Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S	
AND FLAN C	F CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	=160
		HAL051072	B. WING		11/2	R 2 1/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	<u>,</u>	
AMERICA	RE ADULT HOMES # 2		PARKER CIRC	CLE		
		SMITHFIEL	D, NC 27577			
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	00 Initial Comments		D 000			
	The Adult Care Licens follow-up survey on 1	sure Section conducted a 1/21/23.				
D 358	10A NCAC 13F .1004 Administration	I(a) Medication	D 358			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.					
	This Rule is not met a TYPE A2 VIOLATION					
	reviews, the facility fa were administered as (#1, #2, #3) sampled medications used to t breathing problems (# infection, pain, and in controlled substance (#1), an antibiotic for supplement (#3), a m	treat lung disease and #1, #3), eye drops for				
	The findings are:					
	01/12/23 revealed dia obstructive pulmonary pain, type 2 diabetes,	at #1's current FL-2 dated agnoses included chronic y disease, chronic back , hypertension, coronary lipidemia, debility, chronic				

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

TITLE (X6) DATE

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		HAL051072	B. WING		R 11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
AMERICA	RE ADULT HOMES # 2		PARKER CIR	CLE	
			LD, NC 27577		
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D 358	Continued From page	e 1	D 358		
	kidney disease, and d	depression.			
	01/12/23 revealed an 0.5mg/2ml, inhale 1 v day. (Budesonide is the airways in lung di Review of Resident # dated 05/24/23 revea	ial via nebulizer two times a used to treat inflammation of sease.) 1's physician's order sheet led an order for Budesonide ial via nebulizer every 12			
	Review of Resident #1's November 2023 medication administration record (MAR) revealed: -There was a handwritten entry for Budesonide 0.5mg/2ml, use 1 vial via nebulizer every 12 hours scheduled for 8:00am and 8:00pmBudesonide was documented as not administered from 11/01/23 at 8:00am - 11/08/23 at 8:00am (15 missed doses) due to the medication being on order.				
	hand on 11/21/23 at 1 -There was a supply	of Budesonide 0.5mg/2ml dispensed on 11/08/23.			
	at 12:17pm revealed: -He was not sure why Budesonide, but he th had a hard time gettir switched to a differen not recall date)The resident sometir shortness of breath.	Resident #1 ran out of nought it was because they ng it when they recently t pharmacy provider (could mes complained of			
	Attempted telephone	interviews with a second MA			

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STATE FORM 6899 PLP412 If continuation sheet 2 of 36

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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		HAL051072	B. WING		11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
AMEDICA	RE ADULT HOMES # 2	103 ANNIE	PARKER CIRC	CLE	
SMITHFIE			_D, NC 27577		
(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 COMPLETE
D 358	Continued From page	2	D 358		
	on 11/21/23 at 4:23pr unsuccessful.				
	facility's current pharm 3:48pm revealed: -They started servicing -They received an ord Budesonide on 11/08 supply on that same of -They did not receive prior to 11/08/23. Telephone interview of facility's former pharm 4:41pm revealed: -Budesonide was bacopharmacy's supplier story dispensed was of -They outsourced the	day. an order for Budesonide with a pharmacist at the nacy provider on 11/21/23 at kordered through the to the last 30-day supply on 06/22/23. prescription to a back-up 3, who was able to get the supplier.			
	Interview with the Adr 1:19pm revealed: -She did a medication realized that Residen Budesonide available -The MAs were responded in Mas were responded at the MAS were respond	ministrator on 11/21/23 at a cart audit last week and t #1 did not have any for administration. In cart audit last week and t #1 did not have any for administration. In cart audit last week and t #1 did not have any for administration. In cart audit last week and t #1 did not have any for administration. In cart audit last week and the did not be administration. In cart audit last week and the did not be administration. In cart audit last week and the did not be administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration. In cart audit last week and the did not have any for administration and the did not have any for administration and the did not have any for administration and the did not have any fo			

Division of Health Service Regulation

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL051072	B. WING		1	1/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMERICA	RE ADULT HOMES # 2		PARKER CIRC	CLE		
			D, NC 27577	DDOVIDED'S DI ANI OF CODDECTION	NI.	0.50
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D 358	Continued From page	÷ 3	D 358			
	changed pharmacies date). -He had shortness of receive the Budesonid-He had to use his All rescue inhaler to trea of breath) more often Budesonide. Telephone interview was care provider (PCP) or revealed: -Resident #1 should rordered because he hobstructive pulmonary-Not receiving Budesof breath, making it his breathe. b. Review of Resident dated 07/20/23 reveated ER 13.5mg twice a dated controlled substance severe pain.) Review of Resident # orthopedic provider dorder to increase Xtanday. Review of Resident # dated 11/08/23 reveatheresident had lumstenosis, degenerative joint arthritis.	f his Budesonide when they recently (could not recall breath when he did not de. buterol inhaler (used as t acute episode of shortness while he was out of the with Resident #1's primary on 11/22/23 at 9:40am receive Budesonide as had a history of chronic y disease. Conide could cause shortness ard for the resident to the t#1's physician's order led an order for Xtampza ay. (Xtampza ER is a used to treat moderate to 1's order from the lated 10/06/23 revealed an mpza ER to 18mg twice a 1's orthopedic visit notes				

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1 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	` '		E SURVEY IPLETED	
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		HAL051072	B. WING		11/2	1/2023	
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		SMITHFIEL	D, NC 27577				
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D 358	Continued From page	e 4	D 358				
	bottom of the visit not faxed to the pharmac administration record	e Administrator at the es indicated the order was y, written on the medication (MAR), and a copy was put Coordinator's (RCC) book					
	Review of Resident #1's electronic prescription from the orthopedic provider dated 11/14/23 revealed: -There was an order for Xtampza ER 18mg take 1 capsule every 12 hours as needed for 30 daysThe prescription was written for a quantity of 60 capsules (30-day supply) with no refills.						
	Review of Resident #1's November 2023 MAR revealed: -There was a handwritten entry for Xtampza ER 18mg take 1 tablet 2 times daily scheduled at 8:00am and 8:00pm. -Xtampza ER 18mg was documented as not administered due to being on order on 11/04/23 at 8:00am and 8:00pm, 11/05/23 at 8:00am, and 11/15/23 at 8:00pm, for a total of 4 missed doses. -There was a computer printed entry for Xtampza ER 13.5mg 1 capsule 2 times a day for pain scheduled at 8:00am and 8:00pm. -The entry for Xtampza ER 13.5mg was marked through with "ordered changed" (no date specified) and none was documented as administered in November 2023. -The order dated 11/14/23 for Xtampza ER 18mg 1 capsule every 12 hours as needed was not transcribed onto the November 2023 MAR.						
	(CS) count sheets for revealed:	1's controlled substance Xtampza ER 13.5mg itten CS count sheet for					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		HAL051072	B. WING		11/21/2023	3
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMEDICA	DE ADULT HOMEO # 0	103 ANNIE	PARKER CIRC	CLE		
AWERICA	RE ADULT HOMES # 2	SMITHFIEL	.D, NC 27577			
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D 358	Continued From page	÷5	D 358			
	Xtampza ER 13.5mg received but no date in a commented as admin 10/11/23 - 8:00am on of 0. -There was a second Xtampza ER 13.5mg capsules with a disperimental as admin 10/15/23 - 8:00am on of 20 capsules. -The other 20 capsules administered from 8:00 on 11/15/23, leaving a commented as administered were 38 doses documented as administered as admin	with a quantity of 8 capsules received noted. ampza ER 13.5mg capsules nistered from 8:00pm on 10/15/23, leaving a balance CS count sheet for with a quantity of 30 nse date of 09/14/23. pza ER 13.5mg capsules nistered from 8:00pm on 10/20/23, leaving a balance as were documented as 20pm on 11/05/23 - 8:00am a balance of 0. s of Xtampza ER 13.5mg nistered from 10/11/23 - bza ER 18mg was ordered				
	Xtampza ER 18mg re-There was a CS coul 18mg with a quantity dispense date of 10/1-There were 22 Xtam documented as admin 10/20/23 - 8:00am on of 8 capsules. -There was a second for Xtampza ER 18mg capsules but no dispersion 11/04/23, leaving a -There was a third CS ER 18mg with a quand dispense date of 11/1	nt sheet for Xtampza ER of 30 capsules with a 8/23. pza ER 18mg capsules nistered from 8:00pm on 10/31/23, leaving a balance handwritten CS count sheet g with a quantity of 8 ense date. ere documented as 00pm on 10/31/23 - 8:00am a balance of 0. 6 count sheet for Xtampza tity of 60 capsules and a				

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I ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL051072	B. WING		11/2	1/2023
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AMERICA	RE ADULT HOMES # 2		PARKER CIRC D, NC 27577	CLE		
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D 358	Continued From page	÷ 6	D 358			
D 358	on the CS count shee until 11:00am on 11/1 -There were 9 of 60 of administered from 11 on 11/21/23, leaving at 10 on 11/21/23 at 10 on 11/	et after 8:00am on 11/15/23 7/23. apsules documented as 2:00am on 11/17/23 - 8:00am a balance of 51. ent #1's medications on 2:33pm revealed: of Xtampza ER 18mg on 11/14/23. capsules remaining. pza ER 13.5mg capsules	D 358			
	switched pharmacy p -The resident compla when he did not recei -He could not explain administered Xtampz changed to 18mg on Attempted telephone 4:23pm and 5:37pm v documented the adm 13.5mg instead of 18 Telephone interview v facility's former pharm 4:41pm revealed: -They dispensed 30 x capsules each on 07/ 09/14/23.	roviders. ined of back and leg pain ve the Xtampza ER. why he documented and a ER 13.5mg after the order 10/06/23. interviews on 11/21/23 at with a second MA who inistration of Xtampza ER mg were unsuccessful. with a pharmacist at the hacy provider on 11/21/23 at Xtampza ER 13.5mg 20/23, 08/18/23, and				
	-They dispensed 30 > on 10/18/23.	tampza ER 18mg capsules				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
AMERICA	RE ADULT HOMES # 2		E PARKER CIR	CLE		
			LD, NC 27577			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 7	D 358			
	-They had not received any orders for Xtampza ER since 10/18/23.					
	facility's current pharm 3:48pm revealed: -They started servicin-They received an ordinary on 11/14/23They did not have Xt on 11/14/23They sent a supply capsules to the facility. Interviews with the Ad 1:19pm and 5:45pm re-The MAs were responders and order chall	dministrator on 11/21/23 at revealed: onsible for transcribing new				
	were implemented co -The RCC position wa facility. -She was responsible	as currently vacant at the e for checking behind the				
	had not been adminis -The Xtampza ER 13 been sent back to the dosage was increase -The MAs should not	Resident #1's Xtampza ER stered as ordered. .5mg capsules should have				
	Telephone interview v representative at Res provider on 11/21/23 -The resident's orthop unavailable for intervi	sident #1's orthopedic at 2:34pm revealed: pedic provider was				

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-According to their records, Resident #1's

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL051072	B. WING		11/21	/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMERICARE ADULT HOMES # 2			PARKER CIRO D, NC 27577	CLE		
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D 358	Continued From page	8	D 358			
	Xtampza ER was increased from 13.5mg to 18mg on 10/06/23 due to increasing right leg pain. Telephone interview with Resident #1's primary care provider (PCP) on 11/22/23 at 9:40am revealed: -Resident #1 was receiving Xtampza ER 13.5mg prior to seeing the orthopedic provider. -Not receiving Xtampza ER 18mg as ordered could cause the resident to have breakthrough pain. Interview with Resident #1 on 11/21/23 at 12:54pm revealed: -He took Xtampza ER mostly for lower back pain. -When he received the Xtampza ER, his pain level was usually "5" (moderate pain) when he was walking and either no pain or "not too bad" usually when he was sitting. -The facility had recently run out of his Xtampza ER (could not recall dates). -His pain level was at "10" (severe pain) when he did not receive the pain medication.					
	05/10/23 revealed dia hypertension, heart fa insufficiency, osteoart	uilure, pacemaker, venous thritis of hip, and				
	insufficiency, osteoarthritis of hip, and abnormalities with gait immobility. a. Review of Resident #2's signed physician's order dated 10/26/23 revealed an order for Tobramycin 0.3% eye drops one drop in operative eye 4 times daily starting 2 days prior to surgery on 11/13/23. (Tobramycin 0.3% eye drops are to prevent and treat bacteria before and after cataract surgery.)					

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Review of Resident #2's November 2023

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
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		HAL051072			11/2	21/2023
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D 050	0 " 15	•	D 050			
D 358	Continued From page	9	D 358			
	medication administra	ation record (MAR) revealed:				
		for Tobramycin 0.3% instill				
	•	eye 4 times daily, start 2				
		start on 11/11/23 at 8:00am,				
	12:00pm, 4:00pm, an					
	-Surgery was schedu					
		tation that Tobramycin 0.3%				
		11/11/23 through 11/20/23 4				
		n, 12:00pm, 4:00pm, and				
	8:00pm. -There was no documentation that Tobramycin					
		ed on 11/21/23 at 8:00am.				
	Resident #2 was tran	sferred to the hospital				
		ent (ED) for a low-grade				
		n on 11/21/23 and was				
	unavailable for intervi					
	Observation of Residen	ent #2's medications on				
		2:00pm revealed an opened				
		ion bottle that contained a				
	small amount of liquid					
	contracted pharmacy					
		3 instill one drop 4 times a				
	•	starting 2 days before to				
	surgery.	3				
	3 7					
	Interview with a medi	cation aide (MA) on 11/21/23				
	at 12:55pm revealed:					
	•	meant the medication was				
	not given.					
		document on the back of				
		he medication was not				
	administered.					
		t on the back of the MAR the				
		n was not administered on				
	11/21/23 at 8:00am.					
		physician order dated				
	11/20/23 because he					
		that was incomplete in the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE IE PARKER CIRCL			
AMERICA	RE ADULT HOMES # 2		ELD, NC 27577	_		
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D 358	and Steroid 3x daily for the was trained to ve incomplete.		D 358			
	2:23pm revealed: -When a resident retuor the hospital all documents before placed in a resident #2's medical given as orderedThe MAs had been to were complete orders the record.	arned from an appointment uments should be reviewed sident's record. ation should have been rained to verify all orders a before placing the order in				
	-The MAs had been trained to not leave any blanks on the MAR without documenting the reason on the back of the MARThe MAs were responsible for reviewing all physician orders and if they were incomplete should have them verified with the physician who wrote them.					
	4:30pm revealed: -Tobramycin was use infections before and -Resident #2 had sury -New medication order	nnician on 11/21/23 at d to treat and prevent eye after cataract surgery.				
	order dated 10/26/23 Ketorolac 0.5% eye d eye 4 times daily star on 11/13/23. (Ketorola	t #2's signed physician's revealed an order for rops one drop in operative ting 2 days prior to surgery ac 0.5% eye drops are used and pain before and after				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		HAL051072	B. WING		11/21/2	2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
AMEDICA	DE ADULT HOMEO # 0	103 ANNIE	PARKER CIRC	CLE		
AMERICA	RE ADULT HOMES # 2	SMITHFIE	LD, NC 27577			
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PRÉFIX TAG	, -	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
D 358	Continued From page	e 11	D 358			
	-There was an entry f drop in operative eye before surgery on 11/ 4:00pm, and 8:00pm. -Surgery was schedu -There was documen was administered on times a day at 8:00an 8:00pm. -There was no docum been administered on Resident #2 was tran emergency departme fever around 12:00pn unavailable for intervi	ation record (MAR) revealed: for Ketorolac 0.5% instill one 4 times daily, start 2 days /11/23 at 8:00am, 12:00pm, led for 11/13/23. tation that Ketorolac 0.5% 11/11/23 through 11/20/23 4 m, 12:00pm, 4:00pm, and mentation that Ketorolac had in 11/21/23 at 8:00am. sferred to the hospital ent (ED) for a low-grade in on 11/21/23 and was sew. ent #2's medications on 2:00pm revealed an opened				
	small amount of liquid contracted pharmacy	for Ketorolac 0.5%				
	dispensed on 11/08/2 operative eye starting	g 2 days prior to surgery.				
	at 12:55pm revealed:	cation aide (MA) on 11/21/23				
	-He was supposed to the MAR the reason t administered. -He did not document reason the medication 11/21/23 at 8:00am.	document on the back of the medication was not ton the back of the MAR the n was not administered on physician order dated				
	11/20/23 because he					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. Boilbirto.			В
		HAL051072	B. WING		11	R 1/ 21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			IIE PARKER CIRCL			
AMERICA	RE ADULT HOMES # 2	SMITHF	ELD, NC 27577			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 12	D 358			
	resident's record and Administrator, the ord and Steroid 3x daily found that he was others that were inco Interview with the Add 2:23pm revealed: -When a resident return or the hospital all doc before placed in a resident #2's medic given as orderedThe MAs had been to were complete orders the recordThe MAs had been to the record.	der stated "grey cap 1x daily for right eye only tomorrow." is supposed to verify all implete. ministrator on 11/21/23 at curned from an appointment cuments should be reviewed sident's record. In action should have been carained to verify all orders is before placing the order in trained to not leave any without documenting the				
	physician orders and	onsible for reviewing all if they were incomplete ith the physician who wrote				
	4:30pm revealed: -Ketorolac drops was pain in the eye before -Resident #2 had sur -New medication order.	hnician on 11/21/23 at sused to reduce swelling and e and after cataract surgery.				
	order dated 10/26/23 Prednisolone 1% eye eye 4 times daily star on 11/11/23. (Prednis	at #2's signed physician's revealed an order for e drops one drop in operative rting 2 days prior to surgery solone 1% eye drops are treat inflammation and				

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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:			
		HAL051072	B. WING		11	R / 21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
			IE PARKER CIRCL			
AMERICA	RE ADULT HOMES # 2		ELD, NC 27577			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	e 13	D 358			
	swelling in the eye be surgery.)	fore and after cataract				
	-There was an entry f one drop in operative -There was documen was administered on	ation record (MAR) revealed: for Prednisolone 1% instill eye 4 times daily. tation that Prednisolone 1% 11/11/23 through 11/20/23. nentation that Prednisolone				
	Resident #2 was transferred to the hospital emergency room (ED) for a low-grade fever around 12:00pm on 11/21/23 and was unavailable for interview.					
	hand on 11/21/23 at 2 and labeled prescripti small amount of liquic contracted pharmacy dispensed on 11/08/2	for Prednisolone 1%				
	at 12:55pm revealed: -He had forgotten Red-Blanks on the MAR rot givenHe was supposed to the MAR the reason to administeredHe did not document reason the medication 11/21/23 at 8:00amHe did not verify the dated 11/20/23 because	sident #2 had eye drops. meant the medication was document on the back of he medication was not t on the back of the MAR the n was not administered on incomplete physician order				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
						R
		HAL051072	B. WING		11	/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE		
=	DE ADULT HOMEO # 6	103 ANN	IE PARKER CIRC	CLE		
AMERICA	RE ADULT HOMES # 2	SMITHFII	ELD, NC 27577			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 14	D 358			
	and Steroid 3x daily f	ler stated "grey cap 1x daily or right eye only tomorrow." s supposed to verify all				
	12:35pm revealed: -When a resident retuor the hospital all document before placed in a resident #2's medicagiven as orderedThe MAs had been to	urned from an appointment uments should be reviewed sident's record. ation should have been rained to verify all orders a before placing the order in				
	-The MAs had been to blanks on the MAR w reason on the back of -The MAs were responding physician orders and	rained to not leave any ithout documenting the f the MAR. Insible for reviewing all if they were incomplete rified with the physician who				
	4:30pm revealed: -Prednisolone 1% wa eye inflammation and cataract surgeryResident #2 had surgent -New medication order	nnician on 11/21/23 at s used to treat and prevent swelling when having				
	10/10/23 revealed dia obstructive pulmonary hyperlipidemia, and V	•				
	∣ a. Review of Residen	t #3's hospital emergency				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL051072	B. WING		1	1/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
AMERICA	RE ADULT HOMES # 2		PARKER CIRC	CLE		
			LD, NC 27577		. 1	
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 15	D 358			
	pulmonary disease (C -A prescription for Azi for 4 days on 11/18/2 pharmacy for the facil is an antibiotic for infe -Resident #3 was adr	evealed: #3's visit was flu-like was chronic obstructive COPD) exacerbation. thromycin 250mg once daily 3 was sent to a local lity to pick up (Azithromycin				
	Review of Resident #3's November 2023 medication administration record (MAR) revealed: -There was an entry for Azithromycin 250mg once daily for 4 days dispensed on 11/20/23Azithromycin 250mg was documented as administered at 8:00am on 11/20/23 and 11/21/23Resident #3 went 37 hours between receiving the first and second dose of Azithromycin. Observation of Resident #3's medications on hand on 11/21/23 at 2:15pm revealed there were 2 tablets of Azithromycin 250mg available for administration.					
	the facility's previous -The MA had tried to but could not get thro 11/19/23The MA did not notify	revealed: s sent from the local ED to pharmacy on 11/18/23. call the previous pharmacy ugh to talk with anyone on				

Division of Health Service Regulation

-The MA did not review the after visit summary

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURY	
74101244	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			-5
		HAL051072	B. WING		R 11/21/2	2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMERICA	RE ADULT HOMES # 2		PARKER CIRCLD, NC 27577	CLE		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 16	D 358			
	sent to a local pharma -The MA did not know have been sent to a b	that the prescription was acy for pickup. I that a prescription could backup pharmacy for pickup ald be started as directed.				
	1:15pm revealed: -She did not know und 250mg was not availateShe called their contuitiveThe MAs have been documents sent from new orders and prescu	racted pharmacy on up the Azithromycin. trained to review all the hospital or provider for criptions. e called the contracted				
	pharmacist on 11/21/2 Azithromycin 250mg	vith the current contracted 23 at 4:00pm revealed that once daily for 4 days was 3 after the facilty called				
	Attempted telephone interview with the Resident' #3's primary care provider (PCP) on 11/21/23 at 4:13pm was unsuccessful.					
	revealed: -He did not know the -He did not know if he medicationsHe had not felt any b on 11/18/23; he was s and short of breath.	nt #3 on 11/21/23 at 5:40pm names of his medications. e was receiving his new setter since going to the ED still coughing, congested,				
	department (ED) after 11/18/23 at 7:02pm re	r visit summary dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1. ((X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL051072	B. WING	·····	11	R /21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E. ZIP CODE	-	
			IE PARKER CIRCI	,		
AMERICA	RE ADULT HOMES # 2		ELD, NC 27577	- -		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	e 17	D 358			
	once daily for 4 days local pharmacy for the (Prednisone is used t conditions.) -Resident #3 was adr					
	-There was an entry f tablets once daily for 11/20/23. -Prednisone 20mg wa administered at 8:00a 11/21/23.	ation record (MAR) revealed: for Prednisone 20mg two 4 days dispensed on as documented as am on 11/20/23 and hours between receiving				
	hand on 11/21/23 at 2 2 tablets in two bubbl	ent #3's medications on 2:15pm revealed there were es for a total of 4 tablets tracted pharmacy dispensed				
	the facility's previous -The MA had tried to but could not get thro 11/19/23The MA did not notify Resident #3's provide not availableThe MA did not revie from the ED and see sent to a local pharma	revealed: s sent from the local ED to pharmacy on 11/18/23. call the previous pharmacy ugh to talk with anyone on y the Administrator or er that the medication was w the after visit summary that the prescription was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR\ COMPLETE	
					R	
		HAL051072	B. WING		11/21/2	2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMERICA	RE ADULT HOMES # 2		PARKER CIRC	CLE		
	OUN MAN DV OT		.D, NC 27577			
(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
D 358	Continued From page	: 18	D 358			
		ackup pharmacy for pickup uld be started as directed.				
	1:15pm revealed: -She did not know un	—				
	Prednisone 20mg was not availableShe called their contracted pharmacy on 11/20/23 and picked up the PrednisoneThe MAs had been trained to review all documents sent from the hospital or provider for new orders and prescriptions.					
	-The MA should have					
	contracted pharmacis revealed that Prednis	vith the facility's currently t on 11/21/23 at 4:00pm one 20mg two tablets once lispensed on 11/20/23 after esting it.				
	revealed:	nt #3 on 11/21/23 at 5:40pm				
		names of his medications. e was receiving his new				
	-He had not felt any b 11/18/23.	etter since the ED visit on				
		interview with Resident #3's (PCP) on 11/21/23 at ssful.				
	10/10/23 revealed an Chloride ER 10meq o and Friday. (Potassiu	t #3's current FL-2 dated order for Potassium ne tablet daily on Monday Im Chloride is a potassium reat low potassium levels.)				

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Review of Resident #3's November 2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		R
		HAL051072	B. WING		11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
AMERICA	RE ADULT HOMES # 2		E PARKER CIRC	CLE	
			LD, NC 27577		
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 19	D 358		
	-There was an entry f 10meq one tablet two morning on Monday a -Potassium Chloride I as administered on 1 11/04/23, 11/05/23, 1 (Friday) at 8:00am. -There was a line through 11/16/23. -There was no docum MAR for the line. -There was no docum 11/20/23 (Monday) th administered at 8:00a -There was no docum MAR for 11/20/23. Observation of Reside	and Friday. ER 10meq was documented 1/01/23, 11/02/23, 11/03/23, 11/06/23, and 11/17/23 rough the dates 11/07/23 mentation on the back of the mentation on the MAR on at the medication was am. mentation on the back of the mentation on the back of the 1/2 mentation on the 1/			
	the Potassium Chloric delivered. -The MAR was left bla of the facility, the med or medication was no administration. -He had been trained on the back of the MA-He had not ordered the did not have time. -He had not notified the material of the had not notified the delivered to the had not notified the delivered.	revealed: e pharmacy to check on why de ER 10meq had not been ank when a resident was out dication had been reordered, t available for to document an explanation			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL051072	B. WING		11/21/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMEDICA	DE ADULT HOMES # 2	103 ANNIE	PARKER CIRC	CLE		
AMERICARE ADULT HOMES # 2 SMITHFIE			D, NC 27577			
(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 APPROPR DEFICIENCY)	BE COMPLETE	E
D 358	Continued From page	e 20	D 358			
D 336	Interview with the Adri 1:15pm revealed: -She did not know that medicationsShe did not know who documented as admit on Monday and Fridation because time, they worked two offThe MAs had been the reordering medications were to out to ensure there we in the medication cart. Interview with Reside revealed: -He did not know the -He did not know if an missed or late. Telephone interview we contracted pharmacis revealed the Potassium Monday and Friday we for a 90-day supply of a golden to the red to the revealed: -Potassium Chloride of Friday was dispensed one-month supply of a -An order was requestions.	at Resident #3 was out of by the medication was inistered every day instead of y. be for a MA to delay ordering they said they did not have to weeks on and two weeks rained on the process of ins before the medications be ordered before they ran here medications as ordered in the facility's previously be on 11/21/23 at 4:55pm and Chloride ER 10meq each has dispensed on 09/05/23 of 24 tablets. with the facility's currently bet on 11/21/23 at 4:00pm 10meq each Monday and don 10/12/23 for a 8 tablets. sted today, 11/21/23, from	D 356			
	Telephone interview with the facility's previously contracted pharmacist on 11/21/23 at 4:55pm revealed the Potassium Chloride ER 10meq each Monday and Friday was dispensed on 09/05/23 for a 90-day supply of 24 tablets. Telephone interview with the facility's currently contracted pharmacist on 11/21/23 at 4:00pm revealed: -Potassium Chloride 10meq each Monday and Friday was dispensed on 10/12/23 for a one-month supply of 8 tabletsAn order was requested today, 11/21/23, from the facility for Potassium Chloride 10meq.					

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Attempted telephone interview with Resident #3's

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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	
			A. BOILDING.			Б
		HAL051072	B. WING		11	R / 21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
AMEDICA	DE ADULT HOMES # 2	103 ANNI	E PARKER CIRCI	.E		
AWERICA	RE ADULT HOMES # 2	SMITHFIE	LD, NC 27577			
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 21	D 358			
		(PCP) on 11/21/23 at				
	Attempted telephone on 11/21/23 at 4:23pr unsuccessful.	interviews with a second MA n and 5:37pm were				
	10/10/23 revealed an					
	Review of Resident # medication administra - There was an entry f one puff two times da - Advair Diskus 250-50 administered on 11/0 8:00am and 8:00pm a - There was a line through 11/16/23 at 8:00pm There was no docum MAR for the line There was no docum 11/16/23 through 11/2 11/18/23 through 11/2 - There was no docum MAR for explanation of	3's November 2023 ation record (MAR) revealed: for Advair Diskus 250-50mcg ily at 8:00am and 8:00pm. Omcg was documented as 1/23 through 11/06/23 at and on 11/17/23 at 8:00am. Ough the dates 11/07/23 :00am and 11/07/23 through mentation on the back of the mentation on the MAR for 20/23, left blank, mentation on the back of the				
	hand on 11/21/23 at 2	ent #3's medications on 2:15pm revealed there was -50mcg in the medication				
		, ,				

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	IFICATION NUMBER:	A. BUILDING: _		COMPLETED
				R
HA	L051072	B. WING		11/21/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE	
	103 ANNIE	PARKER CIRC	CLE	
AMERICARE ADULT HOMES # 2	SMITHFIEL	D, NC 27577		
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE F TAG REGULATORY OR LSC IDENTIF	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358 Continued From page 22		D 358		
or medication was not available administrationCircled initials on the MAR me #3's medication was not available administrationHe thought that the medicatior ordered and did not order it unt -He had not notified the Adminimedical provider that Resident Advair Diskus 250-50mcg inhal Interview with the Administrator 1:15pm revealed: -She did not know that Resident medicationsResident #3 brought several A him when he was admitted on did not document the numberThe MAs had been trained on reordering medications before to the Medications were to be ordere out to ensure there were medical in the medication cart. Interview with Resident #3 on 1 revealed: -He had two inhalers that he had described on inhaler as a "roun to Advair Diskus) the he used of dayThe round inhaler helped him withe last time, which was several. Telephone interview with the facontracted pharmacist on 11/21 revealed the Advair Diskus 250 twice daily was last dispensed on the sevense of the part of	ant that Resident ole for In had already been il 11/19/23. strator or the #3 was out of the er. In on 11/21/23 at the had already been il 11/21/23 at the had already been il 11/21/24 at the process of they ran out. In th	D 358		

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Telephone interview with the facility's currently

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLE	
		HAL051072	B. WING		R 11/2	1/2023
	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA PARKER CIRC D, NC 27577		, <u>-</u>	
(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	(X5) COMPLETE DATE
D 358	revealed: -They had not dispen 250-50mcg for Reside An order was request the facility for Advair I Attempted telephone primary care provider 4:13pm was unsucce e. Review of Residen 10/10/23 revealed an 30-600mg one tablet DM is used for cough Review of Resident # medication administra-There was an entry f 30-600mg one tablet -Mucous Relief DM 3 as administered on 11 8:00am and 8:00pm, 8:00am and 11/16/23 with the initials circled -There was a line through 11/16/23 at 8:11/15/23 at 8:00pmThere was no docum MAR for the line, the Observation of Reside hand on 11/21/23 at 2 one Mucous Relief Dimedication cart. Interview with the me 11/21/23 at 12:55pm	sed Advair Diskus ent #3. sted today, 11/21/23, from Diskus 250-50mcg. interview with Resident #3's (PCP) on 11/21/23 at ssful. t #3's current FL-2 dated order for Mucous Relief DM twice daily. (Mucous Relief and congestion.) 3's November 2023 ation record (MAR) revealed: or Mucous Relief DM twice daily. 0-600mg was documented /01/23 through 11/06/23 at 11/17/23 and 11/18/23 at through 11/19/23. bugh the dates 11/07/23 :00am and 11/07/23 through mentation on the back of the blanks, or the circled initials. ent #3's medications on 2:15pm revealed there was M 30-600mg tablet in the dication aide (MA) on	D 358			

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of the facility, or the medication had been

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
HAL051072 B. WING		B. WING		R 11/21/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
AMERICA	RE ADULT HOMES # 2	103 ANNIE	PARKER CIRC	CLE		
AMERIOA	NE ADOLI HOMEO # 2	SMITHFIEI	_D, NC 27577			
(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	
D 358	Continued From page	e 24	D 358			
	orderedHe had been trained on the back of the MA-He was not sure why MAR on 11/19/23 at 8 initials instead of at 8 -He had checked in the to see if the Mucous I been reordered and it -He found one Mucou wrong place on the mand had not administed -He did not know why the medication when -He had not notified the medical provider that Mucous Relief 30-600	to document an explanation AR. The documented on the 3:00pm and circled his 3:00pm and circled his 3:00pm on 11/09/23. The reorder book on 11/19/23 Relief DM 30-600mg had at had not been ordered. The Redication cart on 11/19/23 rered it to Resident #3. The had not administered he found it on 11/19/23. The Administrator or the the resident was out of the				
	medicationsThe MAs had been to	at Resident #3 was out of				
	ran outMedications were to out to ensure there w in the medication cart	y the medication was not				
	Interview with Reside revealed he continued congestion.	nt #3 on 11/21/23 at 5:40pm d to have cough and				
	contracted pharmacis revealed the Mucous Relief DM 30-600mg	vith the facility's previously st on 11/21/23 at 4:55pm twice daily had been 3 for a 10-day supply and				

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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	
		HAL051072	B. WING		R 11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
AMERICA	RE ADULT HOMES # 2		E PARKER CIRC	CLE	
	OLIMAN DV OT		LD, NC 27577	DDO//DEDIO DI ANI OF GODDEGTIO	
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	25	D 358		
	on 10/31/23 for a 10-0	day supply.			
	contracted pharmacis revealed: -They had not dispen for Resident #3.	vith the facility's currently st on 11/21/23 at 4:00pm sed any Mucous Relief DM sted today, 11/21/23, from a Relief DM.			
	•	vith Resident #3's primary on 11/21/23 at 4:13pm was			
	10/10/23 revealed an Ipratropium-Albuterol nebulizer every 6 hou	0.5ml/3mg inhaled via irs as needed. I nebulizer solution is used			
	-There was an entry f 0.5ml/3mg via nebuliz -There was no docum	ation record (MAR) revealed: for Ipratropium-Albuterol ger every 6 hours as needed. mentation that 0.5ml/3mg via nebulizer			
	hand on 11/21/23 at 2	ent #3's medications on 2:15pm revealed there was albuterol 0.5ml/3mg in the			
	Interview with the me 11/21/23 at 5:45pm re-He did not know whe was.	evealed: ere Resident #3's nebulizer			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
741012741	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING: _		
		HAL051072	B. WING		R 11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
AMERICA	RE ADULT HOMES # 2		PARKER CIRC	CLE	
		SMITHFIE	LD, NC 27577		
(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 APPROFILIENCY)	D BE COMPLETE
D 358	Continued From page	e 26	D 358		
	Interview with the Adr 5:57pm revealed: -She did not know Re Ipratropium-Albuterol -She did not know wh was locatedShe requested a new Interview with Reside revealed: -He continued to have shortness of breathThe nebulizer improvused.	ministrator on 11/21/23 at			
	contracted pharmacis revealed the Ipratropi was last dispensed or supply. Telephone interview v contracted pharmacis revealed: -They had not dispen Ipratropium-Albuterol -An order was reques the facility for Ipratrop	0.5ml/3mg for Resident #3. sted today, 11/21/23, from pium-Albuterol 0.5ml/3mg. interview with Resident #3 's			
	4:13pm was unsucce The facility failed to a ordered to 3 of 3 resid #1, who was diagnost pulmonary disease, n	dminister medications as dents sampled. Resident ed with chronic obstructive			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL051072	B. WING		1	1/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMERICA	RE ADULT HOMES # 2		PARKER CIRC	CLE		
SMITHFIE			D, NC 27577			
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	27	D 358			
	symptoms of lung disbeing unavailable. Reshortness of breath with medication was not amissed 4 doses and wof the wrong strength used to treat moderate #1 experienced sever when he missed the or Resident #2 did not resinflammation, and infeas ordered. Resident an antibiotic for infect inflammation after a hexacerbation of chrond disease (COPD). Redid not receive an inhit reatments as ordered being unavailable. The administer medication residents at substantic harm and constitutes. The facility provided a accordance with G.S. this violation.	ease due to the medication esident #1 experienced when the nebulizer dministered. Resident #1 was administered 38 doses of a controlled substance are to severe pain. Resident are pain in his lower back doses of pain medication. Esceive eye drops for pain, esction for cataract surgery at #3 had a delay in receiving ion and a medication for nospital visit for an antic obstructive pulmonary sident #3 who had COPD aler and nebulizer didue to the medications are failure of the facility to as as ordered placed al risk of serious physical a Type A2 Violation.				
D 00=	21, 2023.	1/2\ M. II. II.	D 007			
D 367	10A NCAC 13F .1004 Administration	(J) Medication	D 367			
	(j) The resident's me	Medication Administration dication administration accurate and include the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,		15211111107111011152111	A. BUILDING: _	A. BUILDING:	
		HAL051072	B. WING		R 11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
AMERICA	RE ADULT HOMES # 2		PARKER CIRCLD, NC 27577	CLE	
	OLIMAN DV OT		·	DDOUIDEDIO DI AN OF CODDECTIO	
(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
D 367	Continued From page	e 28	D 367		
	(2) name of the medic (3) strength and dosa administered; (4) instructions for ad- or treatment; (5) reason or justifical medications or treatm documenting the resu (6) date and time of a (7) documentation of medications or treatm omission, including re (8) name or initials of the medication or trea- signature equivalent to documented and main administration record	cation or treatment order; ge or quantity of medication ministering the medication tion for the administration of ments as needed (PRN) and alting effect on the resident; dministration; any omission of ments and the reason for the efusals; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR).			
	for 1 of 3 sampled resinaccurate documenta	ation record was accurate sidents (#1) including			
	The findings are:				
	01/12/23 revealed dia obstructive pulmonary pain, type 2 diabetes,	1's current FL-2 dated agnoses included chronic y disease, chronic back hypertension, coronary lipidemia, debility, chronic depression.			
	07/20/23 revealed an 13.5mg twice a day.	1's physician's order dated order for Xtampza ER (Xtampza ER is a controlled eat moderate to severe			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING.		_
		HAL051072	B. WING		R 11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
AMERICA	RE ADULT HOMES # 2		PARKER CIRCLD, NC 27577	CLE	
	CLIMMA DV CT		<u> </u>	DROVIDEDIC DI ANI CE CODDECTIO	N
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 367	Continued From page	29	D 367		
		1's order from the ated 10/06/23 revealed an mpza ER to 18mg twice a			
	dated 11/08/23 revea -The resident had lum stenosis, degenerativ joint arthritisThere was an order to 18mg twice a dayDocumentation by th bottom of the visit not faxed to the pharmac administration record	nbar spine pain with spinal e disc disease, and facet to continue Xtampza ER			
	from the orthopedic p revealed: -There was an order t 1 capsule every 12 ho	1's electronic prescription rovider dated 11/14/23 for Xtampza ER 18mg take purs as needed for 30 days. written for a quantity of 60 ply) with no refills.			
	(CS) count sheets for revealed there were 1 13.5mg documented November 2023 wher ordered and should h Review of Resident # revealed:	19 doses of Xtampza ER as administered in n Xtampza ER 18mg was ave been administered. 1's November 2023 MAR			
		itten entry for Xtampza ER times daily scheduled at			

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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.			
		HAL051072	B. WING		R 11/2	1/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMEDICA	RE ADULT HOMES # 2	103 ANNIE	PARKER CIRC	CLE		
AWIERICA	RE ADULT HOMES # 2	SMITHFIEI	D, NC 27577			
(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
D 367	Continued From page	30	D 367			
D 307	-Xtampza ER 18mg wadministered on 35 of 11/21/23 with 19 of th Xtampza ER 13.5mg administered on the Co-There was a compute ER 13.5mg 1 capsule scheduled at 8:00am -The entry for Xtampza through with "ordered specified) and none wadministered in Nover-The MAR did not accord Xtampza ER that woorder dated 11/11 capsule every 12 hot transcribed onto the Nover-There was a supply coapsules dispensed coordinated or 11/21/23 at 10-11 there were 51 of 60 order were 51 of 60 order were 10 order dated 11/11 there were 10 order dated 11/11 ordere were 11/11/11 at 11/11/11 ordere were 11/11/11/11/11/11/11/11/11/11/11/11/11/	vas documented as coasions from 11/01/23 - ose occasions being when was documented as CS count sheet. er printed entry for Xtampza 2 times a day for pain and 8:00pm. ea ER 13.5mg was marked changed" (no date vas documented as mber 2023. curately reflect the strength vas actually administered. 4/23 for Xtampza ER 18mg ours as needed was not November 2023 MAR. ent #1's medications on 2:33pm revealed: of Xtampza ER 18mg on 11/14/23. capsules remaining. pza ER 13.5mg capsules ration. cation aide (MA) on 11/21/23 out of Xtampza ER 18mg in why he documented he a ER 18mg on the MAR ministered when the 18mg				
	4:23pm and 5:37pm v	vith a second MA who inistration of Xtampza ER				

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unsuccessful.

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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	
			A. BOILDING.		R
		HAL051072	B. WING		11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
AMERICA	RE ADULT HOMES # 2		PARKER CIRC	CLE	
	I		.D, NC 27577		
(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
D 367	Continued From page	31	D 367		
	1:19pm and 5:45pm r -The MAs were responders and order char -The RCC was respondented the MAs to ensure order were correct on the Master of the RCC position was facilityShe was responsible MAs in the absence of the was not aware the administration of Xtar when they actually adstrength, Xtampza EF-Documentation on the	ensible for transcribing new inges onto the MARs. Insible for checking behind der changes and new orders MARs. It is as currently vacant at the instance of the RCC. In the MAS documented in the MAR			
D 371	(n) The facility shall a administered in accor measures that help to and transmission of d cross-contamination a	Medication Medication Administration assure that medications are dance with infection control prevent the development isease or infection, prevent and provide a safe and for staff and residents.	D 371		
	interviews, the facility medications were adr with infection control i medication aide obse medication pass on 1	ns, record reviews, and failed to ensure ministered in accordance			

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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	
			7 20122		R
		HAL051072	B. WING		11/21/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
			E PARKER CIRC		
AMERICA	RE ADULT HOMES # 2		LD, NC 27577		
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 371	Continued From page	e 32	D 371		
	each resident to preve disease and infection	and provide a safe and			
	The findings are:				
	infection transmission -Wearing gloves and patient contact did no washingFailure to change glo was an infection cont -You should perform I after removing PPEIf your hands becam during PPE removal, continuing to remove -Wash your hands the warm water or, if soal immediately available sanitizer until hands of and warm water.	re (PPE) Policy and re cornerstone of preventing rechanging them between rechanging them between replace the need for hand reves between patient contact rol hazard. reand hygiene immediately re visibly contaminated rechange before reple. recoughly with soap and rechange and water were not rechange and water were not rechange and			
	11/21/2023 between a revealed: -The MA was unglove in the facility hallwayThere was a bottle of sanitizer on the top of the MA prepared the by punching the media.	ed and at the medication cart f alcohol-based hand f the medication cart. e medications for a resident cation from the bubble ed hands and placed the			

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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	
					R	
		HAL051072	B. WING		11/21/2023	
		HALUSTU72			1 11/2 1/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		103 ANN	IIE PARKER CIRC	CLE		
AMERICA	RE ADULT HOMES # 2	SMITHF	ELD, NC 27577			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLI	ETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE	Ē
				DEFICIENCY)		
D 371	Continued From page	÷ 33	D 371			
	-He documented on t					
		(MAR) using an ink pen				
	before giving the prep	pared medications.				
	-He used his key to lo	ock the medication cart.				
	-He administered the	prepared medications to a				
	resident and returned	to the medication cart.				
	-He used his key to u	nlock the medication cart.				
	-He did not wash his	hands with soap and water				
	or use hand sanitizer.					
	-He put a glove on bo	th hands.				
		ation cards for a second				
	resident.					
	-He prepared the med	dications for the second				
	T T	the medications from the				
		oved hand and placed the				
	medications into a me					
		es, did not sanitize his				
	hands and picked up					
	dropped on the floor.					
		he paper MAR using an ink				
		prepared medications.				
		ock the medication cart.				
	_	medication on top of the				
		ed them up with his bare				
		medication back into the				
	medication cup.					
	· ·	prepared medications to a				
		to the medication cart.				
		ock the medication cart.				
		hands with soap and water				
	or use hand sanitizer.	•				
	-He pulled the medica					
	resident.	audi calus loi a lilliu				
		modications for the third				
		e medications for the third				
	• .	the medications from the				
		hands and placed the				
	medications into a me	•				
	-He documented on t	he paper MAR using an ink				

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pen before giving the prepared medications. -He used his key to lock the medication cart.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL051072	B. WING		R 11/2	1/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	1 11/2	172020
			PARKER CIRC			
AMERICA	RE ADULT HOMES # 2	SMITHFIEL	.D, NC 27577			
(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	(X5) COMPLETE DATE
D 371	Continued From page	e 34	D 371			
	bottles for a fourth resemedication cart with handle handl	e medications for the fourth the medications from the hands and placed the edication cup. The paper MAR using an ink prepared medications. The medication of the aresident's room. The resident's right eye thand and placed drops from medication. The gloved hand. The gloved hand, soap and water, or sanitize				
		ne facility for three months when he was hired.				
	MA.	e Administrator and another				
	hands with soap and time before passing n -He did not know that medication because i the medication cart. -He had infection con	change gloves and/or wash water or hand sanitizer each nedication to a resident. he needed to dispose of t was dropped on the top of trol training during the MA nurse performed his skills				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			5 4//40		R
		HAL051072	B. WING		11/21/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
AMERICA	ARE ADULT HOMES # 2		E PARKER CIRC	CLE	
,		SMITHFIE	LD, NC 27577		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 371	Interview with the Adr 12:05pm revealed: -The MA had been tra soap and water or ha on gloves and/or prep -Medications were to administered to a resi medication cart. -The MAs are suppos when administering e	ninistrator on 11/21/2023 at all alined to wash his hands with and sanitizer before putting paring medications. be disposed of and not dent if they fell on top of the ed to wear a pair of gloves ye drops.	D 371		

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