STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County DSS conducted an Annual and follow-up survey on 02/16/24.	C 000		
C 139	10A NCAC 13G .0404 (2) Qualifications Of Activity Director 10A NCAC 13G .0404 Qualifications Of Activity Director Adult care homes shall have an activity director who meets the following qualifications: (2) The activity director hired after September 30, 2022 shall have complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. An activity director shall be exempt from the required basic activity course if one or more of the following applies: (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C; (b) have two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long term care setting; (c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or (d) be certified as an Activity Director by the National Certification Council for Activity Professionals.	C 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 139	Continued From page 1 This Rule is not met as evidenced by: Based on interviews and observations, the facility did not have a designated family care home activity director who had qualifications through formal training. The findings are: Based on record reviews, the facility had a current census of 2 residents. Observation on the facility on 02/16/24 at 9:30am revealed: -There were no activity supplies located in the facility. -There was a working TV in the living room. -In the dining area on the wall was an activity calendar posted that did not have at least 14 hours a week worth of activities. Interview with the Administrator-in- Charge on 02/16/24 at 12:47pm revealed: -The facility did not have an Activity Director. -At the current census, she expected the staff to initiate activities. -It was her responsibility to post the monthly activity calendar. -She did not have the required activity training. -There was no one in the facility who had the required activity training.	C 139		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical	C 292		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 292	Continued From page 2 interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on observations 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 facility during initial tour on 02/16/24 at 9:30am revealed there was an activities calendar posted in the facility and did not have at least 14 hours a week of activities. Observation of the facility residents on 02/16/24 from 9:30am until 4:15pm revealed there were no activities being offered to residents. Based on observations, record reviews, and interviews Resident #1 and #2 were not interviewable. Interview with a medication aide on 02/16/24 at 9:00am revealed: -She was the day shift medication aide (MA). -When the residents asked, she assisted the residents with activities such as, coloring, paint nails, but the residents mostly watch TV. -There was an activity calendar on the wall in the dining room but it did not contain activity times. -She was not aware the residents were to be offered at least 14 hours a week of activities. -The Administrator was responsible for the activity calendar.	C 292		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 292	Continued From page 3 Interview with the Administrator-in-Charge on 02/15/24 at 3:50pm revealed: -She was responsible for the monthly activities calendar. -She did not know 14 hours of activities were required each week. -She listed various activities on the calendar each day such as TV shows, dance with music, and memory time. -She did not list a time frame for each activity. -There were no outings planned for the month of February 2024. -She was not aware there was to be an outing planned every other month.	C 292		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to obtain orders to clarify physician orders for 2 of 2 sampled residents (#1 and #2) related to medications to treat diabetes(#1), and to treat gastric reflux, a mental disorder and a	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 4 sleep supplement (2). The findings are: 1. Review of Resident #1's current FL2 dated 02/05/24 revealed: -Diagnoses included Alzheimer, hypertension, and Type I diabetes. -There was an order for Lispro (a short-acting insulin to treat diabetes) sliding scale insulin (SSI) as follows; inject 0 to 6 units every 4 hours if needed for a blood glucose (BG) of 140 = 0 units, BG of 141-190 = 1 unit, BG of 190 to 240 = 2 units, BG of 241 to 290 = 3 units, BG 291 to 340 = 4 units, BG 341 to 390 = 5 units, and BG > 290 = 6 units. Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 02/05/24. Review of Resident #1's February 2024 electronic Medication Administration Record (eMAR) revealed there was no entry for Lispro SSI. Telephone interview with a Pharmacist with the facility's contracted pharmacy on 02/16/24 at 11:05am revealed: -There was an order for Lispro SSI to be administered every 4 hours as needed for BS's dated 02/06/24 that required clarification because the sliding scale was not legible on their copy of the FL2. -The facility was notified on 02/06/24 and there was no information provided by the facility to clarify the SSI order. -The pharmacy was unaware of the Lispro SSI was dispensed to another facility and Resident #1 brought the Lispro SSI with her from the other facility.	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 5 -The facility just told the pharmacy staff on 02/06/24 that Resident #1 brought insulin with them. Review of Resident #1's medication available for administration revealed: -There was a plastic ziplock bag containing 5 Lispro Kwikpen with a pharmacy label on the plastic bag with a dispense date of 01/31/24 with instructions to check finger stick blood sugars (FSBS) every 4 hours and administer SSI as follows; for a FSBS of 70 to 140 = 0 units, FSBS of 141-190 = 1 unit, FSBS of 191 to 240 = 2 units, FSBS of 241 to 290 = 3 units, FSBS 291 to 340 = 4 units, FSBS 341 to 390 = 5 units, and FSBS > 390 = 6 units (prime pen with 2 units prior to each use). -There was a Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/01/24 with approximately 120mls left to administer. -There was a Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/12/24 with approximately 300mls left to administer. -There were 3 Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/12/24 with approximately 300mls left to administer. Interview with the Supervisor-in-Charge (SIC) on 02/16/24 at 1:13pm revealed: -Resident #1's BS was to be checked at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am and administer Lispro insulin according to the sliding scale order. -Resident #1 came to the facility from another	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 6 facility with Lispro SSI in a ziplock bag. -There was a pharmacy label on the ziplock bag containing the Lispro SSI with a dispense date of 01/31/24 with instructions to check FSBS every 4 hours and administer SSI as follows; for a FSBS of 70 to 140 = 0 units, FSBS of 141-190 = 1 unit, FSBS of 191 to 240 = 2 units, FSBS of 241 to 290 = 3 units, FSBS 291 to 340 = 4 units, FSBS 341 to 390 = 5 units, and FSBS > 390 = 6 units (prime pen with 2 units prior to each use). -Since there was no SSI entry on the eMAR, she administered the SSI according to the label on the plastic bag. -On 02/07/24, she faxed the FL2 to the pharmacy and did not inquire about the Lispro SSI order on the FL2 not matching the Lispro SSI label on the ziplock bag. -She was responsible for contacting the physician to clarify the orders. -She did not because the plastic label contained a Lispro SSI that was very similar to the FL2 order. Interview with the Administrator-in Charge on 02/16/24 at 1:13pm revealed: -Resident #1's FSBS was to be checked at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am and administer Lispro insulin according to the sliding scale order on the FL2. -She was not aware the Lispro SSI on the FL2 did not match the Lispro SSI pharmacy label on the ziplock bag that was from another facility. -She expected the staff to administer the SSI according to the physician's order and if the order did not match the medication label then the SIC was to contact the PCP for clarification. Attempted interview with Resident #1's primary care physician (PCP) on 02/16/23 at 10:45am and 3:20pm were unsuccessful.	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 7 2. Review of Resident #2's FL-2 dated 12/08/23 revealed: - Diagnoses included constipation, gastro-esophageal reflux disease (GERD), major neurocognitive disorder, visual and auditory hallucinations, insomnia, nausea, hypertension, arthritis, and history of breast cancer. - Resident #2 had orders for the following medications: acetaminophen 325mg, administer 2 tablets every 6 hours as needed for pain, headache, or fever (used to relieve mild to moderate pain from headaches, muscle and back aches and to reduce fever); divalproex 250mg, administer 1 tablet every morning and evening with meals (used to treat seizure disorders and certain psychiatric conditions); quetiapine 25mg, administer ½ tablet (12.5mg) twice daily (used to treat several kinds of mental health conditions including schizophrenia and bipolar disorder); senna 8.6-50mg, administer 1 tablet daily (used to treat constipation), levothyroxine 75mg, administer 1 tablet each morning (used to treat an underactive thyroid gland); melatonin 3mg, administer 3 tablets at bedtime (used to treat delayed sleep phase and circadian rhythm sleep disorders); Zofran 4mg, administer 1 tablet every 6 hours as needed for nausea (used prevents nausea and vomiting); ezetimibe 10mg, administer 1 tablet at bedtime (used to treat high cholesterol); omeprazole 20mg, administer 1 tablet daily (used to treat to treat indigestion and heartburn, and acid reflux). a. Review of Resident #2's Physician's Orders dated 12/08/23 revealed the order was dated the same date as the FL-2, and did not include an order for omeprazole 20mg, administer 1 tablet daily.	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 8 Review of Resident #2's record revealed there was no documentation of clarification of Resident #2's medication order to confirm if the physician intended for her to take omeprazole 20mg. Review of Resident #2's December 2023, January 2024, and February 2024 Medication Administration Records (MAR) revealed omeprazole was not documented on the MAR. Observation of Resident #2's medications revealed there was no omeprazole in the facility for her. Telephone interview with facility's contract pharmacy on 2/16/24 revealed: - Omeprazole was not listed on Resident #2's profile and had never been filled by the pharmacy. - She did not see Resident #2's original FL-2 in the pharmacy's documentation. Telephone interview with Resident #2's physician's office on 02/16/25 at 1:00pm revealed: - Resident #2's physician was out of the office until 2/21/24. - She did not see omeprazole listed on Resident #1's current medication list. - She did not see any documentation of communication between the facility and the physician regarding omeprazole. b. Review of Resident #2's physician's order dated 12/11/23 revealed an order for quetiapine 25mg, administer ½ tablet (12.5mg) twice daily for agitation daily. May also take one half tablet (12.5mg dose) two times a day as needed for severe agitation.	C 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 9	C 315		

Review of Resident #2's physician's order dated 01/18/24 revealed an order for quetiapine 25mg, administer 1 tablet twice daily.

Review of Resident #2's record revealed no order to discontinue quetiapine 12.5mg dose twice daily as needed for severe agitation.

Review of Resident #2's January 2024 Medication Administration Record (MAR) revealed:
- An entry for quetiapine 25mcg, administer 1 tablet by mouth twice daily, dated 01/19/24.
- An entry for quetiapine, administer ½ tablet (12.5mcg) by mouth twice daily as needed for severe agitation.

Review of Resident #2's February 2024 MAR revealed:
- An entry for quetiapine 25mcg, administer 1 tablet by mouth twice daily, dated 01/19/24.
- An entry for quetiapine, administer ½ tablet (12.5mcg) by mouth twice daily as needed for severe agitation, dated 12/12/23.

Observation of Resident #2's medications revealed:
- Resident #2 had a card labeled quetiapine 25mcg, administer 1 tablet by mouth, twice daily.
- There was no additional quetiapine on the cart for Resident #2's PRN order.

Interview with Medication Aide (MA) on 01/16/24 at 10:45am revealed:
- It was her understanding that when Resident #2's physician increased her scheduled dose of quetiapine from 12.5mg twice daily, to 25mg, twice daily, that her 12.5mcg twice daily PRN dose was discontinued.
- The quetiapine 12.5mcg twice daily PRN dose

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 10	C 315		

had not been taken off the MAR yet, but Resident #2 no longer had an active order for the medication. '

Telephone interview with facility's contract pharmacy on 02/16/24 at 12:35pm revealed:
- Resident #2 still had an active order for quetiapine 12.5mcg, administer twice daily as needed for severe agitation.
- Resident #2's scheduled quetiapine order increased from 12.5mcg twice daily, to 25mg twice daily on 01/18/24.
- The pharmacy never received a discontinue order for quetiapine 12.5mcg, administer twice daily as needed for severe agitation.

Telephone interview with Resident #2's physician's office on 02/16/24 at 1:00pm revealed:
- Resident #2's physician was out of the office until 02/21/24.
- She was unable to determine from Resident #2's physician's documentation from her prior visit if he intended to discontinue the PRN order for quetiapine 12.5mcg.
- There was no documentation that staff from the facility had contacted the physician's office for clarification regarding the quetiapine 12.5mcg PRN order, or to notify them that Resident #2 was experiencing anxiety or agitation.

Observation of Resident #2 on 02/16/24 between 9:00am and 4:00pm revealed:
- She exhibited behaviors consistent with hallucinations including trying to pet a cat that was not there, as well as talking to people who were not present.
- Resident #2 became upset and emotional and required redirecting by staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 11	C 315		

Interview with Administrator in Charge (AIC) on 02/16/24 at 10:50am revealed:
- She had not audited the medication cart or MARs since she started working at the facility in October 2023.
- She was not aware of any issue regarding Resident #2's quetiapine orders.
- She would have to follow-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 was increased.

c. Review of Resident #2's January 2024 MAR revealed:
- An entry for melatonin 3mg, administer 3 tablets by mouth at bedtime, dated 11/22/23; there was no stop date documented on the order.

Review of Resident #2's February 2024 MAR revealed:
- An entry for melatonin 3mg, administer 3 tablets by mouth at bedtime, 11/22/23, with a noted "suspended 02/09/24 to 02/14/24 confirming discontinue order."
- The medication was documented as administered on 02/05/24, 02/06/24, 02/07/24, 02/08/24, and 02/15/24.

Review of Resident #2's record revealed:
- There was no order to discontinue melatonin 3mg.
- There were no notes from her physician's visit on 01/19/24.

Observation of Resident #2's medications on 02/16/23 at 10:40am revealed:
- No melatonin was observed with her other medications.
- The Administrator in Charge (AIC) later

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 12	C 315		

searched the cart and located Resident #2's melatonin in a different location.

Interview with the MA 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 on 02/16/24 at 10:50am revealed:
- The MA was under the impression that Resident #2's melatonin was discontinued when she started taking trazodone in January 2024.
- She did not have a discontinue order for melatonin for Resident #2.
- She would followup with the pharmacy to confirm if the melatonin was still an active order.

Telephone interview with facility's contract pharmacy on 02/16/24 at 12:35pm revealed:
- The pharmacy had not received an order to discontinue melatonin 3mg for Resident #2, and still had it listed as an active medication for her.

Telephone interview with Resident #2's physician's office on 02/16/24 at 1:00pm revealed:
- Resident #2's physician was out of the office until 02/21/24.
- She reviewed Resident #2's physician's notes from Resident #2's last visit on 01/19/24 and his documentation reflected his intention was to discontinue the melatonin 3mg at that time because he started Resident #2 on a different medication.
- She was not sure if a discontinue order was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 315	Continued From page 13 sent to the pharmacy and would enter a note for the physician to clarify the melatonin order upon his return next week.	C 315		
C 330	10A NCAC 13G .1004(a) Medication Administration 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. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 2 residents (Resident #1) for medications used to lower blood sugars (#1). The findings are: 1. Review of Resident #1's current FL2 dated 02/05/24 revealed: -Diagnoses included Alzheimer, hypertension, and Type I diabetes. -There was an order for Lispro (a medication used to lower blood sugars) sliding scale insulin (SSI) as follows; inject 0 to 6 units every 4 hours if needed for a fingerstick 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 341 to 390 = 5 units, and FSBS > 290 = 6 units.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 14 Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 02/05/24. 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. -There was no entry for Lispro SSI. Review of Resident #1's February 2024 FSBSs log revealed: -There were entries for FSBSs at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am. -There was no documentation of the amount of SSI administered at 8:00am on 02/07/24 to 02/16/24. -There was no documentation of the amount of SSI administered at 12:00pm on 02/08/24, and 02/11/24. -There was no documentation of the amount of SSI administered at 8:00pm on 02/12/24, 02/14/24 and 02/15/24. -There was no documentation of the amount of SSI administered at 12:00am on 02/08/24 to 02/11/24. -There was no documentation of the amount of SSI administered at 4:00am on 02/07/24, 02/08/24 and 02/10/24 to 02/11/24. -On 02/07/24, at 12:00pm, there was an entry for 6 units of SSI for a FSBS of 341 instead of 5 units. -On 02/11/24, at 4:00pm, there was an entry for 3 units of SSI for a FSBS of 334 instead of 4 units. -On 02/14/24, at 12:00pm, there was an entry for 4 units of SSI for a FSBS of 371 instead of 5 units. Telephone interview with a Pharmacist with the	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 15 facility's contracted pharmacy on 02/16/24 at 11:05am revealed: -There was an order for Lispro SSI to be administered every 4 hours as needed for FSBS's dated 02/06/24 that required clarification because the sliding scale was not legible. -The facility was notified on 02/06/24 and there was no information provided by the facility to clarify the SSI order. -The pharmacy was unaware of the Lispro SSI was dispensed to another facility and Resident #1 brought the Lispro SSI with her from the other facility. -The facility just told the pharmacy staff on 02/06/24 that Resident #1 brought insulin with them. -If Resident #1 did not receive SSI, the resident's BS could increase and cause symptoms of increased thirst, frequent urination, fatigue and blurred vision. Review of Resident #1's medication available for administration revealed: -There was a plastic ziplock bag containing 5 Lispro Kwikpen with a pharmacy label on the plastic bag with a dispense date of 01/31/24 with instructions to check FSBS every 4 hours and administer SSI as follows; for a FSBS of 70 to 140 = 0 units, FSBS of 141-190 = 1 unit, FSBS of 191 to 240 = 2 units, FSBS of 241 to 290 = 3 units, FSBS 291 to 340 = 4 units, FSBS 341 to 390 = 5 units, and FSBS > 390 = 6 units (prime pen with 2 units prior to each use). -There was a Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/01/24 with approximately 120mls left to administer. -There was a Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24,	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 16 instruction to inject per SSI, and open date of 02/12/24 with approximately 300mls left to administer. -There were 3 Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/12/24 with approximately 300mls left to administer. Interview with a medication aide (MA) on 02/16/24 at 10:30am revealed: -She worked from 8:00am to 7:00pm on Thursdays, Fridays and every other weekend. -There was an order to check Resident #1's FSBS every 4 hours at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am and administer Lispro if needed according to the SSI order. -She was responsible for checking Resident #1's BS at 8:00am, 12:00pm and 4:00pm when she worked. -Resident #1 received a scheduled insulin every morning at 8:00am. -At 8:00am every morning when she worked, she would check Resident #1's FSBS and administer the scheduled 10 units of insulin but not the SSI according to the FSBS because she thought that was too much insulin to administer. -At 12:00pm and 4:00pm when she worked, she would check Resident #1's FSBS and administer the Lispro SSI according to the sliding scale. Interview with the Supervisor-in-Charge (SIC) on 02/16/24 at 1:13pm revealed: -Resident #1's FSBS was to be checked at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am and administer Lispro insulin according to the sliding scale order. -Resident #1 also was to be administered a scheduled insulin every morning at 8:00am.	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 17 -She did not administer any SSI to Resident #1 at 8:00am because she thought the scheduled insulin was enough. -On 02/14/24 at 12:00pm, she documented that she administered 4 units of SSI for a FSBS of 371 instead of the ordered 5 units because she must have looked at the scale wrong. -On 02/11/24 at 4:00pm, she documented that she administered 3 units of SSI for a FSBS of 334 instead of the ordered 4 units because she must have looked at the scale wrong. -She was in still training for the SIC position and was not trained on how to complete a medication cart audit or how often. Interview with the Administrator-in-Charge on 02/16/24 at 1:13pm revealed: -Resident #1's BS was to be checked at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am and administer Lispro insulin according to the sliding scale order. -She did not know the SSI was not administered at 8:00am every morning if needed. -She did not know the SSI was administered incorrectly in come cases. -The SIC was responsible for completing weekly medication cart audit once trained on the procedure. -At this time there were no medication cart audit completed. -She expected the staff to administer the SSI according to the physician's order which included the sliding scale and the administration times. Attempted interview with Resident #1's Power of Attorney on 02/16/24 at 3:05pm was unsuccessful. Attempted interview with Resident #1's primary care physician (PCP) on 02/16/23 at 10:45am	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	Continued From page 18 and 3:20pm were unsuccessful.	C 330		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of the electronic medication administration records (eMAR) for 2 of 2 sampled residents (#1, #2). The findings are: 1. Review of Resident #1's current FL2 dated 02/05/24 revealed:	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 19 -Diagnoses included Alzheimer, hypertension, and Type I diabetes. -There 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 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 FSBSs at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am. -There was no documentation of FSBS at 12:00pm on 02/08/24, and 02/11/24. -There was no documentation of FSBS at 4:00pm on 02/12/24. -There was no documentation of FSBS at 12:00am on 02/08/24 to 02/11/24. -There was no documentation of FSBS at 4:00am on 02/07/24 to 02/11/24 and 02/15/24. -On 02/07/24, at 8:00am, there was an entry for a FSBS of 368 instead of the blood glucose (BG) monitor results of 346. -On 02/07/24, at 12:00pm, there was an entry for a FSBS of 341 instead of the BG monitor results of 391. -On 02/07/24, at 12:00am, there was an entry for a FSBS of 98 instead of the BG monitor results of 86. -On 02/08/24, at 4:00pm, there was an entry for a FSBS of 268 instead of the BG monitor results of 312.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 20 -On 02/09/24, at 12:00pm, there was an entry for a FSBS of 343 instead of the BG monitor results of 326. -On 02/12/24, at 12:00am, there was an entry for a FSBS of 86 instead of the BG monitor results that were not obtained. -On 02/12/24, at 4:00am, there was an entry for a FSBS of 132 instead of the BG monitor results of 41. -On 02/13/24, at 8:00am, there was an entry for a FSBS of 451 instead of the BG monitor results of 410. -On 02/13/24, at 4:00pm, there was an entry for a FSBS of 428 instead of the BG monitor results of 329. -On 02/13/24, at 12:00am, there was an entry for a BS of 112 instead of the BG monitor results that were not obtained. -On 02/13/24, at 4:00am, there was an entry for a FSBS of 238 instead of the BG monitor results that were no obtained. -On 02/14/24, at 12:00pm, there was an entry for a FSBS of 371 instead of the BG monitor results of 437. -On 02/14/24, at 4:00pm, there was an entry for a FSBS of 480 instead of the BG monitor results of 476. -On 02/14/24, at 12:00am, there was an entry for a FSBS of 89 instead of the BG monitor results that were not obtained. -On 02/15/24, at 8:00am, there was an entry for a FSBS of 495 instead of the BG monitor results of 492. -On 02/15/24, at 12:00pm, there was an entry for a FSBS of 330 instead of the BG monitor results that were not obtained. -On 02/15/24, at 12:00am, there was an entry for a FSBS of 78 instead of the BG monitor results that were not obtained.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 21 Telephone interview with a Pharmacist with the facility's contracted pharmacy on 02/16/24 at 11:05am revealed on 01/31/24 there were 5 Lispro kwikpens containing 100units/ml dispensed to Resident #1 at another facility. Review of Resident #1's medication available for administration revealed: -There was a plastic ziplock bag containing 5 Lispro Kwikpen with a pharmacy label on the plastic bag with a dispense date of 01/31/24 with instructions to check FSBS every 4 hours and administer SSI as follows; for a FSBS of 70 to 140 = 0 units, FSBS of 141-190 = 1 unit, FSBS of 191 to 240 = 2 units, FSBS of 241 to 290 = 3 units, FS 291 to 340 = 4 units, FSBS 341 to 390 = 5 units, and FSBS > 390 = 6 units (prime pen with 2 units prior to each use). -There was a Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/01/24 with approximately 120mls left to administer. -There was a Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/12/24 with approximately 300mls left to administer. -There were 3 Lispro Kwikpen 100units/ml with a pharmacy label with a dispense date of 01/31/24, instruction to inject per SSI, and open date of 02/12/24 with approximately 300mls left to administer. Interview with a medication aide (MA) on 02/16/24 at 10:30am revealed: -She was responsible for checking Resident #1's FSBS at 8:00am, 12:00pm and 4:00pm when she worked and document the FSBS on the eMAR. -She used a blood glucose monitor to check	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 22 Resident #1's FSBS and did not know why the monitor would say one thing and she documented something else. Interview with the Supervisor-in-Charge (SIC) on 02/16/24 at 1:13pm revealed: -Resident #1's BS was to be checked at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am and document the FSBS in the eMAR. -She used a blood glucose monitor to check Resident #1's BS and wrote it down on a piece of paper then entered the FSBS in the eMAR. -Se may have transcribed the FSBS wrong at times. Interview with the Administrator-in-Charge on 02/16/24 at 1:13pm revealed: -Resident #1's FSBS was to be checked at 8:00am, 12:00pm, 4:00pm, 8:00pm, 12:00am and 4:00am and documented the FSBS in the eMAR. -The SIC was responsible for completing weekly medication cart audit after being trained on the procedure. -At this time there were no medication cart audit completed. -She expected the staff to check Resident #1's FSBS with the glucose monitor and enter the correct FSBS in the eMAR. 2. Review of Resident #2's FL-2 dated 12/08/23 revealed: - Diagnoses included constipation, gastro-esophageal reflux disease (GERD), major neurocognitive disorder, visual and auditory hallucinations, insomnia, nausea, hypertension, arthritis, and history of breast cancer. - Resident #2 had orders for the following medications: acetaminophen 325mg, administer 2 tablets every 6 hours as needed for pain,	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 23	C 342		

headache, or fever (used to relieve mild to moderate pain from headaches, muscle and back aches and to reduce fever); divalproex 250mg, administer 1 tablet every morning and evening with meals (used to treat seizure disorders and certain psychiatric conditions); quetiapine 25mg, administer ½ tablet (12.5mg) twice daily (used to treat several kinds of mental health conditions including schizophrenia and bipolar disorder); senna 8.6-50mg, administer 1 tablet daily (used to treat constipation), levothyroxine 75mg, administer 1 tablet each morning (used to treat an underactive thyroid gland); melatonin 3mg, administer 3 tablets at bedtime (used to treat delayed sleep phase and circadian rhythm sleep disorders); Zofran 4mg, administer 1 tablet every 6 hours as needed for nausea (used prevents nausea and vomiting); Ezetimibe 10mg, administer 1 tablet at bedtime (used to treat high cholesterol); omeprazole 20mg, administer 1 tablet daily (used to treat to treat indigestion and heartburn, and acid reflux).

a. Review of Resident #2's December 2023 MAR revealed:
- An entry for Ezetimibe 10mg, administer 1 tablet by mouth once daily, dated 11/22/23, scheduled for 9:00am.
- There was no documentation of administration of the medication on the MAR and there were no exceptions documented.
- There were no other entries on the MAR for Ezetimibe 10mg.

Review of Resident #2's January 2024 MAR revealed:
- An entry for Ezetimibe 10mg, administer 1 tablet by mouth once daily, dated 11/22/23, scheduled for 9:00am.
- There was no documentation of administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 24	C 342		

of Ezetimibe 10mg on the MAR and there were no exceptions documented.
- There were no other entries on the MAR for Ezetimibe 10mg.

Review of Resident #2's February 2024 MAR 02/01/24 - 02/16/24 revealed:
- An entry for Ezetimibe 10mg, administer 1 tablet by mouth once daily, dated 11/22/23, scheduled for 9:00am.
- There was no documentation of administration of Ezetimibe 10mg on 02/01/24 - 02/03/24, and on 02/14/24, and no exceptions were documented.
- On 02/05/24, staff documented Resident #2 refused ezetimibe 10mg.

Interview with the Medication Aide (MA) on 02/16/24 at 10:45am revealed:
- The resident had been receiving Ezetimibe 10mg for several months, but staff had been unable to documented the administration of the medication on the MAR.
- She did not know why staff were not able to document the administration of Resident #2's Ezetimibe 10mg.

Interview with the Supervisor in Charge (SIC) on 02/16/24 at 1:30pm revealed:
- Staff were not able to document administration of Resident #2's Ezetimibe 10mg on the MAR, but it had been administered as ordered.
- She was not sure why the MAR would not allow staff to document administration of Ezetimibe 10mg.

Telephone interview with the facility's contract pharmacy on 02/16/24 at 12;35pm revealed:
- Resident #2's order for Ezetimibe 10mg, administer once daily by mouth, had been filled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 25	C 342		

several times by the pharmacy on 11/22/23 (28 day supply), 12/14/23 (28 day supply), 1/11/24 (28 day supply), and 02/08/24 (28 day supply).
- She was not sure why staff in the facility would not be able to document on the MAR and the person who was more familiar with the MAR system was not available.

b. Review of Resident #2's record revealed an order dated 12/12/23 for levothyroxine 137mcg, administer 1 tablet by mouth once daily.

Review of Resident #2's December 2023 MAR revealed:
- An entry for levothyroxine 75mcg, administer 1 tablet by mouth every morning, with a stop date of 12/12/23.
- There was documentation of administration on the MAR from 12/01/23 - 12/31/23, except for the dates: 12/08/23 and 12/09/23 (reason documented as resident refused), and 12/10/23 and 12/11/23 (reason documented as resident was out of facility), 12/24/23 and 12/26/23 (reason documented as "withheld per DR/RN orders"), and 12/27/23 (reason documented as resident was out of facility).
- An entry for levothyroxine 137mcg, administer 1 tablet by mouth once daily, with a "date written" documented as 01/08/24. There was no documentation of administration of levothyroxine 137mcg on the MAR.

Review of Resident #2's January 2024 MAR revealed:
- An entry for levothyroxine 75mcg, administer 1 tablet by mouth every morning, with a stop date of 12/12/23.
- The MAR documented levothyroxine 75mcg was administered on 01/03/2 - /01/06/24, 01/08/24 - 01/10/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 26 - The MAR documented levothyroxine 75mcg was not administered on 01/02/24 (reason documented as "withheld per DR/RN orders"). - There was no information regarding administration on 01/01/24 and 01/07/24. - An entry for levothyroxine 137mcg, administer 1 tablet by mouth once daily, take 1 tablet by mouth once daily, with a "date written" documented as 01/08/24. - There was no documentation of administration of levothyroxine 137mcg documented on the MAR in January 2024. Review of Resident #2's February 2024 MAR (02/01/24 - 02/16/24) revealed: - An entry for levothyroxine 137mcg, administer 1 tablet by mouth once daily, with a "date written" documented as 01/08/24. - There was no documentation of administration on 02/01/24, 02/02/24, 02/03/24, 04 02/14/24. - On 02/05/24, staff documented Resident #2 refused levothyroxine 137mcg. Interview with Administration-in-Charge (AIC) on 02/16/24 at 10:50am revealed: - All medications had to be approved by a staff member after the pharmacy added them to a resident's MAR. - Staff told her a few weeks ago that they were not able to document administration of ezetimibe 10mg on Resident #2's MAR. - When she investigated the issue, the discovered she had not "approved" the medication on Resident #2's MAR, so it would not allow staff to document administration. - At that time, she was the only staff member who had the capability to approve medications on the MAR, so staff could document on the medication. - In some cases, there was a delay in her approving medications, which resulted in staff	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060135	A. BUILDING: _____ B. WING _____	02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 342	Continued From page 27 either not being able to document administration at all, or staff documented on a prior medication order for the same medication that had since changed. - She had recently identified a second staff person would also have the capability to approve medications in the MAR system to help ensure all MARs were accurate.	C 342		