Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		FCL033014	B. WING		11/08/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STA	TE, ZIP CODE	
GUIDING	STAR HEALTH CARE TW	10	RINGBROOK DR MOUNT, NC 278		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{C 000}	Initial Comments		{C 000}		
	The Adult Care Licens follow-up survey on N	sure Section conducted a lovember 8, 2023.			
{C 201}	10A NCAC 13G .0701 Residents	(b) Admission Of	{C 201}		
	10A NCAC 13G .0701	Admissions Of Residents			
	<ol> <li>for treatment of n drug abuse;</li> <li>for maternity care</li> <li>for professional n continuous medical su</li> <li>for lodging, when and supervision offere are not needed; or</li> </ol>	nursing care under			
	This Rule is not met a FOLLOW-UP TO TYF	•			
	The Type B Violation Non-compliance conti				
	facility failed to ensure	and record reviews, the e 1 of 2 sampled residents I for the treatment of a			
	The findings are:				
	08/02/23 revealed: -Diagnoses included s	1's current FL-2 dated schizophrenia. evel of care was domiciliary.			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED	
					R	,
		FCL033014	B. WING			8/2023
NAME OF DE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIR CODE		
NAIVIE OF FI	NOVIDER OR SUFFLIER		NGBROOK DR			
GUIDING S	STAR HEALTH CARE TW	10	OUNT, NC 278			
240.15	CLIMMADV CT		1			0/5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{C 201}	Continued From page	<del>2</del> 1	{C 201}			
	-The resident was cor- The resident was a wa- There were no other. There was an order f (ER) (used to treat so morning. There was an order f depression and anxie. There were no other.  Review of Resident # revealed he was adm 07/24/17.  Interview with the Adr 3:37pm revealed: He knew that Reside diagnosis other than a order to reside at the - Resident #1 also had his feet which he had - Resident #1 did not reat the calluses on he the 2 medications lister - Resident #1 had an a care provider (PCP) of did not show up for th - He was going to ask diagnosis regarding the appointment on 11/07 did not show up for th unable to get the diagnosis tegarding the diagnosis regarding the diagnosis regarding the diagnosis regarding the diagnosis tegarding the diagnosis regarding the diagnosis tegarding the diagnosis tegarding the diagnosis regarding the diagnosis regardin	nstantly disoriented. vanderer. diagnoses listed. for Invega extended release chizophrenia) 6mg every for trazodone (used to treat ty) 100mg at bedtime. medications ordered.  1's Resident Register itted to the facility on  ministrator on 11/08/23 at ent #1 needed another a mental health diagnosis in facility. d calluses on the bottom of to have removed at times. receive any medication to his feet and only received ed on his current FL-2. appointment with his primary on 11/07/23 but the resident he appointment. Resident #1's PCP to add a he resident's feet at the 1/23 but since the resident he appointment, he was				
	PCP on 11/08/23 at 1	0:01am was unsuccessful.	(0.53.)			
{C 301}	10A NCAC 13G .0906 Services	6 (f)(1)-(4) Other Resident	{C 301}			

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STATE FORM KGD212 If continuation sheet 2 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R
		FCL033014	B. WING	<del></del>	11/08/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
GUIDING	STAR HEALTH CARE TW	10	NGBROOK DR		
0/0/15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	OUNT, NC 278	PROVIDER'S PLAN OF CORRECTION	N OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{C 301}	Continued From page	2	{C 301}		
	10A NCAC 13G .0906	6 Other Resident Services			
	reasonable hours sha arranged through the of the residents and a (2) There must be at visitation in the home community. If a home hours or any restriction about the hours and a included in the house at the time of admissi conspicuously in the l (3) A signout registe planned visiting and of which indicates the re- expected time of retur- telephone number of (4) If the whereabour and there is reason to safety, the person in of immediately notify the person, the approprial and the county depar	mutual prior understanding administrator; t least 10 hours each day for by persons from the e has established visiting ons on visitation, information any restrictions must be rules given to each resident on and posted home; r must be maintained for other scheduled absences esident's departure time, rn and the name and the responsible party; ts of a resident are unknown to be concerned about his charge in the home must e resident's responsible at law enforcement agency tment of social services.			
	This Rule is not met FOLLOW-UP TO TYPE	<u> </u>			
	Based on these findin Violation was not aba				
		and record reviews for 1 of 2 e facility failed to record an			

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STATE FORM STATE FORM KGD212 If continuation sheet 3 of 19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		D D
		FCL033014	B. WING		R 11/08/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
GUIDING	STAR HEALTH CARE TW	/O	NGBROOK DR DUNT, NC 278		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{C 301}	facility and failed to in enforcement and the Services (DSS) when the facility and their w (#1).  The findings are:  Review of Resident # 08/02/23 revealed: -Diagnoses included: -The resident was con-There was an order of (ER) (used to treat so morningThere was an order of depression and anxied Review of Resident # his own guardian.  Review of the facility's dated, revealed: -A curfew will be enfo away from the homeIn the event the client curfew the staff will recalling 911, notifying of supervisor in charge of responsible party, and the incident and the resident #1 was on Resident #1 left the famember on 10/23/23.	rn when a resident left the neediately notify local law county Department of Social a resident did not return to thereabouts were unknown  The current FL-2 dated schizophrenia. Instantly disoriented. For Invega extended release chizophrenia) 6mg every for trazodone (used to treat the theorem of the theore	{C 301}	DELICITIES ()	
		nt #1's family member to the facility sometime last			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING				
		FCL033014	B. WING		11/0	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHIDING	STAR HEALTH CARE TW	1564 SPR	INGBROOK DR	IVE		
GUIDING .	STAR HEALTH CARE TW	ROCKY M	OUNT, NC 278	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{C 301}	Continued From page	<del>2</del> 4	{C 301}			
(C 301)	week but the resident -He spoke to Resident but he did not know w -He thought he last sp 11/02/23 or 11/03/23Resident #1 had an a care provider (PCP) of follow up and to recei -He had made Reside appointment with his spoke to him last wee -Resident #1 told him appointment on 11/07 -Resident #1 did not s appointment on 11/07 -Resident #1 was his -Resident #1 was tryi independent living an housing authority earl housingHe did not think that independent living be and other things" and could take care of him -Resident #1 "had it in going to move to inde he could leave the fac he wanted to do soThe facility's Owner I #1's family member or resident did not show appointmentHe did not know wha facility's OwnerHe had just tried to o	a did not return. Int #1 sometime last week, I/hat day. Doke with Resident #1 on Imappointment with his primary I/hat day. Doke with Resident #1 on Imappointment with his primary I/hat day. I/hat da	{C 301}			
		s resident sign in and out log				

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revealed:

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	or realth Service Negu		000 1444 7104 5	CONCERNATION	Tayour ATE OUR VEV
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7110 1 12 11 1	or correction.	IBERTIN IO, WIGHT WOMBER.	A. BUILDING: _		OOMI EETED
					R
		FCL033014	B. WING		11/08/2023
NAME OF D	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIR CODE	
TVAIVIL OF T	NOVIDER OR GOLT EIER				
GUIDING	STAR HEALTH CARE TV	VO	RINGBROOK DR		
		ROCKY	MOUNT, NC 278	U1	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	( - /
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
IAG			IAG	DEFICIENCY)	
(C 204)	0 (; 15	_	(C 2041)		
{C 301}	Continued From page	5	{C 301}		
	-The form included a	column for the resident's			
	name, the responsible	e party, time in, time out,			
	and date.				
	-There was not a colu	ımn to record a time or date			
	for a resident to return	n to the facility.			
	-Resident #1 left the t	facility at 11:05pm on			
	10/23/23.				
	-Resident #1's respor	nsible party was listed as			
	"self".				
		1's leave of absence form			
	revealed:				
		parture was 10/23/23.			
	-Proposed date of ret				
	-Under medication, st				
	•	t bedtime was documented.			
	•	ing for trazodone 100mg			
	was 4.	hannath and dancer layers			
		trength, and dosage Invega			
	-	ning was documented.			
	5.	ing for Invega ER 6mg was			
	-The form was signed	N by Posidont #1 on			
	10/23/23.	by Resident #1 on			
	10/20/20.				
	Telephone interview v	with the facility's Owner on			
	11/08/23 at 9:32am re	<u> </u>			
		#1 and his family member			
		e resident did not show up for			
	his scheduled PCP a				
		each Resident #1 or his			
	family member by phe				
	•	ent #1's friend on 11/07/23			
	and she said the resid				
		the resident said he was			
		y because he had a PCP			
	appointment.	, <del></del>			
		en speaking with someone to			
	assist him with indepe				
	-	sident #1 was able to live on			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SI		
		A. BUILDING: _				
		FCL033014	B. WING		11/0	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CHIDING	STAR HEALTH CARE TW	1564 SPRI	NGBROOK DR	IVE		
GUIDING	STAR HEALTH CARE TW	ROCKY M	OUNT, NC 278	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{C 301}	Continued From page	e 6	{C 301}			
, ,	his own but he did no could make his own o -Resident #1 had bed own apartment and h	t have a guardian so he decisions. Some fixated on getting his ad not been the same since with someone to assist him				
	11/08/23 at 9:45am re- -She did not know wh -Resident #1 left her I had not seen him or s -She did not have a w					
	member on 11/08/23 -She had not seen Rein monthsSometimes Resident	with Resident #1's family at 9:48am revealed: esident #1 or spoken to him t #1 stayed with another at family member did not				
	11/08/23 at 10:07am -He had not notified to Department of Social Resident #1 had not r -He had not notified to not returned to the fact Resident #1 last weel his PCP appointment -He was not concerned show up at his PCP at he was upset that the because now he wou appointment for himHe was not concerned	Services (DSS) that returned to the facility. Them that Resident #1 had cility because he spoke with k and he said he would be at				

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STATE FORM STATE FORM KGD212 If continuation sheet 7 of 19

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI E	CONSTRUCTION	(X3) DATE SUF	DI/EV
	OF CORRECTION	IDENTIFICATION NUMBER:	1 '		COMPLET	
			A. BUILDING: _			
			B. WING		R	
		FCL033014	B. WING		11/08/	/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		1564 SPF	RINGBROOK DR	IVE		
GUIDING	STAR HEALTH CARE TV	VO ROCKY I	OUNT, NC 278	01		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI	D BE	COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	'RIATE	DATE
				DEI ICIENCI)		
{C 301}	Continued From page	e 7	{C 301}			
	facility and not return	ad hafara				
	,	facility in February 2023 and				
		acility until June 2023.				
		d to the facility in June 2023				
		or's family member went and				
	retrieved the resident					
	member's house.	<b>,</b>				
	-He sent his family m	ember to the house to pick				
		ne 2023 because he felt he				
	had been gone from	the facility too long.				
	-Resident #1 did not i	resist returning to the facility				
	when the family mem	ber went to retrieve him in				
	June 2023.					
		l health provider was made				
		nt had been out of the facility				
		his last mental health				
	appointment.					
		l health provider counseled				
		eed to take his medications				
		im he needed to show he				
	own.	before he could live on his				
		ctly where Resident #1 was				
		was with a family member				
		ually where he stayed when				
	he was away from the	-				
		one to retrieve Resident #1				
	-	n to the facility this time				
		told him he would return to				
	the facility when he ta	alked to him last week.				
		ne Administrator on 11/08/23				
	at 2:44pm revealed:	6.11 6.1111				
		eft the facility on 10/23/23 he				
		t would be gone for a couple				
	of days.	1 1 tableta eftuaradan and				
		1 4 tablets of trazodone and				
		R when he left just in case				
		eturn in a couple of days.				
	-ine did flot flave Res	ident #1 sign out how long				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R	
	FCL033014	B. WING		11/08/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GUIDING STAR HEALTH CARE	TWO	INGBROOK DR			
	ROCKY	MOUNT, NC 278			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{C 301} Continued From pa	ige 8	{C 301}			
he expected to be -He did not ask Re would be away fror -He provided 4 tab of Invega ER to Re facility because he return sooner if he takeHe was not conce have run out of tra: ER on 10/28/23 be taken his medication the facility before a  Telephone interview at 2:57pm revealed -He left the facility a family memberWhen he left the fa the facility when he -When he left the fa he would returnThe facility provide while he was away -He did not attend yesterday because -He planned to retu could find transpor  Telephone interview health provider on -He last had a telel 07/07/23He usually saw Re -Resident #1's traz him sleep better ar -Resident #1 proba	away from the facility. sident #1 exactly how long he in the facility. ets of trazodone and 5 tablets sident #1 when he left the thought the resident would did not have the medication to  rned that Resident #1 would zodone on 10/27/23 or Invega cause the resident had not ons when he was away from ind he was fine.  w with Resident #1 on 11/08/23 lice about 2 weeks ago to stay with acility, he did not tell anyone at				

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-Resident #1 was prescribed Invega ER for

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DIVISION	or riealth Service Negu	ialion				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					R	
		FCL033014	B. WING		1	3/2023
		1 02033014			11/00	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1564 SPR	INGBROOK DR	IVE		
GUIDING	STAR HEALTH CARE TW	VO ROCKY N	OUNT, NC 278	01		
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N.	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
{C 301}	Continued From page	2 Q	{C 301}			
(0 00.)	Continued From page		(0 00.)			
		disorder characterized by a				
	disconnection from re	eality).				
		nat Resident #1 had been				
		for several days without his				
	Invega ER.					
		ithout his Invega ER for				
	several days could ca	ause the resident's psychosis				
		cause him to become				
	agitated and have dis					
		ould cause Resident #1 to				
	have violent episodes					
	-Resident #1 not takir	ng Invega ER for several				
		ased risk of harming himself				
	or harming others.					
	-Resident #1 going se	everal days without Invega				
	ER could cause the re	esident to have				
	hallucinations, parano	oia, and confusion.				
		ould cause Resident #1 to				
		the resident could become				
	homeless.					
		ould also cause Resident #1				
		s surroundings and not look				
		ssing a street which could				
	be dangerous for the					
		story of alcohol and drug				
		res before when he was				
	using drugs and alcol					
		ent #1's psychosis could				
	cause him to use drug	•				
		lity to contact local law				
		esident #1 did not return to				
	-	as expected to return				
		tant that the facility find the				
	resident to make sure					
		Resident #1 be located				
		ad could happen to him due				
	to regression that cou	ıld be brought on by				
	psychosis.					
		to start back on Invega ER				
	as soon as possible t	o adequately treat his				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		FCL033014	B. WING		R 11/08/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CHIDING	OTAD LIEALTH CADE TH	1564 SPRI	NGBROOK DR	IVE	
GUIDING STAR HEALTH CARE TWO ROCKY			OUNT, NC 278	01	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{C 301}	Continued From page	e 10	{C 301}		
	psychosisHe expected the faci #1 so he could take h -He was not aware th	ility to "track down" Resident nis medications again. nat Resident #1 had left the t returned when he was			
	resident (#1) when he notify local law enforce of Social Services (Donot return to the facility return and the resident used to treat psychost characterized by a distance of the facility and confus resident to become a disorganized thought risk of having violent risk of harming himse failure resulted in a suphysical harm to the Type A2 Violation.	sconnection from reality) for cause hallucinations, ion as well as causing the			
C 342	<ul><li>(j) The resident's me record (MAR) shall be following:</li><li>(1) resident's name;</li></ul>	4 Medication Administration dication administration e accurate and include the cation or treatment order;	C 342		

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Division of Health	Service Regu	ilation			
STATEMENT OF DEFIC		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRE	CTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		FCL033014	B. WING		R
		FCL033014			11/08/2023
NAME OF PROVIDER O	OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	
		1564 SF	RINGBROOK DR	RIVE	
GUIDING STAR HE	ALTH CARE TW	NO	MOUNT, NC 278		
0.0.15	CUMMARY CT				N OUT
(X4) ID PREFIX		FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	( - /
	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	
				DEFICIENCY)	
C 342 Continu	ued From page	2 11	C 342		
O O TE O O TE TE	aeu i ioiii pagc	E 11	00.2		
	ition administe				
' '		dministering the medication			
or treat	,				
		ation for the administration of			
medica	itions or treatm	nents as needed (PRN) and			
		ulting effect on the resident;			
, ,		administration;			
(7) doc	umentation of	any omission of			
medica	itions or treatm	nents and the reason for the			
omissio	on, including re	efusals; and			
(8) nan	ne or initials of	f the person administering			
the me	dication or trea	atment. If initials are used, a			
signatu	ire equivalent f	to those initials is to be			
docum	ented and mai	intained with the medication			
adminis	stration record	I (MAR).			
		as evidenced by:			
		and record reviews, the			
		re the medication			
		l (MAR) was accurate for 1			
		cluding errors with a			
		reat schizophrenia and a			
medica	ition used to tr	reat depression and anxiety.			
The fin	dings are:				
Review	of Resident#	#1's current FL-2 dated			
	23 revealed:				
		schizophrenia.			
		for Invega extended release			
		chizophrenia) 6mg every			
mornin					
	•	for trazodone (used to treat			
		ety) 100mg at bedtime.			
Intervie	w with the Adı	ministrator on 11/08/23 at			
	n revealed:	ministrator on 11/00/25 at			
		leave from the facility.			
		facility with his family			

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member on 10/23/23.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		A. BUILDING:			_	
		FCL033014	B. WING		11	R 1 <b>/08/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	ZIP CODE		
		1564 SPF	RINGBROOK DRIV	Ε		
GUIDING	STAR HEALTH CARE TV	VO ROCKY I	MOUNT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 342	Continued From page	e 12	C 342			
	-He expected Reside	nt #1's family member to the facility sometime last				
	_	s resident sign in and out log the resident left the facility /23.				
	Review of Resident #1's leave of absence form on 11/08/23 revealed: -Proposed date of departure was 10/23/23Proposed date of return was blankUnder medication, strength, and dosage trazodone 100mg 1 at bedtime was documentedThe quantity on leaving for trazodone 100mg was 4Under medication, strength, and dosage Invega ER 6mg was documented.					
	5.	ring for Invega ER 6mg was				
	-There was an entry to morning scheduled for -Invega ER 6mg was administered on 10/0 -There was an entry to	ation record (MAR) revealed: for Invega ER 6mg every or administration at 7:00am. documented as 11/23 to 10/31/23. for trazodone 100mg daily at or administration at 7:00pm. vas documented as				
	revealed: -There was an entry firmorning scheduled for -Invega ER 6mg was administered on 11/0 -There was an entry firmore.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDEN		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
FCL033014		B. WING		11/08/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
NAIVIL OI I	NOVIDEN ON 301 1 EIEN		NGBROOK DR			
GUIDING	STAR HEALTH CARE TV	VO	OUNT, NC 278			
	OLIMANA DV OT		<u> </u>			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
C 342	Continued From page	e 13	C 342			
	7:00pmTrazodone 100mg was documented as administered on 11/01/23 to 11/05/23.  Interview with the Administrator on 11/08/23 at					
	2:44pm revealed: -He documented that Resident #1 was receiving his medications on his MARs because he sent medication with the resident when he left so he assumed the resident was taking his medicationsHe did not know there was a code on the back of the MAR that he should use to document on the MAR if a resident was out of the facility.					
C936	10A NCAC 13G .1010 Services	0(d) (e) Pharmaceutical	C936			
	10A NCAC 13G .1010 (d) (e) Pharmaceutical Services					
	medication for reside the facility or involved facility. The facility sh procedures for a reside absence. The policies facilitate safe administrate upon receipt of the mabsence the resident accompanying the remedication, dosage, a each medication provof absence. The policinclude at least the form (1) The amount of resprovided shall be sufficover the duration of the purposes of this F	sident is able to identify the and administration time for vided for the temporary leave sies and procedures shall ellowing provisions: sident's medications ficient and necessary to the resident's absence. For				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  FCL033014	A. BUILDING: _ B. WING		COMPLETED	
FCL033014	B. WING		l R	
<u>.</u>	-		R 11/08/2023	
NAME OF PROVIDER OR SUPPLIER STREET	ADDRESS, CITY, STA	TE ZIP CODE		
	PRINGBROOK DR			
GUIDING STAR HEALTH CARE TWO	MOUNT, NC 278			
OUR MADY OTATEMENT OF DESIGNATION			N	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
C936 Continued From page 14	C936			
administered during the leave of absence or only a current dose pack, card, or container if the current dose pack, card, or container has enough medication for the planned absence;  (2) Written and verbal instructions for each medication to be released for the resident's absence shall be provided to the resident or the person accompanying the resident upon the medication 's release from the facility and shall include at least:  (A) the name and strength of the medication; (B) the directions for administration as prescribed by the resident's physician; (C) any cautionary information from the original prescription package if the information is not on the container released for the leave of absence; (3) The resident's medication shall be provided in a capped or closed container that will protect the medications from contamination and spillage; and (4) Labeling of each of the resident's individual medication containers for the leave of absence shall be legible, include at least the name of the resident and the name and strength of the medication, and be affixed to each container. The facility shall maintain documentation in the resident's leave of absence, including the quantity released from the facility and the quantity released from the facility. The documentation of the quantities of medications released from and returned to the facility for a resident's leave of absence shall be verified by signature of the facility staff and resident or the person accompanying the resident upon the medications ' release from and return to the facility.  (e) The facility shall assure that accurate records of the receipt, use, and disposition of medications are maintained in the facility and available upon	C330			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL033014	B. WING		R 11/08/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GUIDING	STAR HEALTH CARE TW	1564 SPRI	NGBROOK DR	IVE		
OOIDINO	OTAN HEALITI OANE TV	ROCKY MO	OUNT, NC 278	01	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
C936	Continued From page	<del>2</del> 15	C936			
	facility failed to provid	ews and interviews, the le a sufficient amount of sampled residents (#1) who				
	The findings are:					
	dated, revealed: -When a resident is le medications will be pa pharmacy or practitionThe facility will docur includes date checker the medication, count	ackaged and labeled by the				
	08/02/23 revealed: -Diagnoses included: -There was an order to (ER) (used to treat somorningThere was an order to depression and anxied.  Review of the facility's revealed:	for Invega extended release hizophrenia) 6mg every for trazodone (used to treat ty) 100mg at bedtime.				
	-Resident #1 left the f	acılıty at 11:05pm on				

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-There was no documentation of a time or date

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
JULY 1 EARL OF CONTROL INC.		.52	A. BUILDING: _		00 22.25	
FCL033014		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE ZIP CODE		
TO TIME OF THE	NOVIDER OR GOLF EIER		RINGBROOK DR			
GUIDING	STAR HEALTH CARE TW	/O	MOUNT, NC 278			
	CUMMADVCT		· ·			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
C936	Continued From page	e 16	C936			
	for the resident to retu	urn to the facility.				
	revealed:	1's leave of absence form parture was 10/23/23.				
	-Proposed date of ret	urn was blank.				
	-Under medication, st	-				
		t bedtime was documented.				
	-The quantity on leav was 4.	ing for trazodone 100mg				
	-Under medication, strength, and dosage Invega					
	ER 6mg 1 every morning was documented.					
-The quantity on leaving for Invega ER 6mg was 5.						
	-The form was signed by Resident #1 on 10/23/23.					
	2:44pm revealed:	ministrator on 11/08/23 at				
		eft the facility on 10/23/23 he				
	assumed the resident of days.	t would be gone for a couple				
	-He gave Resident #1	4 tablets of trazodone and				
		R when he left just in case				
		eturn in a couple of days. ident #1 sign out how long				
	he expected to be aw	-				
	-	lent #1 exactly how long he				
	would be away from t					
	_	ablets of trazodone and 5				
		to Resident #1 when he left				
		e thought the resident would				
	return sooner if he did not have the medication to					
	take.					
		ed that Resident #1 would				
		done on 10/27/23 or Invega				
		use the resident had not				
taken his medications when he was away from the facility before, and he was fine.						

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1564 SPRINGBROOK DRIVE ROCKY MOUNT, NC 27801  [MA1] D [MA	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
MAKE OF PROVIDER OR SUPPLIER  GUIDING STAR HEALTH CARE TWO  STREET ADDRESS, CITY, STATE, ZIP CODE  1564 SPRINGBROOK DRIVE ROCKY MOUNT, NC 27801  (XC41)D PREFIX TAG  CONTINUED (EACH DEPICIONATY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  CO306  Continued From page 17  Telephone interview with Resident #1 on 11/08/23 at 2.57pm revealed: -He left the facility about 2 weeks ago to stay with a family memberWhen he left the facility, he did not tell anyone at the facility when he planned to returnWhen he left the facility, he was not sure when he would returnThe facility did provide medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:06pm revealed: -Resident #1 for strazodone was prescribed to help him steep better and to help with depressionResident #1 that have any issues from not taking trazodone except he might not rest as wellResident #1 was prescribed invega ER for psychosis (a mental disorder characterized by a disconnection from reality)He was concerned that Resident #1 had been away from the facility for several days without his Invega ERResident #1 being without his Invega ER for several days could cause the resident's psychosis to return which could cause ihm to become agilated and have disorganized thoughtsBecoming agitated could cause Resident #1 to have violent episodesResident #1 point geveral days without Invega ERResident #1 point provider invega ER could cause the resident on have  The facility of the resident of the violent providersResident #1 going several days without Invega ER could cause the resident to have	and Flan of Correction identification number.		A. BUILDING: _		COMPLE	ובט	
NAME OF PROVIDER OR SUPPLIER  GUIDING STAR HEALTH CARE TWO  PRETX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EXACT DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REPEAR TO SUMMARY STATEMENT OF DEFICIENCIES (EXACT DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REPEAR TO SUMMARY STATEMENT OF DEFICIENCIES (EXACT DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REPEAR TO SUMMARY STATEMENT OF DEFICIENCIES (EXACT DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REPEAR TO SUMMARY STATEMENT OF DEFICIENCIES TAG  TELEPHONE INTERVIEW WITH RESIDENT #1 ON 11/08/23 at 2:57pm revealed: -He left the facility, he did not tell anyone at the facility when he planned to returnWhen he left the facility, he was not sure when he would returnThe facility did provide medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:06pm revealed: -Resident #1 the facility of the provide medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:06pm revealed: -Resident #1 to thaking trazodone was prescribed to help him sleep better and to help with depressionResident #1 was prescribed Invega ER for psychosis to return which could cause the resident's psychosis to return which could cause the resident's psychosis to return which could cause him to become agitated and have disorganized thoughtsBecoming agitated could cause Resident #1 to have violent episodesResident #1 not taking Invega ER for several days without Invega ER could cause the resident to have  EXACT COURT OF THE APPROPRIATE CORNATION.  TAG  PROVIDENT N. C 2786  PROVIDENT N. C 2786  PROVIDENT N. C 2786  Tag  PROVIDENT N. C 2786  PROVIDENT N	FCL033014		B. WING		1	R <b>11/08/2023</b>	
CAUDING STAR HEALTH CARE TWO   SUMMARY STATEMENT OF DEFICIENCIES   COCKY MOUNT, NC 27881	NAME OF D		etheet And	DESS CITY STA	TE ZID CODE		
(X4)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FILL REQUIATORY OR LSC IDENTIFYING INFORMATION)  C936  Continued From page 17  Telephone interview with Resident #1 on 11/08/23 at 2:57pm revealed: -He left the facility about 2 weeks ago to stay with a family memberWhen he left the facility, he was not sure when he would returnWhen he left the facility, he was not sure when he would returnThe facility did provide medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:06pm revealed: -Resident #1's trazodone was prescribed to help him sleep better and to help with depressionResident #1's trazodone except he might not rest as wellResident #1 was prescribed Invega ER for psychosis (a mental disorder characterized by a disconnection from reality)He was concerned that Resident #1 had been away from the facility for several days without his Invega ERResident #1 being without his Invega ER for several days could cause the resident #1 to have violent episodesResident #1 not taking Invega ER for several days ould cause Resident #1 to have violent episodesResident #1 not taking Invega ER for several days but him at increased risk of harming himself or harming othersResident #1 to taking Invega ER for several days but him at increased risk of harming himself or harming othersResident #1 to taking Invega ER for several days but him at increased risk of harming himself or harming othersResident #1 going several days without linvega ER could cause the resident to have	NAIVIE OF FI	ROVIDER OR SUFFLIER					
CAJID PRETIX SUMMARY STATEMENT OF DEFICIENCIES PROCEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C398 COntinued From page 17  Telephone interview with Resident #1 on 11/08/23 at 2:57pm revealed: -He left the facility about 2 weeks ago to stay with a family memberWhen he left the facility, he did not tell anyone at the facility when he planned to returnWhen he left the facility, he was not sure when he would returnThe facility did provide medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:06pm revealed: -Resident #1's trazodone was prescribed to help him sleep better and to help with depressionResident #1 probably would not have any issues from not taking trazodone except he might not rest as wellResident #1 was prescribed Invega ER for psychosis (a mental disorder characterized by a disconnection from reality)He was concerned that Resident #1 had been away from the facility for several days without his Invega ERResident #1 being without his Invega ER for several days could cause the resident #1 to have violent episodesResident #1 not taking linega ER for several days youth im at increased risk of harming himself or harming othersResident #1 not taking linega ER for several days by but him at increased risk of harming himself or harming othersResident #1 oping several days without linega ER for several days put him at increased risk of harming himself or harming othersResident #1 oping several days without linega ER for several days put him at increased risk of harming himself or harming othersResident #1 oping several days without linega ER for the process of the farming himself or harming othersResident #1 oping several days without linega ER for the process of the farming himself or harming others.	GUIDING	STAR HEALTH CARE TV	VO				
TAG COntinued From page 17  Telephone interview with Resident #1 on 11/08/23 at 2:57pm revealed: -He left the facility about 2 weeks ago to stay with a family memberWhen he left the facility, he was not sure when he would returnWhen he left the facility is medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:06pm revealed: -Resident #1's trazodone was prescribed to help him sleep better and to help with depressionResident #1's trazodone was prescribed to help him sleep better and to help with depressionResident #1's trazodone was prescribed to help him sleep better and to help with depressionResident #1's trazodone was prescribed to help him sleep better and to help with depression additional to the same willResident #1's trazodone was weep the might not rest as wellResident #1 was prescribed Invega ER for psychosis (a mental disorder characterized by a disconnection from reality)He was concerned that Resident #1 had been away from the facility for several days without his Invega ERResident #1 being without his Invega ER for several days could cause the resident #1 to have violent episodesResident #1 not taking linvega ER for several days you thim at increased risk of harming himself or harming othersResident #1 not taking long several days without Invega ER could cause the resident for harming othersResident #1 not taking long several days without Invega ER could cause the resident to have		CLIMMADY CT		<del></del>		.NI	
Telephone interview with Resident #1 on 11/08/23 at 2:57pm revealed:  -He left the facility about 2 weeks ago to stay with a a family member.  -When he left the facility, he did not tell anyone at the facility when he planned to return.  -When he left the facility, he was not sure when he would return.  -The facility did provide medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:06pm revealed:  -Resident #1's trazodone was prescribed to help him sleep better and to help with depression.  -Resident #1's probably would not have any issues from not taking trazodone except he might not rest as well.  -Resident #1 was prescribed Invega ER for psychosis (a mental disorder characterized by a disconnection from reality).  -He was concerned that Resident #1 had been away from the facility for several days without his Invega ER.  -Resident #1 being without his Invega ER for several days could cause the resident's psychosis to return which could cause him to become agitated and have disorganized thoughts.  -Becoming agitated could cause Resident #1 to have violent episodes.  -Resident #1 not taking Invega ER for several days put him at increased risk of harming himself or harming others.  -Resident #1 not taking Invega ER for several days put him at increased risk of harming himself or harming others.  -Resident #1 going several days without Invega ER could cause the resident to have	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	(X5) COMPLETE DATE
at 2:57pm revealed:  -He left the facility about 2 weeks ago to stay with a family member.  -When he left the facility, he did not tell anyone at the facility when he planned to return.  -When he left the facility, he was not sure when he would return.  -The facility did provide medications for him to take while he was away, but he had run out of them.  Telephone interview with Resident #1's mental health provider on 11/08/23 at 1:05pm revealed:  -Resident #1's trazodone was prescribed to help him sleep better and to help with depression.  -Resident #1 probably would not have any issues from not taking trazodone except he might not rest as well.  -Resident #1 was prescribed Invega ER for psychosis (a mental disorder characterized by a disconnection from reality).  -He was concerned that Resident #1 had been away from the facility for several days without his Invega ER.  -Resident #1 being without his Invega ER for several days could cause the resident's psychosis to return which could cause him to become agitated and have disorganized thoughts.  -Becoming agitated could cause Resident #1 to have violent episodes.  -Resident #1 not taking Invega ER for several days put him at increased risk of harming himself or harming others.  -Resident #1 oping several days without Invega ER could cause the resident to have	C936	Continued From page	e 17	C936			
days put him at increased risk of harming himself or harming othersResident #1 going several days without Invega ER could cause the resident to have	C936	Telephone interview of at 2:57pm revealed: -He left the facility ab a family memberWhen he left the facility when he permittedWhen he left the facility when he permittedWhen he left the facility did provide take while he was away them.  Telephone interview of the health provider on 11Resident #1's trazod him sleep better and resident #1 probably from not taking trazod rest as wellResident #1 was prepsychosis (a mental of disconnection from results and the health provider on the way from the facility linvega ERResident #1 being we several days could can to return which could agitated and have disconnection gagitated of have violent episodes	with Resident #1 on 11/08/23 out 2 weeks ago to stay with ility, he did not tell anyone at lanned to return. ility, he was not sure when de medications for him to ray, but he had run out of with Resident #1's mental /08/23 at 1:06pm revealed: lone was prescribed to help to help with depression. y would not have any issues done except he might not escribed Invega ER for disorder characterized by a eality). hat Resident #1 had been for several days without his ithout his Invega ER for ause the resident's psychosis cause him to become sorganized thoughts. bould cause Resident #1 to s.	C936			
hallucinations, paranoia, and confusion.  -These side effects could cause Resident #1 to  "wander around" and the resident could become homeless.		days put him at increa or harming othersResident #1 going so ER could cause the re hallucinations, parand -These side effects of "wander around" and	everal days without Invega esident to have oia, and confusion. ould cause Resident #1 to				

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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	
FCL033014		B. WING		R 11/08/2023		
	ROVIDER OR SUPPLIER  STAR HEALTH CARE TW	STREET ADD	RESS, CITY, STANGBROOK DR	IVE	<u>  1170</u>	6/2023
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
C936	to not be aware of his both ways before cross be dangerous for the -Resident #1 had a hi issues and had seizur using drugs and alcol -An increase in Resid cause him to use drug-lt was important that because something beto regression that coupsychosis.	ould also cause Resident #1 surroundings and not look ssing a street which could resident. story of alcohol and drug res before when he was nol. ent #1's psychosis could gs and alcohol again. Resident #1 be located ad could happen to him due all be brought on by to start back on Invega ER	C936			

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