weights. Review of Resident #1's Cotober 2023 eMAR revealed there was no entry for daily weights. Second interview with a MA on 10/05/23 at	used to treated 4 days, there pounds in 1 Review of Review of Review of Resident # pounds on (1) -Resident # pounds on (2) -Resident # pounds on (3) -Resident # pounds on (4) -Resident # pounds on (4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		FCL098036	B. WING		10/05/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	10/00/2020	
		2413 FOX	CROFT RD	, 005_		
COMPASSIONATE CARE HOME AT FOXCROFT WILSON,			NC 27893			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
C 249	Continued From page	2	C 249			
C 249	-She did not know Redaily weightsWhen a new order we facility's primary care printed out by the bust and given to the staff -It was the responsibilithe orders to fax the contracted pharmacy orders on the resident -She never saw the orders to the resident #1. Interview with the Adr 10:52am revealed: -The facility was not president #1The facility performer residents in the facilities -She did not know dangesident #1She performed chart months" to make sure missedShe did not think she resident #1 since 06The facility's contract orders on the eMARIt was the responsibility received orders to facility was the responsibility of the side of the pharmacy. Second interview with 10/05/23 at 3:39pm received orders with 10/05/23 at 3:39pm received or	resident #1 had an order for reas received from the provider (PCP) it was siness office manager (BOM) that was on duty at the time. lity of the staff who received orders to the facility's so they could place the t's eMAR. reders for daily weights for ministrator on 10/05/23 at performing daily weights on d monthly weights on all y. ily weights were ordered for audits "every couple of e no orders had gotten e had done a chart audit for //29/23. ted pharmacy was who put lity of the staff member who of the orders to the in the Administrator on evealed: ted PCP was supposed to	C 249			
	-The order for Reside	nt #1's daily weights on ed to the pharmacy by the hought the facility's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				A. BUILDING			
		FCL098036	i	B. WING		10/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMPAC	NONATE CARE HOME A	TEOVODOET	2413 FOXO	ROFT RD			
COMPASS	SIONATE CARE HOME A	I FUXURUFI	WILSON, N	C 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIE Y MUST BE PRECEDE LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
C 249	Continued From page	e 3		C 249			
0 2 10	pharmacy alreadySince the orders for #1 were not sent to the never entered onto the not know to perform of -It was the facility's re resident orders were -It was important for the weight checked daily whether to administed Telephone interview of at the facility's contra at 12:10pm revealed: -When the pharmacy facility or the PCP, the eMARThe pharmacy did no weights for Resident -If the pharmacy had weights for Resident the order on the resident Telephone interview of	daily weights for late pharmacy the dee eMAR so facilitied alily weights for the sponsibility to make followed. Resident #1 to has so facility staff were a callity staff were tasix to him or revith a pharmacy or received an order ey placed the order to receive an order #1. The second an order #1, they would have the seman.	order was by staff did the resident. ake sure ve his build know not. echnician the 10/05/23 or from the ters on the ter for daily ave placed				
	10/05/23 at 4:39pm re -She ordered Lasix to	evealed:					
	because the facility he that he was having sy- She also ordered da -She ordered Lasix to he had a weight gain pounds in one weekShe ordered daily we facility would know we to the residentIf Resident #1 had a day or 5 pounds in 1 was retaining fluid an administered to treat	ad called and rep welling in his leg. ily weights for Re be given to Resi of 3 pounds in 1 eights for Resider hen to administer weight gain of 3 week it meant the d he needed Lasi	sident #1. dent #1 if day or 5 Int #1 so the the Lasix pounds in 1 e resident ix to be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		FCL098036		B. WING		10/0	05/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMPASS	SIONATE CARE HOME A	T FOXCROFT	2413 FOXC	ROFT RD			
			WILSON, N	C 27893			_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEI Y MUST BE PRECEDEI SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 249	b. Review of Residen dated 08/23/23 revea collect a urinalysis (U. Review of Resident # to residents sheet data. The Administrator co care provider (PCP) to Resident #1 had bloo. The PCP ordered a U#1. Review of Resident # were no UA results for Interview with Reside 11:09am revealed he urine now nor was he urinating or urinary from Interview with a media 10/05/23 at 10:50am. She collected the UA 08/23/23. She placed Resident for the facility's contract retrieve it. She contacted the factourier to make them up the UA for Resider would come pick it up. The facility's contract came to retrieve Resises he did not contact to had not been picked up. She did not collect at the sollect and to the collect and the collect a	t #1's physician of led there was an A). 1's report of healthed 08/23/23 reventacted the facility of make her award din his urine. JA to be done on 1's record revealed resident #1. Int #1 on 10/05/23 did not have block having any burnication aide (MA) of revealed: In the facility's contracted aware they need aware they need and the facility's contracted aware they need the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day. It is urine in a resident #1 and they tole the next day.	corder to th services aled: y's primary e that Resident ed there at at ad in his ng while on on frigerator ourier to laboratory ed to pick d her they urier never acted the UA	C 249			
	after 08/23/23She had not seen an urine since 08/23/23.	y blood in Reside	ent #1's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
	FCL098036		B. WING		10/05/2023	
ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SIONATE CARE HOME AT	FOXCROFT					
4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLET	ſΈ
Continued From page 5			C 249			
revealed there was a pick up UA which nev Interview with the Adr	notation that "lab er came". ninistrator on 10/0	notified to 05/23 at				
10/05/23 at 4:39pm re-She ordered a UA for had a urinary tract information staff had reported that she did not know that completed for Resider-She expected the fact laboratory courier to report to pick up Resident # facility to contact her such for the resident. -An untreated UTI cours a severe infection white-Sepsis could lead to or death. -As far as she knew Fany symptoms of a Utility of the resident.	evealed: r Resident #1 to section (UTI) since the had blood in the UA was nevent #1. sility to notify the cemind them to pice the expect of	tee if he facility his urine. er contracted ck up not come ted the er another #1 to have epsis. italization ot having	0.245			
10A NCAC 13G .1002 (a) A family care hom the resident's physicia for verification or clari medications and treat	2 Medication Ordene shall ensure co an or prescribing profication of orders ments:	ers Intact with Dractitioner for	C 315			
	ROVIDER OR SUPPLIER SIONATE CARE HOME AT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L.) Continued From page Review of a shift char revealed there was a pick up UA which nevilated the pick up UA to the pi	FCL098036 ROVIDER OR SUPPLIER SIONATE CARE HOME AT FOXCROFT SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFO Continued From page 5 Review of a shift change report dated Or revealed there was a notation that "lab pick up UA which never came". Interview with the Administrator on 10/0 10:52am revealed she expected the fact contracted laboratory courier to be contracted laboratory courier to be contracted laboratory courier to be contracted a UA for Resident #1's 10/05/23 at 4:39pm revealed: -She ordered a UA for Resident #1 to shad a urinary tract infection (UTI) since staff had reported that he had blood in -She did not know that the UA was new completed for Resident #1. -She expected the facility to notify the claboratory courier to remind them to pick up Resident #1's UA she expected the facility to notify the claboratory courier to remind them to pick up Resident #1's UA she expected the facility to contact her so she could order UA for the resident. -An untreated UTI could lead Resident a severe infection which could cause serves as severe infection which could cause serves could lead to a prolonged hosp or death. -As far as she knew Resident #1 was not any symptoms of a UTI at this time. 10A NCAC 13G .1002(a) Medication Order (a) A family care home shall ensure contracted the resident's physician or prescribing proverification or clarification of orders medications and treatments:	FCLORRECTION FCLOSSO36 ROVIDER OR SUPPLIER SIGNATE CARE HOME AT FOXCROFT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Review of a shift change report dated 08/23/23 revealed there was a notation that "lab notified to pick up UA which never came". Interview with the Administrator on 10/05/23 at 10:52am revealed she expected the facility's contracted laboratory courier to be contacted to remind them to pick up Resident #1's UA. Telephone interview with Resident #1's PCP on 10/05/23 at 4:39pm revealed: -She ordered a UA for Resident #1 to see if he had a urinary tract infection (UTI) since facility staff had reported that he had blood in his urineShe did not know that the UA was never completed for Resident #1She expected the facility to notify the contracted laboratory courier to remind them to pick up Resident #1's urineIf the contracted laboratory courier did not come to pick up Resident #1's UA she expected the facility to contact her so she could order another UA for the residentAn untreated UTI could lead Resident #1 to have a severe infection which could cause sepsisSepsis could lead to a prolonged hospitalization or deathAs far as she knew Resident #1 was not having any symptoms of a UTI at this time. 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 2413 FOXCROFT RD WILSON, NC 27893 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Review of a shift change report dated 08/23/23 revealed there was a notation that "lab notified to pick up UA which never came". Interview with the Administrator on 10/05/23 at 10:52am revealed she expected the facility's contracted laboratory courier to be contacted to remind them to pick up Resident #1's UA. Telephone interview with Resident #1's PCP on 10/05/23 at 4:39pm revealed: She ordered a UA for Resident #1 to see if he had a urinary tract infection (UTI) since facility staff had reported that he had blood in his urine. She did not know that the UA was never completed for Resident #1. She expected the facility to notify the contracted laboratory courier to remind them to pick up Resident #1's UA. Telephone interview with Resident #1 to see if he had a urinary tract infection (UTI) since facility staff had reported that he had blood in his urine. She expected the facility to notify the contracted laboratory courier to remind them to pick up Resident #1's UA she expected the facility to contact her so she could order another UA for the resident. An untreated UTI could lead Resident #1 to have a severe infection which could cause sepsis. Sepsis could lead to a prolonged hospitalization or death. As far as she knew Resident #1 was not having any symptoms of a UTI at this time. 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:	FOUNDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2413 FOXCROFT RD WILSON, NC 27893 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR ISC IDENTIFYING INFORMATION) COntinued From page 5 Review of a shift change report dated 08/23/23 revealed there was a notation that "lab notified to pick up UA which never came". Interview with the Administrator on 10/05/23 at 10:52am revealed she expected the facility's contracted laboratory courier to be contacted to remind them to pick up Resident #1's PCP on 10/05/23 at 4:39pm revealed: She ordered a UA for Resident #1 to see if he had a urinary tract infection (UTI) since facility staff had reported that he had blood in his urine. She did not know that the UA was never completed for Resident #1. She expected the facility to notify the contracted laboratory courier to remind them to pick up Resident #1. She expected the facility to notify the contracted laboratory courier to remind them to pick up Resident #1. She expected the facility to notify the contracted laboratory courier to remind them to pick up Resident #1-1 usine. If the contracted laboratory courier did not come to pick up Resident #1's unine. If the contracted laboratory courier did not come to pick up Resident #1's Uash expected the facility to contact her so she could order another UA for the resident. An untreated UTI could lead Resident #1 to have a severe infection which could cause sepsis. Sepsis could lead to a prolonged hospitalization or death. As far as she knew Resident #1 was not having any symptoms of a UTI at this time. 10A NCAC 13G .1002(a) Medication Orders (a) Afamily care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:	FCL098036 PCL098036 ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2413 FOXCROFT RD WILLSON, NC 27893 SUMMANY STATEMENT OF DESTIDENCIES (EACH DETECHIEVE WISTE BERGEDED BY VILL. REGULATORY OR LSC IDENTIFYING INFORMATION) PROMISERS PLAN OF CORRECTION (EACH DETECHIEVE WISTE BERGEDED BY VILL. REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 5 C 249 Review of a shift change report dated 08/23/23 revealed there was a notation that "lab notified to pick up I/O Size and the Administrator on 10/05/23 at 105/23 are vealed she expected the facility's contracted laboratory courier to be contacted to remind them to pick up Resident #1's PCP on 10/05/23 at 4:39pm revealed. She ordered a UA for Resident #1 to see if he had a urinary tract infection (UT) since facility staff had reported that he had blood in his urine. She did not know that the UA was never completed for Resident #1. An untreated UTI could lead Resident #1 to have a severe infection which could cause sepsis. Sepsis could lead to a prolonged hospitalization or death. As far as she knew Resident #1 was not having any symptoms of a UTI at this time. 10A NCAC 13G .1002 (a) Medication Orders (a) A family care home shall ensure contact with the resident Physician or prescribing practitioner for verification or clarification of orders for medications and treatments:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		T i i			SURVEY ETED		
74101274	or contraction.	IDEITH IOM	ON NOMBER.	A. BUILDING:			
		FCL0980	36	B. WING		10/0	05/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMPASS	SIONATE CARE HOME A	T FOXCROFT	2413 FOXO WILSON, N				
(X4) ID PREFIX TAG			DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
C 315	resident are not dated of admission or readmission	d and signed with mission to the falear or complete ion forms are resion and orders ne. The transport of the falear or complete ion forms are resision and orders ne. The transport of the falear or condition for the farm of the falear or congestive heart for Lasix (used falear or congestive heart for Lasix falear or congestive heart for start Lasix 40 or congestive heart for start Lasix 40 or congestive heart for congestive heart for Lasix falear or congestive heart falear or congestive heart for Lasix falear or congestive heart falear or congestive heart for Lasix falear or congestive heart for Lasix falear or congestive heart falear or congestive heart for Lasix falear or congestive heart falear o	acility; e; or ceived upon s on the fication or ident's y: ews, the 1 of 3 (#1) edication 2 dated t failure to treat fluid for fluid der sheet ights and long once a for weight s in 1 week. 07/03/23 x 40mg daily	C 315			
	revealed there was a as needed for weight	n order for Lasix gain. [‡] 1's July 2023 el	x 40mg daily				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		DED:	LE CONSTRUCTION :		E SURVEY PLETED	
		FCL098036	B. WING		10	/05/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, S	TATE, ZIP CODE		
COMPAS	SIONATE CARE HOME A	AT FOXCROFT	2413 FOXCROFT RD WILSON, NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL PREFIX	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
C 315	revealed: -There was an entry needed for weight ga-Lasix 40mg was doo 9:04am on 07/28/23 -Lasix 40mg was doo 6:05pm on 07/31/23. Review of Resident arevealed: -There was an entry needed for weight ga-Lasix 40mg was doo 7:49pm on 08/09/23Lasix 40mg was doo 7:13pm on 08/21/23Lasix 40mg was doo 3:33pm on 08/23/23. Review of Resident arevealed: -There was an entry needed for weight ga-Lasix 40mg was doo 8:11am on 09/05/23. Review of Resident arevealed: -There was an entry needed for weight ga-Lasix 40mg was not administered in Octo Interview with the Ad 10:52am revealed: -She performed charmonths" to make sur missed.	for Lasix 40mg once dain. cumented as administer and at 6:51pm on 07/2 cumented as administer at 1's August 2023 eMAF for Lasix 40mg daily as ain. cumented as administer cumented as administer cumented as administer at 1's September 2023 em for Lasix 40mg daily as ain. cumented as administer at 1's October 2023 em for Lasix 40mg daily as ain. cumented as administer at 1's October 2023 em for Lasix 40mg daily as ain. cumented as administer at 1's October 2023 em for Lasix 40mg daily as ain. cumented as administer at 2023. ministrator on 10/05/23 t audits "every couple of the em of the audits and the audits are the audits and the audits are the audits and the audits are the audits are the audits and the audits are the audits are the audits are the audits are the audits and the audits are the audits are the audits are the audits are the audits and the audits are the	red at 8/23. red at R R R R R R R R R R R R R R R R R R			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SUR\ COMPLETE	
		FCL098036	B. WING		10/05/2	023
NAME OF P	ROVIDER OR SUPPLIER	STR	REET ADDRESS, CITY, STA	TE, ZIP CODE		
COMPAS	SIONATE CARE HOME A	AT FOXCROFT	3 FOXCROFT RD LSON, NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 315	Continued From page	e 8	C 315			
	10/05/23 at 3:39pm received Resident #1 should have contacte (PCP) to clarify how needed before Lasix Telephone interview at the facility's contral at 12:10pm revealed. The FL-2 orders on much weight gain sheadministered to Resident weight gain sheadministered. Once the facility should head resident #1's PCP to order to the pharmace the resident #1's PCP to order to the pharmace the resident #1's PCP to order to the pharmace the resident #1 separate with the ordered for Resident #1 had flow weight gain. Since the Resident #1 had flow much weight gain prior to receiving Lasi	07/03/23 did not state how ould occur before Lasix was dent #1. 09/08/23 did not state how ould occur before Lasix was dent #1. ed orders on resident's at was written by the PCP. ave contacted Resident #1's much weight gain the ore Lasix should be It clarified the Lasix order with the facility should fax the new by and they would add it to with Resident #1's PCP on evealed: sident #1's Lasix to be retention. uid retention he would also with the resident should have six she expected the facility the exactly when to administer	s ch w			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		s. I`´	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL098036	B. WING		10/05/2023
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDRESS, CITY, S	FATE, ZIP CODE	
COMPASS	SIONATE CARE HOME A	T FOXCROFT	2413 FOXCROFT RD WILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETE DATE DATE
C 330	Continued From page	9	C 330		
C 330	10A NCAC 13G .1004 Administration	4(a) Medication	C 330		
	(a) A family care hom preparation and admi prescription and non-by staff are in accorda (1) orders by a license which are maintained (2) rules in this Section and procedures. This Rule is not met a Based on observation reviews the facility fair medications as ordere #3) including a medic	ed prescribing practitione in the resident's record; on and the facility's policion as evidenced by: as, interviews, and record	nts er and es		
	1. Review of Residen 09/08/23 revealed: -Diagnosis included c (CHF)There was an order f	t #1's current FL-2 dated ongestive heart failure for Lasix (used to treat fluid day as needed for fluid on.			
	revealed there was an as needed for weight Review of Resident # dated 06/29/23 revea	1's physician order shee led: o start daily weights and	t		

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '		(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		FOL 00000	B. WING		40/0-	
		FCL098036	B: Willo		10/05	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		2413 FOX	CROFT RD			
COMPASS	SIONATE CARE HOME A	T FOXCROFT	NC 27893			
		·	110 27093	T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
IAG		,	IAG	DEFICIENCY)		
C 330	Continued From page	e 10	C 330			
	There was an to star	t Lasix 40mg once a day for				
		needed for weight gain of 3				
	•	0 0				
	pounds in 1 day or 5	pounds in I week.				
	a Davious of Davidon	t #41's resident vital signs				
		t #1's resident vital signs				
	sheet revealed:					
	_	t was documented as 185				
	pounds on 06/06/23.					
		t was documented as 189				
	pounds on 07/06/23.					
		t was documented as 194				
	pounds on 07/28/23.					
		t was documented as 186.2				
	pounds on 08/06/23.					
	_	t was documented as 183.6				
	pounds on 09/06/23.					
	-There were no daily	weights recorded.				
	Review of Resident #	1's July 2023 electronic				
	medication administra	ation record (eMAR)				
	revealed:					
	-There was an entry f	or Lasix 40mg once daily as				
	needed for weight ga	in.				
	-Lasix 40mg was doc	umented as administered at				
	9:04am on 07/28/23.					
	-The reason given wa	as documented as "fluid".				
		umented as administered at				
	6:51pm on 07/28/23.					
		as documented as "fluid".				
		umented as administered at				
	6:05pm on 07/31/23.					
		as documented as "fluid".				
	-There was no entry f					
	There was no entry i	or daily weighte.				
	Review of Resident #	1's August 2023 eMAR				
	revealed:	1 3 / laguat 2020 GIVIAI (
		or Lasix 40mg daily as				
	-					
	needed for weight ga					
		umented as administered at				
	7:49pm on 08/09/23.		1			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL098036	B. WING		10/05/2023
					10/05/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	I E, ZIP CODE	
COMPASSIONATE CARE HOME AT FOXCROFT			CROFT RD NC 27893		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
C 330	Continued From page	e 11	C 330		
	-The reason given wa -Lasix 40mg was doo 7:13pm on 08/21/23. -The reason given wa gain/fluid". -Lasix 40mg was doo 3:33pm on 08/23/23. -The reason given wa buildup". -There was no entry f Review of Resident # revealed: -There was an entry f needed for weight ga -Lasix 40mg was doo 8:11am on 09/05/23.	as documented as "fluid". umented as administered at as documented as "weight umented as administered at as documented as "fluid for daily weights. 1's September 2023 eMAR for Lasix 40mg daily as			
	10/05/23 at 11:09am -The resident had corlower extremitiesThere was no edemalower extremities. Interview with a medi 10/05/23 at 10:50am -She did not know Redaily weightsShe did not realize Fordered to be given for	mpression stockings on both a noted to Resident #1's cation aide (MA) on revealed: esident #1 had an order for Resident #1's Lasix was or weight gain. red Resident #1's Lasix on 8/09/23, 08/23/23, and			
	Interview with the Adr 10:52am revealed:	ministrator on 10/05/23 at			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	FCL098036		B. WING		10)/05/2023
ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SIONATE CARE HOME A	FOXCROFT					
		WILSON, N	C 27893			
(EACH DEFICIENC)	Y MUST BE PRECEDED	BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	: 12		C 330			
-She did not know dar Resident #1She did not realize the ordered to be adminishis weightWhen she administed 08/21/23 she did so be his lower extremities. Telephone interview we care provider (PCP) or revealed: -She ordered Lasix to because the facility has that he was having swelling she ordered daily we facility would know what to the residentIf Resident #1 had a day or 5 pounds in 1 was retaining fluid an administered to treat she expected the facility and the resident #1 based or based on swelling in the b. Review of Resident medication administrative revealed: -There was an entry fineeded for weight gail-Lasix 40mg was door 9:04am on 07/28/23.	at Resident #1's stered based on cored Lasix to Resident #1's on 10/05/23 at 4:3 be given to Resident ad called and repowelling in his leg. It weights for Resident to administer weight gain of 3 pounds in 1 coresident to administer weight gain of 3 pounds in 1 coresident to administer weight gain of 3 pounds in 1 coresident to administer weight gain of 3 pounds in 1 coresident to administer weight gain of 3 pounds in 1 coresident po	Lasix was hanges in dent #1 on welling in sprimary 9pm dent #1 orted to her sident #1. dent #1 if day or 5 triangle #1 so the the Lasix pounds in 1 resident x to be seed and not slectronic R) ily as mistered at	C 330			
6:51pm on 07/28/23.	umented as admir	nistered				
	ROVIDER OR SUPPLIER SIONATE CARE HOME AT SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page -She did not know dai Resident #1. -She did not realize the ordered to be adminish his weight. -When she administed 08/21/23 she did so be his lower extremities. Telephone interview we care provider (PCP) or revealed: -She ordered Lasix to because the facility hat the was having swenth at he was h	FCL098036 ROVIDER OR SUPPLIER SIONATE CARE HOME AT FOXCROFT SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFO Continued From page 12 -She did not know daily weights were of Resident #1. -She did not realize that Resident #1's ordered to be administered based on chis weight. -When she administered Lasix to Resident #0 shis lower extremities. Telephone interview with Resident #1's care provider (PCP) on 10/05/23 at 4:3 revealed: -She ordered Lasix to be given to Resident had a weight gain of 3 pounds in 1 copunds in one week. -She ordered daily weights for Resident and weight gain of 3 pounds in 1 copunds in one week. -She ordered daily weights for Resident facility would know when to administer to the resident. -If Resident #1 had a weight gain of 3 pounds in 1 copunds in one week. -She ordered daily weights for Resident facility would know when to administer to the resident. -If Resident #1 had a weight gain of 3 pounds in 1 copunds in 1 week it meant the was retaining fluid and he needed Lasix administered to treat the fluid retention -She expected the facility to administer Resident #1 based on his weight gain a based on swelling in his feet or legs. b. Review of Resident #1's July 2023 e medication administration record (eMA revealed: -There was an entry for Lasix 40mg da needed for weight gain. -Lasix 40mg was documented as admin 9:04am on 07/28/23. -Lasix 40mg was documented as admin 6:51pm on 07/28/23.	FCLOSRECTION FCLOSSO36 ROVIDER OR SUPPLIER SIGNATE CARE HOME AT FOXCROFT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 -She did not know daily weights were ordered for Resident #1. -She did not realize that Resident #1's Lasix was ordered to be administered based on changes in his weight. -When she administered Lasix to Resident #1 on 08/21/23 she did so because he had swelling in his lower extremities. Telephone interview with Resident #1's primary care provider (PCP) on 10/05/23 at 4:39pm revealed: -She ordered Lasix to be given to Resident #1 because the facility had called and reported to her that he was having swelling in his leg. -She also ordered daily weights for Resident #1. -She ordered Lasix to be given to Resident #1. -She ordered Lasix to be given to Resident #1 fhe had a weight gain of 3 pounds in 1 day or 5 pounds in one week. -She ordered daily weights for Resident #1 so the facility would know when to administer the Lasix to the resident. -If Resident #1 had a weight gain of 3 pounds in 1 day or 5 pounds in 1 week it meant the resident was retaining fluid and he needed Lasix to be administered to treat the fluid retention. -She expected the facility to administer Lasix to Resident #1 based on his weight gain and not based on swelling in his feet or legs. b. Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Lasix 40mg daily as needed for weight gain. -Lasix 40mg was documented as administered at 9:04am on 07/28/23. -Lasix 40mg was documented as administered at	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA SIONATE CARE HOME AT FOXCROFT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 -She did not know daily weights were ordered for Resident #1. -She did not realize that Resident #1's Lasix was ordered to be administered based on changes in his weight. -When she administered Lasix to Resident #1 on 08/21/23 she did so because he had swelling in his lower extremities. Telephone interview with Resident #1's primary care provider (PCP) on 10/05/23 at 4:39pm revealed: -She ordered Lasix to be given to Resident #1. -She also ordered daily weights for Resident #1. -She also ordered daily weights for Resident #1. -She ordered Lasix to be given to Resident #1. -She ordered daily weights for Resident #1. -She ordered daily weights for Resident #1 so the facility would know when to administer the Lasix to the resident. -If Resident #1 had a weight gain of 3 pounds in 1 day or 5 pounds in 1 week it meant the resident was retaining fluid and he needed Lasix to be administered to treat the fluid retention. -She expected the facility to administer Lasix to Resident #1 based on his weight gain and not based on swelling in his feet or legs. b. Review of Resident #1's July 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Lasix 40mg daily as needed for weight gain. -Lasix 40mg was documented as administered at 9:04am on 07/28/23. -Lasix 40mg was documented as administered at 6:51pm on 07/28/23.	ROVIDER OR SUPPLIER SIONATE CARE HOME AT FOXCROFT SINAMARY STATEMENT OF DEFICIENCIES SIMMARY STATEMENT OF DEFICIENCIES (RACH CORRECTIVE ACT TAG (RECH CORRECTIVE ACT TAG CROSS-REFERENCED TO TO DEFICIENCY TAG OF THE TOTAL TAG OF	IDENTIFICATION NUMBER A BUILDING:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION	ON NOWIDEN.	A. BUILDING: _		COMPL	ETED
		FCL09803	36	B. WING		10/0	5/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMPAC	NONATE CARE HOME A	TEOVODOET	2413 FOXO	ROFT RD			
COMPASS	SIONATE CARE HOME A	I FOXCROFT	WILSON, N	C 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICI Y MUST BE PRECED .SC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
C 330	Continued From page	e 13		C 330			
	twice on 07/28/23.						
	Observation of Residhand on 10/05/23 at 2-There was a medicat 40mg with instruction as needed for weight -Thirty tablets of Lasi: 06/30/23. There were 23 tablet in the medication card. Interview with the me 10/05/23 at 3:15pm re-When she administe residents, she checked eMAR and compared medication card. She checked the me medication card to the She checked the me before administering resident #1's Lasix in needed once a day. She did not rememb #1's Lasix twice on 07-She did not know who will resident #1's Lasix to 1. She was a Registere she was a Registere she was a Registere she expected MAS to resident #1 receiving could have caused his become dehydrated.	I2:29pm revealed to card contains to take 1 table gain. IX 40mg were discussed the card contains of Lasix 40mg dropped. IX dication aide (Meteraled: ared medications and what the order it to what was ordered to be contained to a resident. It to a resident. It to a resident. It to a resident. It to a resident are administering (7/28/23.) IX she administering (7/28/23.)	ed: ning Lasix t once daily spensed on remaining A) on to re was on the on the ions on the ig the rt. times be given as Resident red 7/28/23. 0/05/23 at as written on ceive Lasix				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		MRED.	•	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		FCL098036	В.	WING		10/05/2023	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRES	S, CITY, STAT	TE, ZIP CODE		
COMPASS	SIONATE CARE HOME A	AT FOXCROFT	2413 FOXCRO	FT RD			
	,		WILSON, NC 2	7893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE OY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
C 330	Continued From pag	e 14	С	330			
	Telephone interview with R care provider (PCP) on 10, revealed: -Resident #1's Lasix was conce a day as neededResident #1 receiving Last day could cause him to be which could cause acute k 2. Review of Resident #3's 08/26/23 revealed: -Diagnoses included age reand altered mental statusThere was an order for Act treat mild pain) 125mg-250 hours as needed for mild needed:		ren ren n one ed ated decline fused to				
	revealed he was adn Review of Resident and electronic medication (eMAR) revealed: -There was an entry every 8 hours for mile administration at 6:00-Advil dual action 2 to administered at 6:00 except on 09/11/23, where it was documed 09/20/23, 09/25/23, 09/29/23 where it was administered at 2:00 except on 09/10/23, where it was documed to a control of the control o	#3's Resident Register initted to the facility 09 #3's September 2023 in administration record for Advil dual action 2 d muscle pain schedu 0am, 2:00pm, and 10 ablets was document am on 09/09/23 to 09 09/12/23, 09/16/23, 09/16/23, 09/16/23, 09/16/23, and 09/26/23, 09/28/23, and 09/26/23, and 09/30/2 ented as refused and 09/09/23 to 09 09/17/23, and 09/30/2 ented as refused and 23 where it was document 23 where it was document	d 2 tablets alled for :00pm. ed as //30/23 on er. ed as //30/23 23 on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL098036		B. WING		1	0/05/2023
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
COMPAS	SIONATE CARE HOME	AT FOXCROFT	2413 FOXC WILSON, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC		Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 330	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 administered at 10:00pm on 09/09/23 to 09/30/23 except on 09/11/23 and 09/13/23 where it was documented as refused and on 09/24/23 and 09/28/23 where it was documented as other. Review of Resident #3's October 2023 eMAR revealed: -There was an entry for Advil dual action 2 tablets every 8 hours for mild muscle pain scheduled for administration at 6:00am, 2:00pm, and 10:00pm. -Advil dual action 2 tablets was documented as administered at 6:00am everyday on 10/01/23 to 10/05/23 except on 10/04/23 where it was documented as other. -Advil dual action 2 tablets was documented as administered at 2:00pm everyday on 10/01/23 to 10/04/23 except on 10/02/23 where it was documented out of facility. -Advil dual action 2 tablets was documented as administered at 10:00pm everyday on 10/01/23 to 10/04/23 except on 10/01/23 where it was documented out of facility. -Advil dual action 2 tablets was documented as administered at 10:00pm everyday on 10/01/23 to 10/04/23 except on 10/01/23 where it was documented as other. Observation of Resident #3's medications on		t was and ner. MAR 2 tablets uled for 0:00pm. ted as 01/23 to s ted as 01/23 to s ted as //01/23 to s	C 330			
	-There was a medication card containing Advil dual action 125mg-250mg dispensed on 09/09/23The administration instructions on the medication card were 2 tablets every 8 hours for mild muscle pain.						
	everyday at 6:00am,	revealed: d 2 Advil dual action 2:00pm, and 10:00p at Resident #3's Adv o be administered as	m. il dual s needed				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL098036		B. WING		10	0/05/2023
	ROVIDER OR SUPPLIER	T FOYCPOET		DRESS, CITY, STAT	E, ZIP CODE		
COMPAS	SIONATE CARE HOME A	TPOXCROPT	WILSON, I	NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEN Y MUST BE PRECEDED LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 330	C 330 Continued From page 16			C 330			
	-Sometimes Resident #3 refused his AdvilResident #3 did not like to be woken up to take his Advil so when he was sleeping, she did not administer his Advil. Interview with the Administrator on 10/05/23 at 3:39pm revealed: -She thought Resident #3's Advil dual action was ordered to be administered every 8 hours because that was what was on his eMARShe did not notice that Resident #3's FL-2 had orders to administer his Advil dual action as neededShe had contacted Resident #3's primary care provider (PCP) to get an order to administer his Advil dual action as needed instead because the resident often refused the medication or was out of the facility with his family when it was supposed to be administered.		p to take				
			action was irs kR. EL-2 had in as ary care hister his cause the r was out				
	Telephone interview of at the facility's contral at 3:25pm revealed: -The order she currer #3 was Advil dual act scheduled. -The orders for Advil dated 08/26/23. -The pharmacy place medications on the electric order. Telephone interview of primary care provider 4:39pm revealed she	otted pharmacy on ontily saw on file for ion 2 tablets every dual action 2 tabled orders for reside MAR based on the with the facility's control of (PCP) on 10/05/2	Resident // 8 hours ets were ent's e current ontacted				
	Resident #3 because provider. Based on observatior reviews it was determ	he was seen by a	hospice				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI, IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY LETED
		FCL098036	B. WING		10	05/2023
	ROVIDER OR SUPPLIER	T FOXCROFT	TREET ADDRESS, CITY, STA 413 FOXCROFT RD VILSON, NC 27893	NTE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From page interviewable.	e 17	C 330			

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