Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _		COIVIL	LILD
		FCL060135	B. WING		02/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
UP AT 139	31 THOMPSON		MPSON ROAD)		
		MINT HILL,	NC 28227			
(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	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	The Adult Care Licens Mecklenburg County and follow-up survey	DSS conducted an Annual				
C 139	10A NCAC 13G .0404 Activity Director	1 (2) Qualifications Of	C 139			
	Director Adult care homes shawho meets the following (2) The activity directs and activity course for the following applied (a) be a licensed receiptible for certification specialist as defined in Recreational Therapy accordance with G.S. (b) have two years of program within the last which was full-time in patients or residents in care setting; (c) be a licensed occupational accordance with G.S.	tor hired after September omplete, within nine months ignment to this position, the for assisted living activity ommunity colleges or a purse as determined by the instructional hours and rector shall be exempt from civity course if one or more as: I reational therapist or be as a therapeutic recreation by the North Carolina Licensure Act in 90C; If experience working in dult recreation or activities at five years, one year of an activities program for a health care or long term Eupational therapist or therapy assistant in 90, Article 18D; or Activity Director by the				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		FCL060135	B. WING		02	2/16/2024
	ROVIDER OR SUPPLIER	13931 TI	DDRESS, CITY, STATE HOMPSON ROAD LL, NC 28227	, ZIP CODE		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 139	Continued From page	e 1	C 139			
	did not have a desigr activity director who I formal training. The findings are:	and observations, the facility nated family care home nad qualifications through ews, the facility had a				
	Observation on the farevealed: -There were no activifacilityThere was a working-In the dining area or	acility on 02/16/24 at 9:30am ty supplies located in the g TV in the living room. the wall was an activity did not have at least 14				
	02/16/24 at 12:47pm -The facility did not h -At the current censu initiate activitiesIt was her responsib activity calendarShe did not have the	ave an Activity Director. s, she expected the staff to ility to post the monthly e required activity training. the facility who had the				
C 292	10A NCAC 13G .090	5 (d) Activities Program	C 292			
	of planned group acti	5 Activities Program least 14 hours of a variety vities per week that include e socialization, physical				

Division of Health Service Regulation

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DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	-ETED
		FCL060135	B. WING		02/	16/2024
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AD	DRESS, CITY, STA	TE ZID CODE		
NAME OF FI	NOVIDER OR SUFFLIER					
UP AT 139	31 THOMPSON		OMPSON ROAL	J		
		MINI HIL	L, NC 28227			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG		,	IAG	DEFICIENCY)		
	0 " 15	0	0.000			
C 292	Continued From page	2	C 292			
	interaction, group acc	complishment, creative				
	expression, increased	d knowledge, and learning of				
	new skills.	-				
	This Rule is not met	•				
	Based on observation	ns and interviews the facility				
	failed to ensure residents were offered at least 14 hours of a variety of planned group activities per					
	week.					
	The findings are:					
	Observation of the fac	cility during initial tour on				
	02/16/24 at 9:30am re	cility during initial tour on				
	•	sted in the facility and did nours a week of activities.				
	TIOL Have at least 14 II	iours a week or activities.				
	Observation of the fac	cility residents on 02/16/24				
		5pm revealed there were no				
	activities being offere	•				
	Based on observation	ns, record reviews, and				
	interviews Resident #	1 and #2 were not				
	interviewable.					
		cation aide on 02/16/24 at				
	9:00am revealed:					
	•	ft medication aide (MA).				
		asked, she assisted the				
		es such as, coloring, paint				
	nails, but the resident	-				
	•	y calendar on the wall in the				
		not contain activity times.				
		he residents were to be				
		urs a week of activities.				
		as responsible for the activity				
	calendar.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL		
		FCL060135	B. WING		02/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE	,	
IID AT 120	31 THOMPSON	13931 TH	OMPSON ROAD			
UF AT 133	31 THOMPSON	MINT HIL	L, NC 28227			
(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 SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 292	Continued From page	e 3	C 292			
	Interview with the Adr 02/15/24 at 3:50pm re-She was responsible calendarShe did not know 14 required each weekShe listed various ac day such as TV show memory timeShe did not list a time-There were no outing February 2024.	ministrator-in-Charge on evealed: for the monthly activities hours of activities were stivities on the calendar each s, dance with music, and e frame for each activity. gs planned for the month of there was to be an outing				
C 315	10A NCAC 13G .1002	2(a) Medication Orders	C 315			
	10A NCAC 13G .1002 (a) A family care hom the resident's physicial for verification or clarifications and treat (1) if orders for admission or readmission are not the sam The facility shall ensur	2 Medication Orders ne shall ensure contact with an or prescribing practitioner fication of orders for tments: sion or readmission of the d and signed within 24 hours nission to the facility; ear or complete; or on forms are received upon sion and orders on the				
	facility failed to obtain orders for 2 of 2 samp related to medications	as evidenced by: and record reviews, the orders to clarify physician bled residents (#1 and #2) s to treat diabetes(#1), and a mental disorder and a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7410 1 2741	or dorate of the transfer of t	IDENTIFICATION NOMBER.	A. BUILDING: _		OCIVII ELTED	
		FCL060135	B. WING		02/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
UP AT 139	31 THOMPSON		OMPSON ROAD)		
	I		., NC 28227			
(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 COMPLE	
C 315	Continued From page	e 4	C 315			
	sleep supplement (2)					
	The findings are:					
	02/05/24 revealed: -Diagnoses included and Type I diabetesThere was an order insulin to treat diabete as follows; inject 0 to needed for a blood gl BG of 141-190 = 1 ur units, BG of 241 to 29 = 4 units, BG 341 to 3 = 6 units.	Alzheimer, hypertension, for Lispro (a short-acting es) sliding scale insulin (SSI) 6 units every 4 hours if ucose (BG) of 140 = 0 units, nit, BG of 190 to 240 = 2 20 = 3 units, BG 291 to 340 390 = 5 units, and BG > 290 e1's Resident Register				
		was admitted to the facility				
	Medication Administra	1's February 2024 electronic ation Record (eMAR) o entry for Lispro SSI.				
	facility's contracted pt 11:05am revealed: -There was an order administered every 4 dated 02/06/24 that re the sliding scale was the FL2. -The facility was notif was no information po- clarify the SSI order. -The pharmacy was to was dispensed to and	with a Pharmacist with the harmacy on 02/16/24 at for Lispro SSI to be hours as needed for BS's equired clarification because not legible on their copy of ied on 02/06/24 and there rovided by the facility to unaware of the Lispro SSI other facility and Resident #1 SI with her from the other				

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DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		FCL060135	B. WING		02/16/2024
		1 02000 133			02/10/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
IID AT 120	31 THOMPSON	13931 TH	OMPSON ROAL)	
OF AT 133	31 IIIOMF3ON	MINT HILI	., NC 28227		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE
				,	
C 315	Continued From page	÷ 5	C 315		
	-The facility just told t	he pharmacy staff on			
	02/06/24 that Resider	nt #1 brought insulin with			
	them.				
		1's medication available for			
	administration reveale				
		ziplock bag containing 5			
	· ·	a pharmacy label on the			
		pense date of 01/31/24 with finger stick blood sugars			
		and administer SSI as			
	,	f 70 to 140 = 0 units, FSBS			
		SBS of 191 to 240 = 2 units,			
		3 units, FSBS 291 to 340 =			
		390 = 5 units, and FSBS >			
		pen with 2 units prior to each			
	use).	on with 2 drille prior to odon			
	,	(wikpen 100units/ml with a			
	-	a dispense date of 01/31/24,			
		er SSI, and open date of			
	02/01/24 with approxi				
	administer.	·			
	-There was a Lispro h	Kwikpen 100units/ml with a			
		a dispense date of 01/31/24,			
	instruction to inject pe	er SSI, and open date of			
	02/12/24 with approxi	mately 300mls left to			
	administer.				
	-There were 3 Lispro	Kwikpen 100units/ml with a			
		a dispense date of 01/31/24,			
		er SSI, and open date of			
	02/12/24 with approxi	imately 300mls left to			
	administer.				
	Interview with the Com	pervisor-in-Charge (SIC) on			
	02/16/24 at 1:13pm re	• ,			
	-	is to be checked at 8:00am,			
		00pm, 12:00am and 4:00am			
		insulin according to the			
	sliding scale order.				

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-Resident #1 came to the facility from another

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		ECI 000425	B. WING		00/46/0004
		FCL060135	B. Willo		02/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
UP AT 139	31 THOMPSON		OMPSON ROAD)	
		MINT HILL	., NC 28227		
(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 COMPLETE
C 315	Continued From page	e 6	C 315		
C 315	facility with Lispro SS -There was a pharma containing the Lispro 01/31/24 with instruct hours and administer of 70 to 140 = 0 units FSBS of 191 to 240 = = 3 units, FSBS 291 t to 390 = 5 units, and pen with 2 units prior -Since there was no 8 administered the SSI the plastic bagOn 02/07/24, she fax and did not inquire ab the FL2 not matching ziplock bagShe was responsible to clarify the ordersShe did not because Lispro SSI that was v Interview with the Adr 02/16/24 at 1:13pm re -Resident #1's FSBS 8:00am, 12:00pm, 4:0 4:00am and administe the sliding scale orde	I in a ziplock bag. Icy label on the ziplock bag SSI with a dispense date of ions to check FSBS every 4 SSI as follows; for a FSBS , FSBS of 141-190 = 1 unit, 2 units, FSBS of 241 to 290 To 340 = 4 units, FSBS 341 FSBS > 390 = 6 units (prime to each use). SSI entry on the eMAR, she according to the label on The Lispro SSI order on the Lispro SSI label on the for contacting the physician the plastic label contained a	C 315		
	not match the Lispro siziplock bag that was find the state according to the physical state acc	SSI pharmacy label on the from another facility. aff to administer the SSI ician's order and if the order dication label then the SIC			
	-	vith Resident #1's primary on 02/16/23 at 10:45am successful.			

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DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		FCL060135	B. WING		02/16/2024	
					,	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
UP AT 139	31 THOMPSON		IOMPSON ROAL)		
		MINT HIL	L, NC 28227			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
		,	,,,,,	DEFICIENCY)		
C 315	Continued From page	. 7	C 315			
0 313	Continued From page	e /	0 3 13			
		t #2's FL-2 dated 12/08/23				
	revealed:					
	- Diagnoses included					
		flux disease (GERD), major				
	•	ler, visual and auditory nia, nausea, hypertension,				
		· · · · · · · · · · · · · · · · · · ·				
	arthritis, and history of breast cancer Resident #2 had orders for the following					
		nophen 325mg, administer				
		rs as needed for pain,				
	headache, or fever (u	•				
	moderate pain from h	neadaches, muscle and back				
	aches and to reduce	fever); divalproex 250mg,				
		very morning and evening				
	,	reat seizure disorders and				
		nditions); quetiapine 25mg,				
	,	12.5mg) twice daily (used to				
		mental health conditions				
		nia and bipolar disorder); ninister 1 tablet daily (used				
	to treat constipation),					
		ach morning (used to treat				
		d gland); melatonin 3mg,				
	_	at bedtime (used to treat				
	delayed sleep phase	and circadian rhythm sleep				
	•	ng, administer 1 tablet every				
		r nausea (used prevents				
	nausea and vomiting)					
		bedtime (used to treat high				
		zole 20mg, administer 1				
		reat to treat indigestion and				
	heartburn, and acid re	eiiux).				
	a Review of Residen	t #2's Physician's Orders				
		led the order was dated the				
		-2, and did not include an				
		20mg, administer 1 tablet				
	daily.	,				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL060135	B. WING		02/16	6/2024
UP AT 13931 THOMPSON 13931 TH			PRESS, CITY, STA			
(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
C 315	Review of Resident # was no documentatio #2's medication order intended for her to tal Review of Resident # January 2024, and Fe Administration Record omeprazole was not of Observation of Resider revealed there was not for her. Telephone interview with pharmacy on 2/16/24 - Omeprazole was not profile and had never pharmacy. She did not see Resident pharmacy's documentary of the pharmacy's documentary of the pharmacy of the pharmacy of the pharmacy. Telephone interview with physician's office on the pharmacy of the pharmacy of the pharmacy of the pharmacy of the physician's office on the pharmacy of the physician's office on the pharmacy of the physician's office on the pharmacy of the physician of the physician regarding of the physician regarding of the physician regarding of the physician regarding of the physician of the physician regarding of the physician of the physician regarding of the ph	2's record revealed there not clarification of Resident to confirm if the physician see omeprazole 20mg. 2's December 2023, ebruary 2024 Medication ds (MAR) revealed documented on the MAR. ent #2's medications of omeprazole in the facility with facility's contract revealed: t listed on Resident #2's been filled by the sident #2's original FL-2 in mentation. with Resident #2's 02/16/25 at 1:00pm cian was out of the office eprazole listed on Resident on list. documentation of een the facility and the	C 315			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		FCL060135	B. WING		02	/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
UP AT 139	31 THOMPSON		IOMPSON ROAD L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 315	Review of Resident # 01/18/24 revealed an administer 1 tablet two Review of Resident # to discontinue quetia as needed for severe Review of Resident # Medication Administrate revealed: - An entry for quetiap (12.5mcg) by mouth severe agitation. Review of Resident # revealed: - An entry for quetiap (12.5mcg) by mouth severe agitation. Review of Resident # revealed: - An entry for quetiap (12.5mcg) by mouth severe agitation, date of the severe agitation of Resident # 2.5mcg, administer 1. - There was no additing for Resident # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed. - It was her understate # 2 had a continue with Medica at 10:45am revealed.	#2's physician's order dated a order for quetiapine 25mg, vice daily. #2's record revealed no order pine 12.5mg dose twice daily a agitation. #2's January 2024 ation Record (MAR) sine 25mcg, administer 1 adaily, dated 01/19/24. sine, administer ½ tablet twice daily as needed for adaily, dated 01/19/24. sine, administer ½ tablet twice daily as needed for adaily, dated 01/19/24. sine, administer ½ tablet twice daily as needed for adaily, dated 01/19/24. sine, administer ½ tablet twice daily as needed for adaily, dated 01/19/24. sine, administer ½ tablet twice daily as needed for adaily as needed for adaily as needed for adaily. Seard labeled quetiapine tablet by mouth, twice daily. Sonal quetiapine on the cart is norder. Seation Aide (MA) on 01/16/24 adding that when Resident seed her scheduled dose of mg twice daily, to 25mg, 2.5mcg twice daily PRN	C 315	DEL POLENOT)		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ED
		FCL060135	B. WING		02/16/	/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
UD AT 400	AL THOMPSON	13931 THO	MPSON ROAD)		
UP AT 139	31 THOMPSON	MINT HILL,	NC 28227			
(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	(X5) COMPLETE DATE
C 315	15 Continued From page 10		C 315			
		ff the MAR yet, but Resident				
	- Resident #2 still had quetiapine 12.5mcg, a needed for severe ag - Resident #2's sched increased from 12.5m twice daily on 01/18/2 - The pharmacy neve	4 at 12:35pm revealed: d an active order for administer twice daily as itation. duled quetiapine order ncg twice daily, to 25mg 24. er received a discontinue 2.5mcg, administer twice				
	until 02/21/24 She was unable to of #2's physician's docu if he intended to disco quetiapine 12.5mcg There was no docur facility had contacted clarification regarding PRN order, or to notif experiencing anxiety	cian was out of the office determine from Resident mentation from her prior visit ontinue the PRN order for mentation that staff from the the physician's office for it the quetiapine 12.5mcg fy them that Resident #2 was				
	9:00am and 4:00pm r - She exhibited behave hallucinations including was not there, as well were not present.	revealed: viors consistent with ng trying to pet a cat that I as talking to people who e upset and emotional and				

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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
				_	
		FCL060135	B. WING		02/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		13931 TH	OMPSON ROAL		
UP AT 139	31 THOMPSON	MINT HIL	L, NC 28227		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO)N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
C 315	Continued From page 11		C 315		
	Interview with Admini	strator in Charge (AIC) on			
	02/16/24 at 10:50am	- , ,			
	- She had not audited	I the medication cart or			
	MARs since she start	ed working at the facility in			
	October 2023.				
		of any issue regarding			
	Resident #2's quetiap				
		ollow-up with the pharmacy			
	to see if the PRN order for quetiapine was discontinued. - Resident #2 had not needed a PRN order since				
	her scheduled dose v				
	Tier scrieduled dose v	vas ilicieaseu.			
	c. Review of Residen revealed:	t #2's January 2024 MAR			
	- An entry for melator	nin 3mg, administer 3 tablets			
	by mouth at bedtime,	dated 11/22/23; there was			
	no stop date docume	nted on the order.			
	Review of Resident # revealed:	2's February 2024 MAR			
	- An entry for melator	nin 3mg, administer 3 tablets			
		11/22/23, with a noted			
	I	to 02/14/24 confirming			
	discontinue order."				
	- The medication was				
		5/24, 02/06/24, 02/07/24,			
	02/08/24, and 02/15/2	24.			
	Review of Resident #	2's record revealed:			
		to discontinue melatonin			
	3mg.	12 1.350 miles molecular			
		s from her physician's visit			
	on 01/19/24.	, ,			
	Observation of Resid	ent #2's medications on			
	02/16/23 at 10:40am	revealed:			
	- No melatonin was o	bserved with her other			
	medications.		1		

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- The Administrator in Charge (AIC) later

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _	A. BUILDING:		LILD
		FCL060135	B. WING		02/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
IID ΔT 130	31 THOMPSON	13931 TH	OMPSON ROAD			
OF AT 133	31 THOMESON	MINT HILI	., NC 28227			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 315	Continued From page	e 12	C 315			
		l located Resident #2's				
	Interview with the MA revealed:	on 01/16/24 at 10:45am				
	revealed: - It was her understanding that Resident #1's melatonin was discontinued when she started taking trazodone in January, although it was still active on the MAR She could not locate any melatonin on the medication cart for Resident #2.					
	Interview with the AIC revealed:	on 02/16/24 at 10:50am				
	#2's melatonin was di started taking trazodo - She did not have a o melatonin for Resider - She would followup	one in January 2024. discontinue order for nt #2.				
	- The pharmacy had r discontinue melatonir	with facility's contract 4 at 12:35pm revealed: not received an order to n 3mg for Resident #2, and n active medication for her.				
	Telephone interview v physician's office on (revealed: - Resident #2's physic until 02/21/24.					
	- She reviewed Resid from Resident #2's la documentation reflect discontinue the melat because he started R medication.	lent #2's physician's notes st visit on 01/19/24 and his ted his intention was to onin 3mg at that time lesident #2 on a different a discontinue order was				

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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
		FCL060135	B. WING		02/16/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
UD 4T 400	TUOMBOON	13931 THO	MPSON ROAD		
UP AT 139	31 THOMPSON	MINT HILL	, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
C 315	Continued From page	e 13	C 315		
		and would enter a note for y the melatonin order upon			
C 330	10A NCAC 13G .1004 Administration	4(a) Medication	C 330		
	10A NCAC 13G .1004 Medication Administration (a) A family 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.				
	reviews, the facility fa were administered as	as evidenced by: ns, interviews and record illed to ensure medications ordered for 1 of 2 residents dications used to lower blood			
	The findings are:				
	02/05/24 revealed: -Diagnoses included and Type I diabetesThere was an order to used to lower blood s (SSI) as follows; injectif needed for a fingers 140 = 0 units, FSBS (190 to 240 = 2 units,	t #1's current FL2 dated Alzheimer, hypertension, for Lispro (a medication ugars) sliding scale insulin at 0 to 6 units every 4 hours stick blood sugar (FSBS) of of 141-190 = 1 unit, FSBS of FSBS of 241 to 290 = 3 40 = 4 units, FSBS 341 to BBS > 290 = 6 units.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		FCL060135	B. WING		02/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
UD 4T 400	TUOMBOON	13931 THO	MPSON ROAD			
UP AT 138	31 THOMPSON	MINT HILL,	NC 28227			
(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	(X5) COMPLETE DATE
C 330	Continued From page	e 14	C 330			
	Review of Resident #	1's Resident Register				
		was admitted to the facility				
	on 02/05/24.	was admitted to the lacinty				
	Review of Resident #	1's February 2024 electronic				
	Medication Administra	ation Record (eMAR)				
	revealed:					
		o check Resident #1's				
	FSBS every four hour -There was no entry f					
	- There was no entry i	or Lispio 331.				
	Review of Resident #	1's February 2024 FSBSs				
	log revealed:					
	-There were entries for	or FSBSs at 8:00am,				
		00pm, 12:00am and 4:00am.				
		nentation of the amount of				
		::00am on 02/07/24 to				
	02/16/24.	nentation of the amount of				
		2:00pm on 02/08/24, and				
	02/11/24.	2.00pm on 02/00/24, and				
	*	nentation of the amount of				
	SSI administered at 8 02/14/24 and 02/15/2					
		nentation of the amount of				
	SSI administered at 1 02/11/24.	2:00am on 02/08/24 to				
		nentation of the amount of				
	SSI administered at 4	:00am on 02/07/24,				
	02/08/24 and 02/10/2					
	•	0pm, there was an entry for				
	-	SBS of 341 instead of 5				
	units.	nm there was an autorifee 2				
	·	pm, there was an entry for 3 S of 334 instead of 4 units.				
		Opm, there was an entry for				
		SBS of 371 instead of 5				
	units.	DE CLOTT MOLOGO OF O				

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Telephone interview with a Pharmacist with the

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DIVISION	or riealth Service Negu	i alion					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED	
		FCL060135	B. WING		02/1	16/2024	
					1 02/	0/2024	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA				
UP AT 139	31 THOMPSON		OMPSON ROAL	D			
		MINT HIL	L, NC 28227	T.			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETE DATE	
IAG	REGULATORY OR I	EGO IDENTIL PINO IN CHANATION	TAG	DEFICIENCY)	NAI E		
0.220	0 (; 15	45	0.220				
C 330	Continued From page	2 15	C 330				
		harmacy on 02/16/24 at					
	11:05am revealed:						
	-There was an order	•					
		hours as needed for FSBS's					
		equired clarification because					
	the sliding scale was						
	_	ied on 02/06/24 and there					
		rovided by the facility to					
	clarify the SSI order.	unaware of the Lispro SSI					
		other facility and Resident #1					
	•	SI with her from the other					
	facility.	of with fiel from the other					
	-The facility just told t	he pharmacy staff on					
		nt #1 brought insulin with					
	them.						
	-If Resident #1 did no	t receive SSI, the resident's					
		d cause symptoms of					
		uent urination, fatigue and					
	blurred vision.						
		1's medication available for					
	administration revealed						
	•	ziplock bag containing 5					
		a pharmacy label on the pense date of 01/31/24 with					
		FSBS every 4 hours and					
		ows; for a FSBS of 70 to					
		of 141-190 = 1 unit, FSBS of					
		FSBS of 241 to 290 = 3					
		40 = 4 units, FSBS 341 to					
		SBS > 390 = 6 units (prime					
	pen with 2 units prior	, ,					
	1 .	Kwikpen 100units/ml with a					
		a dispense date of 01/31/24,					
		er SSI, and open date of					
	02/01/24 with approxi						
	administer.	•					
		Kwikpen 100units/ml with a					
		a dispense date of 01/31/24,					

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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			
		FCL060135	B. WING		02	16/2024
NAME OF PROVIDER OR S	UPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
UP AT 13931 THOMPS	ON		HOMPSON ROAL LL, NC 28227)		
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
o2/12/24 w administer -There wer pharmacy instruction o2/12/24 w administer Interview w o2/16/24 a -She worker Thursdays -There was FSBS ever 4:00pm, 8: administer orderShe was r BS at 8:00 workedResident a morning at -At 8:00am would cheet the schedulaccording was too mrow which was too mro	to inject point approximate a Lispro label with a to inject point approximate and approximate and a company and a	er SSI, and open date of imately 300mls left to Kwikpen 100units/ml with a a dispense date of 01/31/24, er SSI, and open date of imately 300mls left to cation aide (MA) on revealed: 00am to 7:00pm on nd every other weekend. to check Resident #1's at 8:00am, 12:00pm, 00am and 4:00am and eeded according to the SSI er for checking Resident #1's om and 4:00pm when she d a scheduled insulin every rning when she worked, she at #1's FSBS and administer to administer. Opm when she worked, she at #1's FSBS and administer do administer. Opm when she worked, she at #1's FSBS and administer ding to the sliding scale. pervisor-in-Charge (SIC) on evealed: was to be checked at 00pm, 8:00pm, 12:00am and er Lispro insulin according to	C 330			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL060135	B. WING		02/1	6/2024
UP AT 13931 THOMPSON			DRESS, CITY, STA	•		
(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
C 330	8:00am because she insulin was enoughOn 02/14/24 at 12:00 she administered 4 ur 371 instead of the ord must have looked at the -On 02/11/24 at 4:00p she administered 3 ur 334 instead of the ord must have looked at the -She was in still training was not trained on how cart audit or how often and administer Lisprogrammed at 1:00pm, 4:00pm, 8:00pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 8:0pm, 4:00pm, 4:00pm, 8:0pm, 4:00pm, 4:00pm, 8:0pm, 4:00pm, 4:00pm, 4:00pm, 8:0pm, 4:00pm, 4:00pm, 4:0pm, 4:0pm	er any SSI to Resident #1 at thought the scheduled Opm, she documented that hits of SSI for a FSBS of dered 5 units because she he scale wrong. Opm, she documented that hits of SSI for a FSBS of dered 4 units because she he scale wrong. In for the SIC position and law to complete a medication in. In ministrator-in-Charge on evealed: Is to be checked at 8:00am, hopm, 12:00am and 4:00am insulin according to the It is SSI was not administered in ing if needed. It is SSI was administered in its ess. Is ible for completing weekly once trained on the In the side of the SSI ician's order which included the administration times. In the sident #1's Power of	C 330			

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care physician (PCP) on 02/16/23 at 10:45am

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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		
			B WING			
		FCL060135	B. WING		02/16/202	<u>24</u>
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
UP AT 139	31 THOMPSON		OMPSON ROAD ., NC 28227)		
(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 COM	(X5) MPLETE DATE
C 330	Continued From page	: 18	C 330			
	and 3:20pm were uns	successful.				
C 342	10A NCAC 13G .1004 Administration	1(j) Medication	C 342			
	(j) The resident's mer record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa medication administe (4) instructions for admort reatment; (5) reason or justificate medications or treatmed documenting the result (6) date and time of a (7) documentation of medications or treatmed omission, including reference (8) name or initials of the medication or treats signature equivalent to	red; ministering the medication tion for the administration of tents as needed (PRN) and alting effect on the resident; dministration; any omission of tents and the reason for the affusals; and the person administering atment. If initials are used, a to those initials is to be intained with the medication				
	interviews, the facility accuracy of the electr	ns, record reviews, and failed to ensure the				
	The findings are:					
	1 Review of Residen	t #1's current FL2 dated				

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02/05/24 revealed:

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FCL060135 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	02/16/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	02/16/2024
4004 TUOMPOON POAR	
UP AT 13931 THOMPSON 13931 THOMPSON	
MINT HILL, NC 28227	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342 Continued From page 19 C 342	
-Diagnoses included Alzheimer, hypertension, and Type I diabetesThere was an order for Lispro sliding scale insulin (SSI) as follows; inject 0 to 6 units every 4 hours if needed for a finger stick blood sugar (FSBS) of 140 = 0 units, FSBS of 141-190 = 1 unit, FSBS of 190 to 240 = 2 units, FSBS of 241 to 290 = 3 units, FSBS 291 to 340 = 4 units, FSBS of 241 to 290 = 3 units, FSBS 291 to 340 = 4 units, FSBS 341 to 390 = 5 units, and FSBS > 290 = 6 units. Review of Resident #1's February 2024 electronic Medication Administration Record (eMAR) revealed there was no entry to check Resident #1's FSBS every four hours. Review of Resident #1's February 2024 FSBSs notes revealed: -There were entries for FSBS at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00amThere was no documentation of FSBS at 12:00pm on 02/08/24, and 02/11/24There was no documentation of FSBS at 12:00pm on 02/12/24There was no documentation of FSBS at 12:00am on 02/12/24There was no documentation of FSBS at 12:00am on 02/12/24There was no documentation of FSBS at 12:00am on 02/12/24, at 12:00pm, there was an entry for a FSBS of 368 instead of the blood glucose (BG) monitor results of 346On 02/07/24, at 12:00am, there was an entry for a FSBS of 98 instead of the BG monitor results of 391On 02/07/24, at 12:00am, there was an entry for a FSBS of 98 instead of the BG monitor results of 86On 02/08/24, at 4:00pm, there was an entry for a FSBS of 98 instead of the BG monitor results of 86On 02/08/24, at 4:00pm, there was an entry for a FSBS of 98 instead of the BG monitor results of 88.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (LAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED
		FCL060135	B. WING		02/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
UD 4T 400	OA THOMPOON	13931 THC	MPSON ROAD		
UP AT 139	31 THOMPSON	MINT HILL	, NC 28227		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
C 342	Continued From page	e 20	C 342		
C 342	-On 02/09/24, at 12:0 a FSBS of 343 instead of 326On 02/12/24, at 12:0 a FSBS of 86 instead that were not obtaine -On 02/12/24, at 4:00 FSBS of 132 instead 41On 02/13/24, at 8:00 FSBS of 451 instead 410On 02/13/24, at 4:00 FSBS of 428 instead 329On 02/13/24, at 12:0 a BS of 112 instead were not obtainedOn 02/13/24, at 4:00 FSBS of 238 instead that were no obtained on 02/14/24, at 12:0 a FSBS of 371 instead f437On 02/14/24, at 12:0 a FSBS of 480 instead 476On 02/14/24, at 12:0 a FSBS of 89 instead that were not obtaine -On 02/15/24, at 8:00 FSBS of 495 instead 492On 02/15/24, at 12:0 a FSBS of 330 instead 492On 02/15/24, at 12:0 a FSBS of 330 instead 492.	Opm, there was an entry for dof the BG monitor results d. It is a continuous and the BG monitor results of the BG monitor results that the BG monitor results of the BG monitor results of the BG monitor results of the BG monitor results d. The BG monitor results of the BG monitor results	C 342		
		0am, there was an entry for of the BG monitor results d.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		FCL060135	B. WING		02	2/16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
IID AT 120	931 THOMPSON	13931 TH	HOMPSON ROAD			
UP AT 13	331 THOMPSON	MINT HIL	LL, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 342			C 342			
	facility's contracted p 11:05am revealed on Lispro kwikpens cont	with a Pharmacist with the harmacy on 02/16/24 at 01/31/24 there were 5 aining 100units/ml ht #1 at another facility.				
	administration reveals -There was a plastic of Lispro Kwikpen with a plastic bag with a displastic bag with a series of the control of the cont	ziplock bag containing 5 a pharmacy label on the pense date of 01/31/24 with FSBS every 4 hours and ows; for a FSBS of 70 to of 141-190 = 1 unit, FSBS of FSBS of 241 to 290 = 3 = 4 units, FSBS 341 to 390 = 390 = 6 units (prime pen with use). Kwikpen 100units/ml with a a dispense date of 01/31/24, er SSI, and open date of				
	pharmacy label with a instruction to inject per 02/12/24 with approximated administer. -There were 3 Lispropharmacy label with a instruction to inject per 02/12/24 with approximated administer. Interview with a medi 02/16/24 at 10:30am -She was responsible FSBS at 8:00am, 12: worked and documer	Kwikpen 100units/ml with a a dispense date of 01/31/24, er SSI, and open date of imately 300mls left to Kwikpen 100units/ml with a a dispense date of 01/31/24, er SSI, and open date of imately 300mls left to cation aide (MA) on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		' '	E SURVEY PLETED	
		FCL060135	B. WING		02	2/16/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
UP AT 139	31 THOMPSON		L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 342	Resident #1's FSBS monitor would say or something else. Interview with the Su 02/16/24 at 1:13pm r-Resident #1's BS wa 12:00pm, 4:00pm, 8: and document the FS-She used a blood gli Resident #1's BS and paper then entered transcriber with the Adrog/16/24 at 1:13pm r-Resident #1's FSBS 8:00am, 12:00pm, 4:4:00am and documer the SIC was responsed in the SIC was responsed in the side of the s	and did not know why the ne thing and she documented pervisor-in-Charge (SIC) on evealed: as to be checked at 8:00am, 00pm, 12:00am and 4:00am BBS in the eMAR. ucose monitor to check d wrote it down on a piece of ne FSBS in the eMAR. ribed the FSBS wrong at ministrator-in-Charge on evealed: was to be checked at 00pm, 8:00pm, 12:00am and need the FSBS in the eMAR. sible for completing weekly after being trained on the ere no medication cart audit aff to check Resident #1's see monitor and enter the	C 342			
	revealed: - Diagnoses included gastro-esophageal reneurocognitive disorchallucinations, insomarthritis, and history casident #2 had ordinations: acetami	eflux disease (GERD), major der, visual and auditory nia, nausea, hypertension, of breast cancer.				

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DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	FIED
		FCL060135	B. WING		02/1	6/2024
			1		, 02/	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
UP AT 13931 THOMPSON		MPSON ROAD)			
		MINT HILL	, NC 28227			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGOLATORI ORE	EGO IDENTIL PINO INI ORMATION)	TAG	DEFICIENCY)	INAIL	
C 342	Continued From page	e 23	C 342			
	headache, or fever (u	ised to relieve mild to				
	moderate pain from h	eadaches, muscle and back				
	aches and to reduce	fever); divalproex 250mg,				
	administer 1 tablet ev	ery morning and evening				
	with meals (used to tr	eat seizure disorders and				
		nditions); quetiapine 25mg,				
	,	12.5mg) twice daily (used to				
		mental health conditions				
		nia and bipolar disorder);				
	_	ninister 1 tablet daily (used				
	to treat constipation),					
		ach morning (used to treat				
	-	d gland); melatonin 3mg,				
		at bedtime (used to treat				
		and circadian rhythm sleep				
		ng, administer 1 tablet every r nausea (used prevents				
	nausea and vomiting)					
	σ,	bedtime (used to treat high				
		zole 20mg, administer 1				
	,	reat to treat indigestion and				
	heartburn, and acid re	<u> </u>				
	mountain, and dold re	onany.				
	a. Review of Residen revealed:	t #2's December 2023 MAR				
		be 10mg, administer 1 tablet				
		dated 11/22/23, scheduled				
	for 9:00am.	adiod 11/22/20, Soliculiou				
		mentation of administration				
		the MAR and there were no				
	exceptions document					
		r entries on the MAR for				
	Ezetimibe 10mg.					
		2's January 2024 MAR				
	revealed:					
		be 10mg, administer 1 tablet				
		dated 11/22/23, scheduled				
	for 9:00am.		1			1

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- There was no documentation of administration

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' ·	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL060135	B. WING		02	2/16/2024	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
UP AT 139	31 THOMPSON		LL, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 342	of Ezetimibe 10mg or no exceptions docume. There were no othe Ezetimibe 10mg. Review of Resident # 02/01/24 - 02/16/24 r - An entry for Ezetimiby mouth once daily, for 9:00am. There was no docur of Ezetimibe 10mg or on 02/14/24, and no documented. On 02/05/24, staff dorefused ezetimibe 10 Interview with the Me 02/16/24 at 10:45am. The resident had be 10mg for several more unable to documente medication on the MA-She did not know we document the adminite Ezetimibe 10mg. Interview with the Sur 02/16/24 at 1:30pm resident #2's Ezet but it had been adminited the Sur of Resident #2's Ezet but it had been adminited to sur we was not sure were sure with the Sur 02/16/24 at 1:30pm resident #2's Ezet but it had been adminited the sure was not sure were sure were sure were sure were sure were not sure were sure were sure were not sure were sure were sure were not sure were sure were not sure were sure were not sure were	the MAR and there were lented. If entries on the MAR for E2's February 2024 MAR evealed: be 10mg, administer 1 tablet dated 11/22/23, scheduled mentation of administration of 2/01/24 - 02/03/24, and exceptions were ocumented Resident #2 mg. dication Aide (MA) on revealed: een receiving Ezetimibe of the administration of the AR. by staff were not able to stration of Resident #2's pervisor in Charge (SIC) on evealed: to document administration imibe 10mg on the MAR,	C 342				
	pharmacy on 02/16/2 - Resident #2's order	with the facility's contract 4 at 12;35pm revealed: for Ezetimibe 10mg, by mouth, had been filled					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL060135	B. WING		02	2/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE			
IID ΔT 130	31 THOMPSON	13931 TH	OMPSON ROAD				
OF AT 13	JOHN THOMPSON	MINT HIL	L, NC 28227				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 342	several times by the part day supply), 12/14/23 day supply), and 02/0 - She was not sure word be able to documperson who was more system was not available. Review of Resident order dated 12/12/23 administer 1 tablet by Review of Resident #revealed: - An entry for levothy tablet by mouth every 12/12/23 There was documented as reside and 12/11/23 (reason was out of facility), 12 (reason documented orders"), and 12/27/2 resident was out of facility), 12 (reason documented orders"), and 12/27/2 resident was out of facility), 13 (reason documented orders"), and 12/27/2 resident was out of facility), 13 (reason documented orders"), and 12/27/2 resident was out of facility), 13 (reason documented as 01/08 documentation of adr 137mcg on the MAR. Review of Resident #revealed: - An entry for levothy tablet by mouth every 12/12/23 The MAR document	charmacy on 11/22/23 (28 day supply), 1/11/24 (28 day supply), 1/11/24 (28 day supply). The staff in the facility would ent on the MAR and the ent familiar with the MAR able. It #2's record revealed an for levothyroxine 137mcg, mouth once daily. It work a becamber 2023 MAR It work a stop date of the familiar with the familiar with the familiar with the MAR and the familiar	C 342				
	was administered on 01/08/24 - 01/10/24.	0 110012 - 10 1100124,					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL060135	B. WING		02/16/2024	
NAME OF PROVIDER OR SUPPLIER UP AT 13931 THOMPSON MINT HILL, NC 2822						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
C 342	- The MAR document was not administered documented as "withl - There was no inform administration on 01/0 - An entry for levothyl tablet by mouth once once daily, with a "da 01/08/24 There was no docur of levothyroxine 137n MAR in January 2024 Review of Resident # (02/01/24 - 02/16/24) - An entry for levothyl tablet by mouth once documented as 01/08 - There was no docur on 02/01/24, 02/02/24 - On 02/05/24, staff d refused levothyroxine Interview with Admini 02/16/24 at 10:50am - All medications had member after the pharesident's MAR Staff told her a few not able to document 10mg on Resident #2 - When she investigat discovered she had medication on Reside allow staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she wahad the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the capability to a staff to docume - At that time, she way had the	red levothyroxine 75mcg on 01/02/24 (reason held per DR/RN orders"). hation regarding 01/24 and 01/07/24. roxine 137mcg, administer 1 daily, take 1 tablet by mouth te written" documented as mentation of administration hcg documented on the l. 2's February 2024 MAR revealed: roxine 137mcg, administer 1 daily, with a "date written" 8/24. mentation of administration 1, 02/03/24, 04 02/14/24. ocumented Resident #2 137mcg. stration-in-Charge (AIC) on revealed: to be approved by a staff armacy added them to a weeks ago that they were administration of ezetimibe l's MAR. ted the issue, the iot "approved" the ent #2's MAR, so it would not nt administration. s the only staff member who approve medications on the locument on the medication.	C 342			

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approving medications, which resulted in staff

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
FCL060135		B. WING		02/	02/16/2024			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
UP AT 13931 THOMPSON TOAD MINT HILL, NC 28227								
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
C 342	either not being able at all, or staff docume order for the same me changed. - She had recently ide person would also ha	to document administration ented on a prior medication edication that had since entified a second staff ve the capability to approve AR system to help ensure all	C 342					

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