Division of Health Service Regulation

INME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 2413 FOXCROFT RO WILSON, NC 27893 PROVIDERS PLAN OF CORRECTION FROM THE ADDRESS. CITY, STATE, ZIP CODE 2413 FOXCROFT RO WILSON, NC 27893 PROVIDERS PLAN OF CORRECTION FROM THE ADDRESS. CITY, STATE, ZIP CODE 2413 FOXCROFT RO WILSON, NC 27893 CODE CODE Initial Comments The Adult Care Licensure Section conducted an amrual survey on October 6, 2023. The Adult Care Licensure Section conducted an amrual survey on October 6, 2023. CODE CODE CODE CIarification to policy and procedure Initial Comments CODE CIarification to policy and procedure Initial Comments The Adult Care Licensure Section conducted an amrual survey on October 6, 2023. CODE CIarification to policy and procedure Initial Comments CIarification to policy and procedure Initial Comments CODE CIarification to policy and procedure Initial Comments CIarification to policy and procedure Initial Comments CIARIFICATION HOLDER CRASS REFERENCES TO THAL APPROPRIATE ORASS REFERENCES TO THAL APPROPRIATE ORASS REFERENCES. CITY ADDRESS CITY, STATE, ZIP CODE CRASS REFERENCES. CITY ADDRESS CITY, STATE, ZIP CODE CRASS REFERENCES. CITY ADDRESS CITY, STATE, ZIP CODE CRASS REFERENCES. CITY, STATE, ZIP CODE CIARIFICATION HOLDER ORASS REFERENCES. CITY, STATE, ZIP CADE CIARIFICATION HOLDER ORASS REFERENCES. CITY, STATE, ZIP CADE CIARIFICATION HOLDER ORASS REFERENCES. CITY of CROSS REFERENCES. CITY, STATE, ZIP CADE CIARIFICATION AND APPROPRIATE CIARIFICATION AND APPROPRIATE CIARIFICATION AND		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER). ' ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Comparison Com			FCL098036	B. WING		10/05/2023
Comparison Com	NAME OF PI	ROVIDER OR SUPPLIER	S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE	
MULSON, No. 27893 PROVIDER'S PLAN OF CORRECTION PREFIX TAGE PROVIDER'S PLAN OF CORRECTION PROPRIES PROVIDER'S PROPROMET PROPRIES PROVIDER'S PLAN OF CORRECTION PROPRIES PROVIDER'S PLAN OF CORRECTION PROPRIES PROVIDER'S PROPROMET P	COMPAC	SIONATE CARE HOME A	T FOYOBOET	2413 FOXCROFT RD		
PREPRINT IRACH DEPRICIENCY MUST BE PRECEDED BY PULL RESULATORY OR LSC DENTIFYER INFORMATION) PREPRINT TAG	COMPASS	SIONATE CARE HOME A	II FOXCROFT	WILSON, NC 27893		
has been implemented. All staff has received written and verbal instruction on policy and procedure regarding new orders. They have acknowledged receipt and understanding with their signature. Clarification is as follows: 10A NCAC 13G.0902(e)(3)(4) Health Care 10A NCAC 13G.0902 health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the implementation of physician's orders for 1 of 3 residents (#1) related to weekly weights and a urinalysis. The findings are: Review of Resident #1's current FL-2 dated 09/08/23 revealed diagnosis included congestive heart failure (CHF). a. Review of Resident #1's current FL-2 dated 09/08/23 revealed diagnosis included congestive heart failure (CHF). week to primary care provider (PCP). We primary care faxed, written or called staff will: 1) immediately notify manager AND administrator or called staff will: 1) jumediately notify manager AND administrator or called staff will: 1) jumediately notify manager (PCPS). When orders are received by STAFF whether they are faxed, written or called staff will: 1) jumediately notify manager faxed, written or called staff will: 1) jumediately notify and provider (FCPS). So Jearlie (PCPS). Wh	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE COMPLETE
The findings are: Review of Resident #1's current FL-2 dated 09/08/23 revealed diagnosis included congestive heart failure (CHF). a. Review of Resident #1's current FL-2 dated 09/08/23 revealed there was an order for daily weight and report weight gain of 3 pounds or greater in 24 hours or 5 pounds or greater in 1 week to primary care provider (PCP). Review of Resident #1's physician order sheet dated 06/29/23 revealed: -There was an order to start daily weights and document in resident's chartThere was an order to start Lasix (a medication Solono of Health Service Regulation		The Adult Care Licer annual survey on Oc 10A NCAC 13G .090 (c) The facility shall following in the residual written procedure a physician or other land (4) implementation corders specified in SRule. This Rule is not met Based on record revifacility failed to ensur	tober 5, 2023. 2(c)(3)(4) Health Care 2 Health Care assure documentation of ent's record: es, treatments or orders fricensed health profession of procedures, treatments ubparagraph (c)(3) of this as evidenced by: lews and interviews, the re the implementation of	the om tal;	Clarification to policy and phas been implemented. A received written and verba on policy and procedure renew orders. They have acrecipt and understanding signature. Clarification is a When orders are received whether they are faxed, where they are faxed, which is a supplication of the faxed they are faxed, where faxed they are faxed they are faxed, where faxed they are faxed, where faxed they are faxed, where faxed they are faxed they are faxed they are faxed	Il staff has I instruction egarding knowledged with their s follows: by STAFF itten or or of manager/ ovider acy or
ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		The findings are: Review of Resident # 09/08/23 revealed disheart failure (CHF). a. Review of Resider 09/08/23 revealed the weight and report weight and resident # dated 06/29/23 revealed to 100 me and 100 me an	d a urinalysis. #1's current FL-2 dated agnosis included congestint #1's current FL-2 dated ere was an order for dailysight gain of 3 pounds or for 5 pounds or greater in 1 provider (PCP). #1's physician order sheet aled: to start daily weights and the start daily weights and to start Lasix (a medication)	ive on	6)Once pharmacy inputs of eMAR, staff will verify that matches the original order call to pharmacy and re-far orders have not been enterpharmacy or if staff is una orders as given due to oth (i.e. lab has not picked up by end of shift, a call to pharmacy or if staff is una orders as given due to oth (i.e. lab has not picked up by end of shift, a call to pharmacy admin is required. 7)MANAGER and ADMIN up on day two to ensure the been correctly implemented administrator will then not order that orders have been implemented/completed.	it If not, a roder. If red by ble to complete er circumstances specimen), armacy, provider, and ired. ISTRATOR will follow hat orders d. Manager/ ate the written en correctly
Line On Honey Old	ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S S	SIGNATURE	TITLE	(X6) DATE

y Pridgen, RN Administrator

11/12/23

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED		
		FCL098036		B. WING		10	0/05/2023
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, STA	TE, ZIP CODE		
COMPAS	SIONATE CARE HOME A	T FOXCROFT	WILSON,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIEN BY 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 249	Continued From pagused to treat fluid ret 4 days, then start as pounds in 1 day or 5 Review of Resident # revealed: -Resident #1's weigh pounds on 06/06/23Resident #1's weigh pounds on 07/28/23Resident #1's weigh pounds on 08/06/23Resident #1's weigh pounds on 08/06/23Resident #1's weigh pounds on 09/06/23There were no daily Interview with a med 10/05/23 at 11:19am Resident #1 and his revealed there was not revealed t	ention) 40mg once needed for weight pounds in 1 week. this resident vital set was documented the weights recorded. The weights recorded the weights recorded the public weight was 186 points and the weight was 186 points	gain of 3 igns sheet as 185 as 189 as 194 as 186.2 as 183.6 n weighed unds. ctronic R) eights. AR eights. MAR eights. 23 eMAR	C 249			
	Review of Resident # revealed there was n Second interview wit 10:50am revealed:	o entry for daily we	eights.				

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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		1	0/05/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMPASS	SIONATE CARE HOME	AT FOXCROFT		CROFT RD NC 27893			
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PREFIX TAG		CY MUST BE PRECEDED B' LSC IDENTIFYING INFORM		PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
C 249	Continued From pag	e 2		C 249			
	Resident #1She performed char months" to make sur missed.	was received from the provider (PCP) it was siness office manage of that was on duty at office to the staff who norders to the facility's of so they could place on the semanth of the staff who norders for daily weight of the staff weight weight weight weight weight weight weight weight weight weights were ordered to add the staff were ordered to the staff mem orders to the staff mem or the staf	e as er (BOM) the time. received s the ints for //23 at ghts on on all dered for e of en who put ber who on sed to				
	06/29/23 was not fax facility because she contracted PCP had	ted to the pharmacy thought the facility's	by the				

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ALDRESS, CITY, STATE, JAP CODE 2415 FOXCROFT RD WILSON, NC 27893 PROVIDERS PLAN OF CORRECTION FREGULATORY OR LISC DENTIFYING INFORMATION) C 249 Continued From page 3 pharmacy glaredy, Since the leventh of the pharmacy the order was never entered onto the eMAR so facility staff would not know to perform daily weights for the resident. It was the facility's repossibility to make sure resident orders were followed. It was important for Resident #1 to have his weight checked daily so facility staff would know whether to administer Lask to him or not. Telephone interview with a pharmacy technician at the facility or the PCP, they placed the orders on the facility or the PCP, they placed the orders on the facility or the PCP, they placed the orders on the facility for Resident #1. If the pharmacy had received an order for daily weights for Resident #1. If the pharmacy had received an order for daily weights for Resident #1. She ordered Lask to be given to Resident #1. She ordered Lask to be given to Resident #1. She ordered Lask to be given to Resident #1. She ordered Lask to be given to Resident #1. She ordered Lask to be given to Resident #1. She ordered daily weights for Resident #1. She ordered Lask to be given to Resident #1. She ordered Lask to be given to Resident #1.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		RED:) MULTIPLE BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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C 249 Continued From page 3 pharmacy already. Since the orders for daily weights for Resident #1 to have his weight checked daily so facility staff would know whether to administer Lasix to him or not.	COMPASS	SIONATE CARE HOME	AT FOXCROFT				
C 249 Continued From page 3 pharmacy already. Since the orders for daily weights for Resident #1 were not sent to the pharmacy the order was never entered onto the eMAR of acility staff did not know to perform daily weights for the resident. It was important for Resident #1 to have his weight checked daily so facility staff would know whether to administer Lasix to be given to Resident #1. If the pharmacy did not receive an order for daily weights for Resident #1 because the facility or the PCP, they placed the orders on the facility or the PCP, they placed the orders on the facility or the PCP, they placed the orders on the facility or the PCP, they placed the order on the resident #1. If the pharmacy did not receive an order for daily weights for Resident #1. If the pharmacy and received an order for daily weights for Resident #1 she cause the facility had called and reported to her that he was having swelling in his leg. She also 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.	(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTIO	N (Y5)
pharmacy alreadySince the orders for daily weights for Resident #1 were not sent to the pharmacy the order was never entered onto the eMAR so facility staff did not know to perform daily weights for the residentIt was the facility's responsibility to make sure resident orders were followedIt was important for Resident #1 to have his weight checked daily so facility staff would know whether to administer Lasix to him or not. Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 10/05/23 at 12:10pm revealed: -When the pharmacy received an order from the facility or the PCP, they placed the orders on the eMARThe pharmacy did not receive an order for daily weights for Resident #1If the pharmacy had received an order for daily weights for Resident #1She ordered Lasix to be given to Resident #1 because the facility had called and reported to her that he was having swelling in his legShe ordered Lasix to be given to Resident #1She ordered Lasix to be given to Resident #1 to the racility would know when to administer the Lasix to the residentIf 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 administrator to treat the fluid retention.	PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FU		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
-Since the orders for daily weights for Resident #1 were not sent to the pharmacy the order was never entered onto the eMAR so facility staff did not know to perform daily weights for the residentIt was the facility's responsibility to make sure resident orders were followedIt was important for Resident #1 to have his weight checked daily so facility staff would know whether to administer Lasix to him or not. Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 10/05/23 at 12:10pm revealed: -When the pharmacy received an order from the facility or the PCP, they placed the orders on the eMARThe pharmacy did not receive an order for daily weights for Resident #1If the pharmacy had received an order for daily weights for Resident #1, they would have placed the order on the resident #1 send 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. Clarification to policy and procedure has been implemented. All staff has received written and verbal instruction on policy and procedure regarding new orders. They have acknowledged receipt and understanding with their signature. Clarification is as follows: When orders are received by STAFF whether they are faxed, written or called staff will: 1) immediately notify manager AND administrator of new orders. 2) clarify orders by asking manager/ administrator or calling provider if needed. 3) fax the orders by parmacy or appropriate recipient 4) put printed copy in resident's chart under "orders" 5) follow orders as written. 6) Once pharmacy and re-fax order. If orders have not been entered by pharmacy or if staff is unable to complete orders as given due to other circumstances (i.e. lab has not picked up specimen), by end of shift, a call to pharmacy, provider, and the manager/admin is required. 7) MANAGER and ADMINISTRATOR will follow up on day two to ensure that orders have been correctly implemented. Manage	C 249	Continued From pag	e 3	C	249	***************************************	11/12/23
Telephone interview with Resident #1's 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 legShe also ordered daily weights for Resident #1: -She ordered Lasix to be given to Resident #1 if he had a weight gain of 3 pounds in 1 day or 5 pounds in one weekShe ordered daily weights for Resident #1 so the facility would know when to administer the Lasix to the residentIf 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. Cnart under "orders" 5)follow orders as written. 6)Once pharmacy inputs orders to eMAR, staff will verify that it matches the original order. If not, a call to pharmacy and re-fax order. If orders have not been entered by pharmacy or if staff is unable to complete orders as given due to other circumstances (i.e. lab has not picked up specimen), by end of shift, a call to pharmacy, provider, and the manager/admin is required. 7)MANAGER and ADMINISTRATOR will follow up on day two to ensure that orders have been correctly implemented. Manager/administrator will then notate the written		pharmacy alreadySince the orders for #1 were not sent to t never entered onto t not know to perform -It was the facility's r resident orders were -It was important for weight checked daily whether to administe Telephone interview at the facility's contra at 12:10pm revealed -When the pharmacy facility or the PCP, the eMARThe pharmacy did r weights for Resident -If the pharmacy had weights for Resident	daily weights for Reside the pharmacy the order the eMAR so facility staff daily weights for the resesponsibility to make sure followed. Resident #1 to have his a so facility staff would keen a contract to him or not. with a pharmacy technic acted pharmacy on 10/0 in the placed the orders of the placed the orders of the placed an order for the place in	was if did sident. ure s now cian 15/23 n the n the daily		Clarification to policy and prohas been implemented. All received written and verbal in on policy and procedure regnew orders. They have acknown receipt and understanding was ignature. Clarification is as When orders are received by whether they are faxed, writing called staff will: 1) immediately notify manager AND administrator new orders. 2) clarify orders by asking madministrator or calling proving the eded. 3) fax the orders to pharmatical propriate recipient.	staff has instruction arding nowledged with their follows: y STAFF ten or of anager/ ider cy or
		10/05/23 at 4:39pm -She ordered Lasix to because the facility in that he was having some some some some some some some some	revealed: o be given to Resident and called and reported welling in his leg. aily weights for Resident and of 3 pounds in 1 day of 3 pounds in 1 day of 3 weights for Resident #1 sylven to administer the Laweight gain of 3 pound week it meant the resident he needed Lasix to be	#1 to her t #1. #1 if r 5 so the asix ds in 1 dent		5)follow orders as written. 6)Once pharmacy inputs ordemark, staff will verify that it matches the original order. I call to pharmacy and re-fax orders have not been entered pharmacy or if staff is unable orders as given due to other (i.e. lab has not picked up spread of shift, a call to pharmacy or if staff is unable orders as given due to other (i.e. lab has not picked up spread of shift, a call to pharmacy and ADMINIST up on day two to ensure the been correctly implemented administrator will then notated order that orders have been	f not, a order. If ed by le to complete circumstances pecimen), macy, provider, and ed. STRATOR will follow at orders have the written
	TATE FORM			6899		implemented/completed.	If continuation sheet 4 of 18

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY	
		FCL09803	36	B. WING		10	/05/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	ITE, ZIP CODE		
COMPASS	NONATE CADE HOME A	TEOYCBOET	2413 FOX	CROFT RD			
COMPAS	SIONATE CARE HOME A	IFUXCRUFI	WILSON, I	NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFIC Y MUST BE PRECED LSC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 249	Continued From page	= 4		C 249			
	b. Review of Resident #1's physician order sheet dated 08/23/23 revealed there was an order to collect a urinalysis (UA).						
	Review of Resident # to residents sheet da -The Administrator co care provider (PCP) to Resident #1 had blood -The PCP ordered a #1.	ted 08/23/23 reventacted the facion make her award in his urine.	realed: lity's primary ire that				
	Review of Resident #1's record revealed there were no UA results for Resident #1.		aled there				
	Interview with Reside 11:09am revealed he urine now nor was he urinating or urinary fro	did not have blo having any bur	ood in his				
	Interview with a medi 10/05/23 at 10:50am -She collected the UA 08/23/23She placed Residen for the facility's contraretrieve itShe contacted the facourier to make them up the UA for Reside would come pick it up. The facility's contract came to retrieve Resished did not contact to had not been picked.	revealed: A for Resident # It #1's urine in a acted laboratory acility's contracte aware they nee int #1 and they to the next day. Ited laboratory o ident #1's UA. Ithe facility's contrake them awai up.	refrigerator courier to ed laboratory eded to pick old her they ourier never tracted re the UA				
	-She did not collect a after 08/23/23She had not seen ar urine since 08/23/23.	ny blood in Resid					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL			
		FCL098036	i	B. WING		10/0	5/2023
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMPASS	SIONATE CARE HOME A	T FOXCROFT	2413 FOXC WILSON, N				
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C 249	Continued From page	5		C 249			
	Review of a shift char revealed there was a pick up UA which nev	notation that "lab					
	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 #1.						
	-She expected the factorial laboratory courier to resident #1's urineIf the contracted laboratory is pick up Resident # facility to contact her	cility to notify the cremind them to picture or courier did not she expect	ck up I not come ted the				
	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.		#1 to have epsis. oitalization				
	-As far as she knew F any symptoms of a U		lot flavilig				
C 315	10A NCAC 13G .1002	2(a) Medication C	rders	C 315			
	10A NCAC 13G .1002 (a) A family care hon the resident's physicial for verification or clari medications and treat (1) if orders for admis	ne shall ensure co an or prescribing fication of orders tments:	ontact with practitioner for				

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL098036	B. WING		10/05/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	FATE, ZIP CODE	
		2413 FO	CROFT RD	,	
COMPASS	SIONATE CARE HOME A	T FOXCROFT	, NC 27893		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	APPROPRIATE DATE
C 315	Continued From page	e 6	C 315	**Coo #2 and #6	11/12/23
	of admission or readment (2) if orders are not compared (3) if multiple admission admission or readmission or readmission are not the same the facility shall ensure clarification is document record. This Rule is not met Based on interviews facility failed to obtain residents related to a used to treat fluid retermine the findings are:	ion forms are received upon asion and orders on the ne. ure that this verification or ented in the resident's as evidenced by: and record reviews, the n clarification for 1 of 3 (#1) n order for a medication ention.		**See #3 and #6 Clarification to policy ar has been implemented. received written and ve on policy and procedure new orders. They have receipt and understandi signature. Clarification i When orders are receiv whether they are faxed, called staff will: 1) immediately notify manager AND administ new orders. 2) clarify orders by aski administrator or calling if needed.	All staff has rbal instruction e regarding e acknowledged ing with their s as follows: red by STAFF written or rator of ng manager/
	09/08/23 revealed: -Diagnosis included of (CHF)There was an order	tongestive heart failure		3) fax the orders to pha appropriate recipient4) put printed copy in rechart under "orders"	-
	excess and/or retenting Review of Resident # dated 06/29/23 reveal -There was an order document in resident -There was an order day for 4 days, then sigain of 3 pounds in 1 Review of Resident #	t1's physician order sheet aled: to start daily weights and 's chart. to start Lasix 40mg once a start as needed for weight day or 5 pounds in 1 week. t1's FL-2 dated 07/03/23 n order for Lasix 40mg daily		5)follow orders as writte 6)Once pharmacy input eMAR, staff will verify the matches the original orders have not been endered and respectively. The orders as given due to describe the staff is a condens as given due to describe the manager of shift, a call to the manager and and and the orders and apply on day two to ensure the staff is respectively.	es orders to nat it der. If not, a e-fax order. If ntered by unable to complete other circumstances up specimen), pharmacy, provider, a equired. IINISTRATOR will follo
Division of Hea	•	f1's July 2023 electronic	6899	been correctly impleme administrator will then n order that orders have be implemented/completed	nted. Manager/ notate the written neen correctly

Division of Health Service Regulation

	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
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
COMPAS	SIONATE CARE HOME A	TFOXCROFT	2413 FOXO WILSON, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEN Y MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 315	Continued From page revealed: -There was an entry fineeded for weight gait-Lasix 40mg was doo 9:04am on 07/28/23 at Lasix 40mg was doo 6:05pm on 07/31/23. Review of Resident # revealed: -There was an entry fineeded for weight gait-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 # revealed: -There was an entry fineeded for weight gait-Lasix 40mg was doo 8:11am on 09/05/23. Review of Resident # revealed: -There was an entry fineeded for weight gait-Lasix 40mg was doo 8:11am on 09/05/23. Review of Resident # revealed: -There was an entry fineeded for weight gait-Lasix 40mg was not administered in Octobial Interview with the Adrit 10:52am revealed: -She performed chart months" to make sure missedShe did not think she Resident #1 since 06.	or Lasix 40mg ond in. umented as admir and at 6:51pm on umented as admir 1's August 2023 e or Lasix 40mg dain. umented as admir umented as admir umented as admir umented as admir 1's September 202 or Lasix 40mg dain. umented as admir 1's October 2023 or Lasix 40mg dain. documented as admir and in. documented as admir 1's October 2023. ministrator on 10/0 audits "every coue in orders had go	nistered at D7/28/23. nistered at MAR ly as nistered at nistered at nistered at nistered at histered at ly as nistered at ly as ly a	C 315			

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	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL098036	B. WING		10/05/2023
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADDRESS, CITY, S	TATE, ZIP CODE	
		24	13 FOXCROFT RD		
COMPASS	SIONATE CARE HOME A	T FOXCROFT W	ILSON, NC 27893		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
C 315	Continued From page	e 8	C 315	See specifically #1, #6, #7	
	Second interview with 10/05/23 at 3:39pm in received Resident #1 should have contacted (PCP) to clarify how in needed before Lasix Telephone interview wat the facility's contrated to 12:10pm revealed: -The FL-2 orders on on much weight gain should have to Resident with the facility should have the facility should have the facility should have the facility had Resident #1's PCP to order to the pharmact the resident's eMAR. Telephone interview was 10/05/23 at 4:39pm in She ordered for Resident #1 had fle have weight gainSince the Resident #1 had fle have weight gainSince the Resident #1 had fle have weight gainSince the Resident #1 had fle have weight gain.	in the Administrator on evealed when the facility 's FL-2 on 07/03/23 she and his primary care provide much weight gain was should be administered. With a pharmacy techniciar cted pharmacy on 10/05/25 of 27/03/23 did not state how build occur before Lasix was dent #1. 29/08/23 did not state how build occur before Lasix was dent #1. d orders on resident's eat was written by the PCP. ave contacted Resident #1 much weight gain the re Lasix should be clarified the Lasix order we he facility should fax the new y and they would add it to with Resident #1's PCP on evealed: ident #1's Lasix to be	r 3 s s 's ith	Clarification to policy and phas been implemented. All received written and verbal on policy and procedure renew orders. They have ackreceipt and understanding signature. Clarification is as When orders are received whether they are faxed, wricalled staff will: 1) immediately notify manager AND administrator new orders. 2) clarify orders by asking radministrator or calling provif needed. 3) fax the orders to pharma appropriate recipient 4) put printed copy in reside chart under "orders" 5)follow orders as written. 6)Once pharmacy inputs or eMAR, staff will verify that i matches the original order. call to pharmacy and re-fax orders have not been enter pharmacy or if staff is unal orders as given due to othe (i.e. lab has not picked up shy end of shift, a call to phat the manager/admin is required. 7)MANAGER and ADMINI up on day two to ensure the been correctly implemented.	staff has instruction garding knowledged with their s follows: by STAFF tten or r of manager/ vider cy or ent's ders to t If not, a order. If ed by ble to complete er circumstances specimen), armacy, provider, and ired. STRATOR will follow at orders d. Manager/
Division of La				administrator will then notal order that orders have been	
vision of He	alth Service Regulation			implemented/completed.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED		
		FCL098036		B. WING		10/	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	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 330	Continued From page	e 9		C 330			
C 330	10A NCAC 13G .1004 Administration	4(a) Medication		C 330			
	10A NCAC 13G .1004 (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 Based on observation reviews the facility fair medications as ordere #3) including a medic retention (#1) and a main (#3). The findings are:	ne shall assure that inistration of medica prescription and treance with: ed prescribing pract in the resident's report and the facility's as evidenced by: as, interviews, and illed to administer ed for 2 of 3 residentiation used to treat	the ations, eatments eatments estitioner ecord; and policies record ents (#1, fluid				
	1. Review of Residen 09/08/23 revealed: -Diagnosis included of (CHF)There was an order fretention) 40mg every excess and/or retention	congestive heart fai for Lasix (used to tr yday as needed for	lure eat fluid				
	Review of Resident # revealed there was an as needed for weight Review of Resident # dated 06/29/23 revea -There was an order to document in resident*	n order for Lasix 40 gain. d's physician order led: to start daily weight	Img daily				

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DIVISION	n nealth Service Negu	lation				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	TED
		EC1 008036	B. WING		40/05	(0000
		FCL098036	3:		10/05	/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 2/033			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
0.000	0 " 15	40	0.000			
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				
	pounds in 1 day or 5	0 0				
	poundo in rady or o	pourido in 1 modici				
	a Review of Residen	t #1's resident vital signs				
	sheet revealed:	i ii i o rooidoni vitai oigrio				
		t was documented as 185				
	pounds on 06/06/23.	was assumented as 100				
	l -	t was documented as 189				
	pounds on 07/06/23.	was assumented as 100				
	-Resident #1's weight was documented as 194 pounds on 07/28/23.					
		t was documented as 186.2				
	pounds on 08/06/23.	was documented as 100.2				
		t was documented as 183.6				
	pounds on 09/06/23.	was documented as 100.0				
	-There were no daily	weights recorded				
	-There were no daily	weights recorded.				
	Paview of Pasident #	1's July 2023 electronic				
	medication administra					
	revealed:	ation record (civiAit)				
		or Lasix 40mg once daily as				
	needed for weight ga					
		umented as administered at				
	9:04am on 07/28/23.	umented as administered at				
		as documented as "fluid".				
		umented as administered at				
	6:51pm on 07/28/23.	umented as administered at				
		as documented as "fluid".				
		umented as administered at				
	6:05pm on 07/31/23.	umontou as auministereu at				
		as documented as "fluid".				
	_					
	-There was no entry f	or daily weights.				
	Povious of Posidont #	the August 2022 AMAD				
		1's August 2023 eMAR				
	revealed:	for Lasiv 40mg daily as				
	-	for Lasix 40mg daily as				
	needed for weight ga					
		umented as administered at				
	7:49pm on 08/09/23.					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(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	
COMPASS	SIONATE CARE HOME A	T 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 40mg were discussed the card medications and what the order it to what was ordered to be cardinated to a resident. IX 40mg were discussed the card medications and what the order it to what was ordered to be cardinated to a resident. IX A 10mg were discussed to the cardinated to be cardinated to be cardinated to be cardinated to the c	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 (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		ARED.		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		FCL098036	B. W	/ING		10/05/2023	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STA	TE, ZIP CODE		
COMPASS	SIONATE CARE HOME A	AT FOXCROFT	2413 FOXCROF	ΓRD			
	SIGNATE GAILE HOME A		WILSON, NC 27	893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL P	ID REFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE	
C 330	Continued From pag	e 14	c	330			
	Telephone interview with Resident #1's primary care provider (PCP) on 10/05/23 at 4:39pm revealed: -Resident #1's Lasix was ordered to be given once a day as neededResident #1 receiving Lasix 40mg twice in one day could cause him to become dehydrated which could cause acute kidney injury. 2. Review of Resident #3's current FL-2 dated 08/26/23 revealed: -Diagnoses included age related cognitive decline and altered mental statusThere was an order for Advil dual action (used to treat mild pain) 125mg-250mg 2 tablets every 8 hours as needed for mild muscle pain.		n one d dated decline used 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 documente am on 09/09/23 to 09/09/12/23, 09/16/23, 09:ented as refused and of 09/26/23, 09/28/23, ar is documented as other ablets was documented pm on 09/09/23 to 09/09/17/23, and 09/30/2 ented as refused and of 23 where it was documented 23 where it was documented 23 where it was documented 23.	/08/23. d tablets led for 00pm. ed as /30/23 ph od er. ed as /30/23 /3 ph od er. ed as /30/23 /3 ph od er. ed as /30/23 /3 ph od er.				

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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		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	TATEMENT OF DEFICIENCI CY MUST BE PRECEDED B' LSC IDENTIFYING INFORM	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	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 10:00pmAdvil 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 administered at 2:00pm everyday on 10/01/23 to 10/04/23 except on 10/02/23 where it was documented out of facilityAdvil 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 facilityAdvil 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 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL098036		B. WING		10	0/05/2023
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, STA	TE, ZIP CODE		
COMPAS	SIONATE CARE HOME A	T FOXCROFT	WILSON, I				
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 330			p to take e did not 05/23 at action was urs AR. FL-2 had on as ary care nister his cause the or was out s echnician 10/05/23 Resident y 8 hours ets were	C 330			
	The pharmacy place medications on the electric order. Telephone interview order primary care provider 4:39pm revealed she Resident #3 because provider.	MAR based on the with the facility's c (PCP) on 10/05/2 was not familiar v	e current ontacted 23 at vith				
	Based on observation reviews it was determ						

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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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