		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		HAL092215	B. WING		02/01/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ADENCE	GARNER		GLEWOOD DRIVE R, NC 27529			
	SUMMARY			PROVIDER'S PLAN OF CORRECTIC	N (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLET	
D 000	Initial Comments		D 000			
	-	ensure Section conducted an p survey and complaint /31/24 - 02/01/24.				
D 377	10A NCAC 13F .10	06(a) Medication Storage	D 377			
	(a) Medications that stored in the reside safe and secure ma	06 Medication Storage at are self-administered and nt's room shall be stored in a anner as specified in the adult ation storage policy and				
	reviews, the facility medications were s manner in residents	et as evidenced by: ons, interviews, and record failed to ensure that tored in a safe and secure s' rooms for 2 of 2 sampled vho self-administered				
	The findings are:					
	policy dated 06/15/2 -Medications must l only to the resident -There should be lo	and Storage of Medications 20 revealed: be kept secure and accessible and facility staff. cked storage in the resident's				
	medications.	er residents from accessing n must be kept locked while at in the room				
		d not be left sitting out in the				
	07/25/23 revealed of	ent #6's current FL-2 dated diagnoses included chronic e, hyperlipidemia, depression,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL092215	B. WING			R-C 2/01/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CADENCE	GARNER		GLEWOOD DRIVE R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y 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) COMPLET DATE
D 377	Continued From page 1		D 377			
	insomnia, gastroesophageal reflux disease, and hypertension.					
	Review of Resident #6's primary care provider's (PCP) order dated 11/08/23 revealed an order for Diclofenac Sodium 1% Topical Gel apply 2 grams to the affected area twice a day as needed for pain. Patient may self-administer. (Diclofenac Sodium Topical Gel is a topical medication used to treat pain.)					
	-	lent #6's room on 01/31/24 at ere was a tube of Diclofenac Gel on a table beside				
		acility on 02/01/24 at 4:28pm nt #6 was not in her room t open.				
	02/01/24 at 4:32pm r	of Resident #6's room on revealed there was a tube of % Topical Gel on a table s bed.				
	revealed: -She had just returne an activity. -The facility staff adn	ent #6 at 02/01/24 at 4:32pm ed to her room from attending ninistered all her medications				
	she used for shoulde -She kept the medica	c Sodium Topical Gel, which er pain. ation in a place where she				
	locked container for	ed she needed to have a storage and was not ed storage container for				
sion of Her	Refer to Interview Will alth Service Regulation	th a medication aide (MA) on				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		HAL092215	5 B. WING		R-C 02/01/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CADENCE	GARNER		GLEWOOD DRIVE R, NC 27529			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 377	Continued From page 02/01/24 at 4:56pm. Refer to interview with (ED) on 02/01/24 at 5 2. Review of Residen 01/07/23 revealed dia hypertension, pulmon obstructive pulmonary vein thrombosis. Review of Resident # 07/12/23 revealed an to self-administer her Review of Resident # self-administer her Review of Resident #1 self-administer medic Observation of Resident 3:27pm revealed: -The resident's room -She was watching te -She lived in a private -There was an inhale 200-62.5-25, inhale 1 beside her bedside ta inhaler used to treat (	<ul> <li>a 2</li> <li>a the Executive Director</li> <li>b the Executive Director</li> <li>c 19pm.</li> <li>t #1's current FL-2 dated</li> <li>b ary emphysema, chronic</li> <li>y disease (COPD), and deep</li> <li>1's physician's order dated</li> <li>order to allow the resident</li> <li>medications.</li> <li>1's medication</li> <li>sessment dated 08/02/23</li> <li>was assessed as able to</li> <li>ations.</li> <li>ent #1's room on 02/01/24 at</li> <li>door was open.</li> <li>levision and lying in her bed.</li> <li>e room.</li> <li>r medication, Trelegy Ellipta</li> <li>puff once daily, on a table</li> <li>ble. (Trelegy Ellipta is an</li> </ul>	D 377			
	0.65% nose spray, 1 times daily, sitting ins her meal table. (Dee used to treat dryness -There was another in mcg inhaler, 2 puffs e	spray in each nostril three ide a gray basket on top of p Sea Saline nasal spray is inside the nasal passages.) nhaler, Albuterol HFA 90 every 4 hours as needed, ne bed. (Albuterol HFA is an				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
	HAL092215		B. WING		R-C 02/01/2024			
NAME OF PI	ROVIDER OR SUPPLIER	I	ADDRESS, CITY, STATE	. ZIP CODE	02/01/2024			
			GLEWOOD DRIVE	,				
CADENCE	GARNER	GARNEI	R, NC 27529					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE		
D 377	Continued From page	e 3	D 377					
	Interview with Resider revealed: -She kept the Trelegy on the table, but the medication. -She kept the Albuter was a "rescue" inhale -She took two puffs of morning and tried no however, she unders no more than every f three times a day. -She kept the Deep S gray basket and used -She did not have a s medications. Interview with the Ref (RCC) on 02/01/24 a -The medications stat because there was a Trelegy Ellipta, Albut Saline nasal spray. -She was not aware locked in the residen Refer to interview with 02/01/24 at 4:56pm. Refer to interview with (ED) on 02/01/24 at 8	ent #1 on 02/01/24 at 3:27pm y Ellipta inhaler in her room staff administered this rol HFA in bed because it er. of Albuterol first thing each t to use it the rest of the day; stood to take this medication four hours and no more than Sea Saline nasal spray in a d it three times a day. storage bin to store the esident Care Coordinator t 4:00pm revealed: byed in Resident #1's room a physician's order for the terol HFA, and Deep Sea the medications should be t's room. th a medication aide (MA) on th the Executive Director						
	regarding residents s medications and stor -Residents who self-a							

Division of Health Service Regulation STATE FORM

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If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		HAL092215	B. WING		02	2/01/2024
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
CADENCE	GARNER		GLEWOOD DRIVE R, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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	(X5) COMPLET DATE
D 377	Continued From page	e 4	D 377			
	container.					
	revealed: -Residents who self-a should have a locked secure medications. -Medications should be container. -Residents' families v a locked storage con the facility had some available to provide to -Residents who self-a should lock their roor for meals and activitie -She was aware Res some of her medicati -She was not aware I self-administer Diclof and had the medicati her room. -Self-administered m	ident #1 self-administered ions. Resident #6 had an order to fenac Sodium Topical Gel ion unsecured on a table in edications should be rooms so other residents				

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