(X2) MULTIPLE CONSTRUCTION

PRINTED: 12/18/2023 FORM APPROVED

If continuation sheet 1 of 21

(X3) DATE SURVEY

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
		HAL086014	B. WING			R 12/07/2023	
	PROVIDER OR SUPPLIER	711 W ATI		STATE, ZIP CODE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}				
		ensure Section conducted a 12/06/23 through 12/07/23.					
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION The Type B violation is abated. Non-compliance continues. Based on record reviews, and interviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (#1) related to medication refusals of antipsychotic and a psychotropic medication.		{D 273}				
				RCC will ensure that ALL providers notified when residents refuse medic		3/31/2024	
				for all med passes of 3 consecutive days or more. Administrator will create a documentation notebook for residents' health care concerns, including, but not limited to refusal of medications, to be addressed with providers and will ensure	ays or nts' not be		
	The findings are:			that RCC documents notification of providers and their responses.	sarc		
	10/30/23 revealed of	#1's current FL-2 dated liagnoses included mild and schizoaffective disorder.		pro nuoro unu unon reoponeos.			
	orders dated 10/30/	ent #1's signed physician's 23 revealed there was an e (used to treat depression)					
	medication adminis revealed:	#1's October 2023 electronic tration record (eMAR)					
	bedtime scheduled daily.	y for mirtazapine 30 mg at for administration at 7:00pm					
	ealth Service Regulation	ED/CLIDDLIED DEDDESCRITATIVES CO	MATURE	TITLE	<u>.</u>	(V6) DATE	
LABUKATUR	Patricia «	ER/SUPPLIER REPRESENTATIVE'S SIGI S <i>Mille</i> r	NATUKE	TITLE Administrator		(X6) DATE 01/04/2024	

STATE FORM

Q49413

DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		F 12/0	R 17/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		711 W AT		,		
RIVERW	OOD ALF		NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTIES OF T	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 1	{D 273}			
	-There was no documirtazapine for 7:00 from 10/01/23 to 10-There was an entry bedtime scheduled dailyMirtazapine 30mg refused" at 8:00pm 10/01/23, 10/07/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23, 10/17/23 and 11/26, There was an entry bedtime scheduled dailyMirtazapine 30mg refused" at 7:00pm 11/18/23 and 11/26, There was an entry bedtime scheduled dailyMirtazapine 30mg refused" at 8:00pm 11/01/23, 11/03/23, and 11/14/23. Review of Resident -There was no document and context and conte	umentation of administration of 2pm for 31 of 31 opportunities 0/31/23. If for mirtazapine 30 mg at for administration at 8:00pm was documented as "resident for 11 of 31 opportunities on 10/08/23, 10/10/23-10/12/23, 10/25/23 and 10/30/23. If #1's November 2023 eMAR of for mirtazapine 30 mg at for administration at 7:00pm was documented as "resident for 2 of 14 opportunities on 1/23. If for mirtazapine 30 mg at for administration at 8:00pm was documented as "resident for 6 of 16 opportunities on 11/06/23, 11/09/23, 11/12/23 If #1's progress notes revealed: umentation Resident #1 had bisodes of depression, sleep reased appetite. Umentation the Mental Health and for refused medications.				
	on 12/06/23 at 11:4					

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If continuation sheet 2 of 21 Q49413

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					R	
		HAL086014	B. WING		12/0	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALE		KINS DR NC 27017				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 2	{D 273}			
	Refer to the intervient 12/07/23 at 7:50am	ew with a second MA on				
		one interview with Resident Provider on 12/06/23 at				
	Refer to the interview with the Resident Care Coordinator on 12/07/23 at 11:40am.					
	Refer to the interview with the Administrator on 12/07/23 at 12:10pm.					
	b. Review of Resident #1's signed physician's orders dated 10/30/23 revealed there was an order for risperidone (an antipsychotic used to treat schizoaffective disorder) 0.5 mg take one tablet 2 times a day with a 2mg dose.					
	Review of Resident #1's October 2023 eMAR revealed: -There was an entry for risperidone 0.5 mg take one tablet 2 times a day with a 2mg dose scheduled for administration at 8:00am, with entries for 7:00pm and 8:00pm dailyThere was no documentation of administration at 7:00pm for 31 of 31 opportunitiesRisperidone 0.5mg was documented as "resident refused" at 8:00pm for 11 of 31 opportunities on 10/01/23, 10/07/23, 10/08/23, 10/10/23-10/12/23, 10/17/23, 10/23/23-10/25/23 and 10/30/23.					
	revealed: -There was an entrone tablet 2 times a scheduled for admitentries for 7:00pm and the scheduled for the schedul	t #1's November 2023 eMAR y for risperidone 0.5 mg take a day with a 2mg dose nistration at 8:00am, and with and 8:00pm daily. ng was documented as				

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DIVISION	Division of Health Service Regulation						
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL086014	B. WING		R 12/07/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
	OOD ALF	711 W AT	, ,	,			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
{D 273}	Continued From pa	ge 3	{D 273}				
	opportunities on 11, -Risperidone 0.5 m "resident refused" a opportunities on 11, 11/09/23, 11/12/23						
	Review of Resident #1's progress notes revealed: -There was no documentation Resident #1 had experienced incidents related to behaviorsThere was no documentation the Mental Health Provider was notified for refused medications.						
	Refer to the intervient 12/07/23 at 9:44am	ew with Resident #1 on					
	Refer to the intervie on 12/06/23 at 11:4	ew with a medication aide (MA) 0am.					
	Refer to the intervie 12/07/23 at 7:50am	ew with a second MA on					
		one interview with Resident Provider on 12/06/23 at					
	Refer to the intervie Coordinator on 12/0	ew with the Resident Care 07/23 at 11:40am.					
	Refer to the intervie 12/07/23 at 12:10pr	ew with the Administrator on m.					
	orders dated 10/30/ order for risperidon	ent #1's signed physician's /23 revealed there was an e (used to treat schizoaffective ke one tablet 2 times a day.					
	Review of Resident	t#1's October 2023 eMAR					

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-There was an entry for risperidone 2.0 mg take

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DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R 12/07/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		711 W AT				
RIVERW	OOD ALF	DOBSON	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 4	{D 273}			
	one tablet 2 times a scheduled for admi entries for 7:00pm a -There was no doct 7:00pm for 31 of 31 -Risperidone 2.0 m "resident refused" a opportunities on 10 10/10/23-10/12/23, and 10/30/23. Review of Resident revealed: -There was an entrone tablet 2 times a scheduled for admi entries for 7:00pm a -Risperidone 2.0 m "resident refused" a opportunities on 11 -Risperidone 2.0 m "resident refused" a opportunities on 11 -Risperidone 2.0 m "resident refused" a opportunities on 11 -There was no doct experienced incideration of the intervience of 12/07/23 at 9:44am Refer to the intervience of 12/06/23 at 11:4	a day with a 2mg dose nistration at 8:00am, with and 8:00pm daily. Immentation of administration at 1 opportunities. g was documented as at 8:00pm for 11 of 31 //01/23, 10/07/23, 10/08/23, 10/17/23, 10/23/23-10/25/23 ##1's November 2023 eMAR y for risperidone 2.0 mg take a day with a 2mg dose nistration at 8:00am, with and 8:00pm daily. ng was documented as at 7:00pm for 2 of 14 //18/23 and 11/26/23. g was documented as at 8:00pm for 6 of 16 //01/23, 11/03/23, 11/06/23, and 11/14/23. ##1's progress notes revealed: Immentation Resident #1 had note related to behaviors. Immentation the Mental Health and for refused medications. Bew with a medication aide (MA) 0am. Bew with a second MA on				
	12/07/23 at 7:50am					

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DIVISION	Division of Health Service Regulation					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL086014	B. WING		R 12/07/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W AT	KINS DR			
IXIV LIXVV	OOD ALI	DOBSON	, NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 5	{D 273}			
		one interview with Resident Provider on 12/06/23 at				
	Refer to the interview with the Resident Care Coordinator on 12/07/23 at 11:40am.					
	Refer to the interview with the Administrator on 12/07/23 at 12:10pm.					
	revealed:	dent #1 on 12/07/23 at 9:44am				
	-She did not refuse awake.	medications when she was				
	-She did not take he night because she	round 7:00pm most nights. er evening medications every did not want to get up to take				
	seeing things like sl	ny episodes of depression or				
	•	dication aide (MA) on				
	-He administered every residents.	vening medications to				
		went to bed early she did not d to take her evening				
	in a row, he wrote the	ed medication often or 3 days he refusal on the 24-hour as handed into the facility's				
	(RCC) or Administrative residents' refused n					
		he Mental Health Provider of ple refusals in October and				

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DIVISION	Division of Health Service Regulation						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL086014	B. WING		R 12/07/2023		
NAME OF I	PROVIDER OR SUPPLIER	STPEET AD	DDESS CITY S	STATE, ZIP CODE			
INAIVIL OI I	-NOVIDEN ON SUFFEIEN	711 W AT		STATE, ZIF GODE			
RIVERWOOD ALE		, NC 27017					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
{D 273}	Continued From page 6		{D 273}				
	7:50am revealed: -He worked the ever 8:00pm medication -Sometimes, Resid 8:00pm medication to take her medicat -He had verbally not Administrator that Fevening medication remember specific soHe had not notified Provider because the usually notified provider because the usually notified provided in the provider of -He did not know if audited residents' eand notified the PC Telephone interview Health Provider on -He was not notified her risperidone and October 2023 and 8 -The facility should	ent #1 was in bed before the pass and would not wake up ions. Itified the RCC or Resident #1 had refused is occasionally, but he did not dates/times in which he did in Resident #1's Mental Health in RCC or Administrator widers. Ithe RCC or Administrator MARs for refused medications P. If with Resident #1's Mental 12/06/23 at 3:19pm revealed: ithat Resident #1 had refused in mirtazapine 11 times in its image in November 2023. it is times in November 2023.					
	-Resident #1 was p improve her mood, -If she did not recei	sing medications frequently. rescribed mirtazapine to sleep and appetite. ve a constant dose of ould have difficulty sleeping					
	and have disruptive -He prescribed risp delusionsShe could have a i not administered a -He would have cor both medications of since she was slee						

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so that she would not refuse.

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DIVIDION	<u>of Health Service Re</u>	guiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	2
		HAL086014	B. WING		12/0	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DI) (ED)4(000 41 5	711 W ATI	KINS DR			
RIVERW	OOD ALF	DOBSON,	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 7	{D 273}			
	revealed: -There was not a so the Administrator withey had timeThe MAs told him oresidents refused minform the providerHe was aware of finedications by Resident #1 had nowellShe refused evening because she did not themHe had informed him (PCP) of other refused missed informing here.	equent refusals of evening				
	12:10pm revealed: -She or the RCC weeMARs for refused -Staff notified the R 2 or 3 missed dose -She had not audite staffing issuesShe had informed not specifically notif Provider of refusal -There was no document of the staff Health Provider for doses of mirtazapin 2023 and November-The facility and the	CC or the Administrator after s of a medication. ed residents' eMARs due to Resident #1's PCP, but had fied her Mental Health of psychiatric medications. In umentation available for review having notified the Mental Resident #1 refusing evening the and risperidone in October				

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Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R 12/07/2023	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	12/0	112023
RIVFRW	OOD ALF	711 W AT	KINS DR	,		
IXIV EXXV		DOBSON,	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
{D 273}	Continued From pa	ge 8	{D 273}			
	time from 6:00pm to evening medication -Moving the time wa from refusing eveni -She expected the	stration time gave the MAs of administer residents' is before they went to bed, as meant to prevent residents ing medications at bedtime. MAs to administer medications fusals of medications such as				
{D 392}	10A NCAC 13F .1008 (a) Controlled Substances		{D 392}			
	10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. These records shall be maintained with the resident's record in the facility and in such an order that there can be accurate reconciliation of controlled substances.					
	reviews, the facility accurate accounting administration, and medications for 1 or related to an anti-ar	ons, interviews, and record failed to ensure there was an g for the receipt, disposition of controlled f 5 sampled residents (#2)		RCC will ensure that medication aides accurately document the receipt, dispodisposition of all controlled medication including the release and/or return of controlled medications released to restheir responsible persons. RCC will autontrolled medication counts once perfor 3 months and then once every 2 we	osal and ns, any idents or idit r week	3/31/2024
	The findings are:			thereafter.	cero	
	12/04/23 revealed: -Diagnoses include and schizoaffective -Under the medicat documentation to s a. Review of Reside	#3's current FL2 dated d anxiety, bipolar disorder, disorder. ion section, there was ee physician's orders. ent #3's physician's orders ealed an order for lorazepam				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						2
		HAL086014	B. WING		12/0	7/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RIVERWOOD ALE		KINS DR NC 27017				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 392}	Continued From pa	ge 9	{D 392}			
		e daily (a Schedule IV e used to treat anxiety).				
	revealed under the	#3's FL2 dated 03/06/23 medication section, there was ee physician's orders.				
	Resident #3's physician's orders dated 03/06/23 revealed an order for lorazepam 0.5mg 1 tablet twice daily.					
	Review of Resident #3's October 2023 electronic medication administration record (eMAR) revealed:					
	twice daily schedule 8:00am and 8:00pm					
	22 of 32 opportuniti 10/31/23.	ocumented as administered for es between 10/01/23 and				
	-Lorazepam was documented as not administered on 10/09/23 at 8:00pm, 10/10/23 at 8:00am and 8:00pm, 10/11/23 at 8:00am and 8:00pm, 10/12/23 at 8:00am, 10/23/23 at 8:00pm, 10/24/23 at 8:00am and 8:00pm, and 10/25/23 at 8:00am due to Resident #3 was out of the facility.					
	dated 10/09/23 reve	: #3's medication release form ealed: y for lorazepam 0.5mg 1 tablet				
	twice daily schedule 8:00am and 8:00pm	ed for administration at				
	lorazepam were rel left the facility on 10	eased to Resident #3 when he				
	#3 returned to the f	acility or how many tablets of urned to the facility.				
	Review of Resident	:#3's medication release form				

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
	HAL086014	B. WING		R 12/07/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERWOOD ALF 711 W ATI DOBSON,		KINS DR NC 27017			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
there were no direct -There was docume lorazepam were rele left the facility on 10There was docume that 3 tablets of lora: facility on 10/26/23. Review of Resident lorazepam 0.5mg ta revealed: -On 10/01/23, the be tabletsOn 10/12/23, there and 7 tablets were d bringing the balance -On 10/12/23, there and 1 tablet was add delivered bringing th -On 10/12/23, there #1's lorazepam was 1 tabletOn 10/13/23, there and 28 tablets were delivered bringing th -On 10/26/23, there and 4 tablets were delivered bringing th -On 10/27/23, there and 4 tablets were delivered bringing th -On 10/27/23, there and 28 tablets were delivered bringing th -The remaining bala on 10/31/23 was 18 Review of Resident revealed:	aled: If for lorazepam 0.5mg, but ions for administration. Intation that 7 tablets of eased to Resident #3 when he I/23/23. Intation on an attached eMAR zepam were returned to the #3's inventory history for blets for October 2023 eginning balance was 24 was a balance of 7 tablets documented as disposal to 0 tablets. was a balance of 0 tablets ded and documented as de balance to 1 tablet. was documentation Resident reconciled with a balance of was a balance of 0 tablets added and documented as the balance to 28 tablets. was a balance of 5 tablets documented as the balance of 0 tablets added and documented as the balance to 28 tablets. was a balance of 0 tablets added and documented as the balance to 28 tablets. was a balance of 0 tablets added and documented as the balance to 28 tablets. was a balance of 0 tablets added and documented as the balance to 28 tablets. was a balance to 28 tablets. was a balance of 28 tablets. was a balance to 28 tablets.	{D 392}	DEFICIENCY)		

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		F	
		HAL086014	B. WING	B. WING		7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 392}	Continued From pa		{D 392}			
	47 of 60 opportuniti 11/30/23Lorazepam was do administered on 11/8:00am and 8:00pm 11/10/23 at 8:00am through 11/23/23 at 11/24/23 at 8:00am the facility and med 11/10/23. Review of Resident dated 11/06/23 reverse was an entry scheduled for admin 8:00pmThere was docume lorazepam were released.	ocumented as administered for es between 11/01/23 and ocumented as not /06/23 at 8:00pm, 11/07/23 at n, 11/08/23 at 8:00pm, 11/21/23 at 8:00am and 8:00pm, and due to Resident #3 was out of ication was not available on ealed: y for lorazepam 0.5mg nistration at 8:00am and entation that 7 tablets of eased to Resident #3 when he //06/23 and 3 tablets were				
	dated 11/20/23 reverse there was no document was released to Refacility on 11/20/23. There was document was no eMAR release form.	#3's medication release form ealed: umentation lorazepam 0.5mg sident #3 when he left the entation to see the eMAR, but attached to the medication entation Resident #3 returned				
	lorazepam 0.5mg tarevealed: -On 11/01/23, the btablets.	#3's inventory history for ablets for November 2023 eginning balance was 18 was a balance of 7 tablets				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R)MPLETED
l R	
	R 2/07/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
RIVERWOOD ALF 711 W ATKINS DR DOBSON, NC 27017	
	(X5) COMPLETE DATE
(D 392) Continued From page 12 and 4 tablets were documented as disposal bringing the balance to 3 tablets. -On 11/10/23, there was a balance of 0 tablets and 28 tablets were added and documented as delivered bringing the balance to 28 tablets. -On 11/23/23, there was a balance of 8 tablets and 28 tablets were added and documented as delivered bringing the balance to 36 tablets. -On 11/23/23, there was a balance to 36 tablets. -The remaining balance on the inventory history on 11/30/23 was 23 tablets. Review of Resident #3's eMAR for 12/01/23 through 12/06/23 revealed: -There was an entry for lorazepam 0.5mg 1 tablet twice daily scheduled for administration at 8:00am and 7:00pm. -Lorazepam was documented as administered for 11 of 11 opportunities between 12/01/23 and 12/06/23. -Lorazepam was documented as not administered on 11/06/23 at 8:00pm, 11/07/23 at 8:00am and 6:00pm, 11/08/23 at 8:00pm, 11/10/23 at 8:00am, 11/10/23 at 8:00am, 11/10/23 at 8:00am and 8:00pm, 11/20/23 at 8:00pm, and 11/24/23 at 8:00am due to Resident #3 was out of the facility; there was documentation medication was not available on 11/10/23. Review of Resident #3's inventory history for lorazepam 0.5mg tablets for 12/01/23 through 12/06/23 revealed: -On 12/01/23, the beginning balance was 23 tablets. -The remaining balance on the inventory history on 12/06/23 was 12 tablets. Observation of Resident #3's medications available for administration on 12/06/23 at 2:07pm revealed:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILBII10.		 F	2
		HAL086014	B. WING			7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATE				
0/4) ID	CHMMA DV CTA	•	NC 27017	DROVIDEDIS DI ANI OF CORRECTIV	DNI .	()(5)
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{D 392}	Continued From pa	ge 13	{D 392}			
	twice dailyThe pink medication remaining and the g	on cassette had 2 tablets gray medication cassette had for a total of 5 tablets.				
	Based on review of Resident #3's inventory tracking for lorazepam 0.5mg tablets, medication release forms, observation of lorazepam 0.5mg tablets on hand for administration, the facility did not have an accurate accounting for administration or disposition of 7 lorazepam 0.5mg tablets for Resident #3.					
	Telephone interview with a pharmacist at the facility's contracted pharmacy on 12/07/23 at 10:01am revealed: -Resident #3 had an order for lorazepam 0.5mg 1 tablet twice dailyLorazepam was refilled by the pharmacy every 2 weeks with dispensed dates on 10/12/23, 10/25/23, 11/10/23, 11/21/23, and 12/05/23 with a quantity of 28 tablet on each dispensed dateThe start dates for the medications may be off because medications were delivered on Thursdays and should have started on the next Friday.					
	(RCC) on 12/07/23 -Resident #3 often leave and his medic were sent with himWhen medications there was no deduc history until he retur -Once Resident #3 deducted the numb #3 used while he w	were sent with Resident #3, ction made from the inventory rned to the facility. returned to the facility, he er of whole tablets Resident				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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240.15	CUMMA DV CTA	<u>_</u>		DDOV/DEDIC DLAN OF CODDECT/O	DNI.	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
{D 392}	Continued From pa	ge 14	{D 392}			
	the inventory history lorazepam tablets in the the apeutic leave. -He and the Adminishistory to the eMAR but no one compare lorazepam available. Refer to interview who should be a simple of the interview of t	y, that was the quantity of Resident #3 used while on strator compared the inventory R, for Resident #3's lorazepam, ed the inventory history to the e in the medication cart. with a medication aide (MA) on . www with the Resident Care on 12/07/23 at 11:10am. www with the Administrator on m. ent #3's physician's orders ealed an order for lorazepam es daily as needed (a lled substance used to treat ##3's FL2 dated 03/06/23 medication section, there was ee physician's orders. cian's orders dated 03/06/23 orazepam 1mg, ½ tablet 3 ed. ##3's October 2023 eMAR y for lorazepam 1mg ½ tablet needed scheduled for	[D 002]			

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Review of Resident #3's medication release form

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Division	Division of Health Service Regulation							
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
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NAME OF I	PROVIDER OR SUPPLIER	711 W AT		STATE, ZIP CODE				
RIVERW	OOD ALF	DOBSON	, NC 27017					
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{D 392}	Continued From pa	ge 15	{D 392}					
		ealed there was no zepam 1mg 1/2 tablets were nt #3 when he left the facility						
	dated 10/23/23 reversible. There was an entry were no directions of the common transfer of lorazepam were he left the facility or there was document.	y for lorazepam 1mg, but there for administration. entation that 6 and 1/2 tablets released to Resident #3 when a 10/23/23. entation on an attached eMAR						
	to the facility on 10/ Review of Resident	ts of lorazepam were returned 26/23. #3's inventory history for ablets for October 2023						
	revealed: -On 10/08/23, the b whole tabletsOn 10/27/23, there and 1 whole tablet v administered bringi	eginning balance was 38 was a balance of 37 tablets was documented as ng the balance to 36 tablets. ance on the inventory history						
	revealed: -There was an entry three times daily as administration as no -Lorazepam was do	y for lorazepam 1mg ½ tablet needed scheduled for eeded. ocumented as administered 5 11/04/23, 11/05/23, 11/09/23,						
	dated 11/06/23 reve	#3's medication release form						

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as needed.

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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	HAL086014		B. WING		12/0	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
TW WILL OF	NOVIDER OR GOLF EIER	711 W ATI		5777 E, 211 GGBE		
RIVERW	OOD ALF		NC 27017			
0/4) ID	CUMMA DV CTA	TEMENT OF DEFICIENCIES		DROVIDER'S DI AN OF CORRECTI		()(5)
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{D 392}	Continued From pa	ge 16	{D 392}			
	lorazepam were rel left the facility on 11	entation that 3 whole tablets of eased to Resident #3 when he /06/23 and 2 whole tablets e facility on 11/09/23.				
	Review of Resident #3's medication release form dated 11/20/23 revealed: -There was no documentation lorazepam 1mg was released to Resident #3 when he left the facility on 11/20/23.					
	there was no eMAF release form.	entation to see the eMAR, but R attached to the medication entation Resident #3 returned				
	Review of Resident #3's inventory history for lorazepam 1mg tablets for November 2023 revealed: -On 11/03/23, the beginning balance was 36 tabletsOn 11/08/23, there was a balance of 34 and 1/2 tablets and 1 whole tablet was documented as disposal bringing the balance to 33 and 1/2 tabletsThe remaining balance on the inventory history					
	on 11/29/23 was 32 Review of Resident through 12/06/23 re-There was an entry three times daily as administration as ne-Lorazepam was do time on 12/08/23. Review of Resident lorazepam 1mg tab 12/06/23 revealed:	tablets. #3's eMAR for 12/01/23 evealed: y for lorazepam 1mg ½ tablet needed scheduled for				

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<u>Divisio</u> n	Division of Health Service Regulation							
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
		HAL086014	B. WING		F 12/0	? 7/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
{D 392}	on 12/05/23 was 31 Observation of Res available for admini 2:07pm revealed: -There were 5 med 1mg with instruction daily as neededThe 5 medication of were dispensed by with a quantity of 48 tablets)There was a quant in the first cassetteThere was a quant in the second cassetThere was a quant in the third cassette crushed)There was a quant in the fourth cassetteThere was a quant in the fifth cassetteThere was a quant in the fifth cassetteThe total number of medication cart was tablets). Based on review of tracking for lorazep release forms, obset tablets on hand for not have an accura administration or diang tablet for Resident interview. Telephone interview.	ance on the inventory history and 1/2 tablets. ident #3's medications stration on 12/06/23 at ication cassettes of lorazepam as to take ½ tablet three times cassettes of lorazepam 1mg the pharmacy on 12/23/23 whole tablets (90 half ity of 15 half tablets remaining ity of 11 half tablets remaining atte. ity of 11 half tablets remaining ity of 12 half tablets remaining ity of 12 half tablets remaining ity of 13 half tablets remaining ity of 13 half tablets remaining it (3 of the tablets were ity of 13 half tablets remaining in the sea 62 half tablets (31 whole in the sea 62 half tablets, medication ervation of lorazepam 1mg administration, the facility did the accounting for sposition of 1/2 lorazepam dent #3.	{D 392}					
	facility's contracted	pharmacy on 12/07/23 at						

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10:01am revealed:

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HAL086014 B. WING 12/07/20	023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
RIVERWOOD ALF 711 W ATKINS DR DOBSON, NC 27017	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COI	(X5) OMPLETE DATE
(D 392) Continued From page 18 -Resident #3 had an order for lorazepam 1mg ½ tablet three times daily as neededLorazepam was dispensed by the pharmacy on 12/23/23 with a quantity of 90 half tablets and there had not been any other requests to refill the medication. Interview with the RCC on 12/07/23 at 11:10pm revealed: -When as needed lorazepam was dispensed by the pharmacy, the quantity was entered into the inventory history as whole tabletsWhen half tablets were administered as needed, a half tablets (0.5) was deducted from the inventory historyHe did not know why 1 whole tablet would have been deducted. Refer to interview with a medication aide (MA) on 12/07/23 at 9:36am. Refer to the interview with the Resident Care Coordinator (RCC) on 12/07/23 at 11:10am. Refer to the interview with the Administrator on 12/07/23 at 12:01pm. Interview with a MA on 12/07/23 at 9:36am revealed: -When he administered Resident #3's lorazepam, he entered a deduction of 1 tablet of the scheduled 0.5mg tablet and deduction of 0.5 tablet for the as needed 1mg tablet on the inventory historyHe did not count the number of tablets remaining in the medication cart for Resident #3's scheduled of the as needed lorazepamThe only time he counted Resident #3's lorazepamThe only time he counted Resident from the	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL086014	B. WING		1	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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KIVEKW	OOD ALF	DOBSON,	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 392}	Continued From pa	ge 19	{D 392}			
	substance medicati -He did not know if #3's scheduled or a ensure the count m -He did not know th lorazepam in the m the balance on the Interview with the R revealed: -He and the Admini history for Resident about once a month inventory history to medication cartHe was not aware as needed lorazepa	ion count. anyone else counted Resident as needed lorazepam tablets to atched the inventory history. le quantity Resident #3's edication cart did not match				
	12:01pm revealed: -The MA's were cor to the medication a daily after and prior been a pause in the in the staff's shift ho -There was not a controlled substance -When lorazepam w #3 during a therape tablets sent home w of his departureThe RCC deducted during the leave of returned to the facil -She knew there we between the invento count because of the	urrently a daily auditing of ses. was sent home with Resident sutic leave, the number of was not deducted at the time did the number of tablets used absence when Resident #3				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING 12/0		? 7/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERW	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	D BE	(X5) COMPLETE DATE
{D 392}	total count when Retherapeutic leave. -The MAs were responsed to the number of tablets so and the number of timedication release attached to the form. -The RCC was responsed to the ending bal returned to the facil. -She was in the proto document the quite save.	esident #3 returned from his consible for documenting the ent home with Resident #3 cablets returned on the form or on the eMAR n. consible for deducting the ring the therapeutic leave ance when Resident #3 ity. cess of training day shift MAs antities of lorazepam sent t #3 and returned to the facility	{D 392}			

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