	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		HAL063011	B. WING		02/2	2/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
TARA PLA	NTATION OF CARTHAG	SE .	IEILL STREET E, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	County Department of an annual and follow investigation on Febru February 22, 2024. T	sure Section and Moore of Social Services conducted up survey and a complaint uary 21, 2024, through the complaint investigation floore County Department of ecember 8, 2023.				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	• ,	2 Health Care assure referral and follow-up nd acute health care needs				
	facility failed to ensur- primary care provider room evaluation for 1 who was found with the patches on his body was	as evidenced by: and record reviews, the re prompt notification to the r and referral for emergency of 5 sampled residents (#2) hree schedule II opioid when he was ordered to ed every three days and the				
	The findings are:					
	04/09/23 revealed: -Diagnoses included and chronic painThere was an order patch every three day (Fentanyl patches are treat severe pain, is a dependence, and car and death in high dos	,				
	Review of Resident #	<sup>‡</sup> 2's primary care provider				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
					R	
		HAL063011	B. WING		02/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
TADA DI A	ANTATION OF CARTUAC	820 S. M	CNEILL STREET			
IARA PLA	ANTATION OF CARTHAG	CARTHA	GE, NC 28327			
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
D 273	Continued From page	: 1	D 273			
	dizzy." -Resident #2 reported standingThere was an order to patch to 25mcg/hour experience of Resident #07/22/23 revealed an 25mcg/hour patch evold patch.  Review of Resident #dated 12/04/23 revealed 12/04/23 revealed AMA documented Remergency room (ER-Resident #2's blood)	I that sometimes, "I get so I becoming dizzy upon o decrease the fentanyl every 3 days. 2's Physician's Orders dated order for fentanyl ery three days; remove the 2's Occurrence Record led: esident #2 was sent to the				
	dated 12/04/23 revea -The Unit Care Coord Resident #2 had three patches on his bodyShe was notified on finding the three fenta-She instructed the M patches, push plenty Resident #2She came to work or Resident #2She documented, "H-Resident #2's PCP w 12/04/23 "of the situarathe PCP instructed to Resident #2 and to -The PCP instructed to the situation of the pcp instructed to the situation of the pcp instructed to the pcp instruc	inator (UCC) documented be fentanyl 25mcg/hour  12/03/23 by a MA about anyl patches on Resident #2. A to remove all the fentanyl of fluid and to monitor an 12/04/23 and checked on the was still very out of it."				

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STATE FORM 6899 OKGU11 If continuation sheet 2 of 27

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL063011	B. WING		02	R 2/ <b>22/2024</b>
	ROVIDER OR SUPPLIER	820 S. M	ADDRESS, CITY, STATE ICNEILL STREET AGE, NC 28327	E, 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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	was abnormal or lowResident #2's blood left arm and 84/50 in is between 90/60 and -Resident #2 was ser medical services (EM  Review of Resident # 12/04/23 revealed: -EMS was called for I overdose and hypote -Staff reported finding patches on Resident naloxone 4mg that m -Staff reported the res 86/40EMS documented a 96/56.  Review of Resident # illness note dated 12/ -Resident #2 present opioid overdoseResident #2 was fou and staff administered fentanyl patches on h -It was unclear how F patches on him and it not removed.  Review of Resident # instructions dated 12/ -There were instruction which included the fo -Get help right away is else may have taken -Get help right away is symptoms of acciden	pressure was 94/60 in his his right arm (normal range I 120/80). In to the ER via emergency IS).  E2's EMS record dated  Resident #2 for possible insion.  In 3 fentanyl 25mcg/hour in it is blood pressure was is blood pressure was is blood pressure was in it is blood pressure was blood pressure result of it is ER history of present in it is ER with likely in it is	D 273			

Division of Health Service Regulation

STATE FORM 6899 OKGU11 If continuation sheet 3 of 27

Division of	of Health Service Regu	lation			1 Ortivi	ALLINOVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL063011	B. WING		R 02/2	2/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STAT	TE, ZIP CODE		
		820 S. W	ICNEILL STREET			
TARA PLA	NTATION OF CARTHAG	F	AGE, NC 28327			
(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
D 273	Continued From page	3	D 273			
2 2.0	-These symptoms mighelp right away; call 9	ght be an emergency, get	2 2.0			
	4:26pm revealed:	vith a MA on 02/22/24 at				
	was acting "funny" on Sunday. -Resident #2 fell that before (12/02/23). -Resident #2 refused	12/03/23 which was a day (12/03/23) and the day				
	Resident #2's shirt be found the 3 fentanyl p	/23) she was changing cause it was wet, and she patches on him.				
		ls his side. tches and called the UCC. put the patches on a piece				
	-She documented eve	em under her office door. erything on Resident #2's iich was kept in a binder at				
	Resident #2's wellbei	raid, and worried about				
	calling the UCC.	cked Resident #2's vital				
	occurrence recordShe thought Resider was abnormal; it was	at #2's blood pressure result a little high or a little low. hber exactly what the blood				

-She completed an incident/accident report and

Upon request, Resident #2's care notes, incident

put it under the UCC's office door.

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Division o	of Health Service Regu	lation				_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			-		_	
			P WING		R	
		HAL063011	B. WING		02/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE		
			CNEILL STREET			
TARA PLA	NTATION OF CARTHAG	Ε				
		CARTHA	GE, NC 28327			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( -/	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
IAG	TREGOE TOTAL OTTE	190 BENTI TING IN GRAMMITON,	TAG	DEFICIENCY)		
						_
D 273	Continued From page	e 4	D 273			
	and assidant raparts	and accurrence records				
	•	and occurrence records				
	dated 12/03/23 were	not provided for review.				
	Indiam day, with the LIC	C == 02/22/24 =+ 2.54===				
		C on 02/22/24 at 2:51pm				
	revealed:					
		ceived a call from a MA that				
	Resident #2 fell and v	•				
		A to notify the PCP and				
	monitor Resident #2.					
		ceived a second call from a				
		fell and injured his head and				
	knee.					
		to go with EMS to the ER				
	for evaluation.					
		A to check Resident #2 for				
		ich as bruises and skin				
	tears.					
		ent #2's shirt and saw that he				
	had 3 fentanyl patche	-				
		ident #2 appeared to be				
	fine.					
		A to encourage Resident #2				
		ff to monitor the resident,				
		e ER if he was not okay.				
		vas not notified because he				
	appeared okay.					
	-She planned to notify					
		ompleted the medication				
	error report.					
	-It was the facility's po					
		rt and notify the PCP with all				
	medication errors.					
		actly what stopped the MA				
	from contacting the P					
		12/04/23, she went to				
	check on Resident #2					
	-The MA on duty said	that Resident #2 was				
			1	1	1	

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-Resident #2 was not himself when she saw him; he was altered in his mental status and not

STATE FORM 6899 OKGU11 If continuation sheet 5 of 27

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL063011	B. WING		02/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
TARA PI A	NTATION OF CARTHAG	820 S. M	CNEILL STREET			
		CARTHA	GE, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE	
D 273	Continued From page	÷ 5	D 273			
D 213	talking normallyShe called Resident -The PCP told her to pressure and if the re the PCP instructed he and call EMSResident #2's blood called EMS and admi residentAn incident report sh but one was not; ther error reportFinding three fentany incident due to the se -Misuse of fentanyl w  Second interview with 5:59pm revealed she record dated 12/02/23 should have been dat  Telephone interview w 02/22/23 at 4:07pm re -She did not rememb	#2's PCP. check Resident #2's blood sult was low or abnormal, er to administer naloxone  pressure was low, so she nistered naloxone to the  could have been completed e was only a medication  yl patches was a serious everity of fentanyl. as a risk for overdose.  In the UCC on 02/22/24 at thought the occurrence 3 was dated incorrectly and ted 12/03/23.  with Resident #2's PCP on	DZIS			
	-She did not work on	Sundays, so it was not				
	provider with her office they found the 3 fentary and the 3 fentary are staff on duty should Resident #2's blood puthe patches on him.  -Having 3 patches on risk for fentanyl overce-Symptoms of fentany	yl overdose included vere injuries, decrease level				

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-Staff normally called her when there were

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL063011	B. WING		02/22/2024	
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
NAME OF T	TOVIDER OR GOLT EIER		NEILL STREET			
TARA PLA	NTATION OF CARTHAG	iE	BE, NC 28327			
			1			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	e 6	D 273			
	medications errorsNotifying her of medications so she could give instance in the could give instance in the could give instance in the council in the cou	ication errors was important tructions on what to do.  ministrator in Charge (AIC) m revealed: o check Resident #2 after his he fentanyl patches were  be keep Resident #2 hydrated in 12/03/23. work on 12/04/23 and found when she checked on him. the medication error report the MA on duty on 12/03/23 a medication error report di procedure for medication in the PCP. In medication administration, di what to do. It called the PCP and act on the resident's men the 3 fentanyl patches				
	· · · · · · · · · · · · · · · · · · ·	nd medication aide (MA),				
	was unsuccessful.					
D 358	10A NCAC 13F .1004 Administration	4(a) Medication	D 358			
	(a) An adult care hor preparation and admi prescription and non-by staff are in accordance.	Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with:				

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STATE FORM 6899 OKGU11 If continuation sheet 7 of 27

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL063011	B. WING		02/22/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
TADA DI /	NITATION OF CARTHAC	820 S. MC	NEILL STREET		
IARA PLA	NTATION OF CARTHAG	CARTHA	GE, NC 28327		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	÷ 7	D 358		
		•			
	Based on observation reviews, the facility fa were administered as (#8) observed during including errors with a obstructive pulmonary	as, interviews and record iled to ensure medications ordered for 1 of 3 residents the medication pass an inhaler for chronic disease and nasal sprays of 3 sampled residents (#2) a schedule II opioid			
	Procedure Manual da facility shall assure th administration of med non-prescription, and accordance with: orde practitioner which are record; and the facility	s Pharmaceutical Policy and ted 02/20/18 revealed the at the preparation and ications, prescription and treatments by staff are in ers by a licensed prescribing maintained in the resident's y's policy and procedures.			
	04/09/23 revealed: -Diagnoses included of and chronic painThere was an order for patch every three day (Fentanyl patches are (schedule II controlled severe pain, is a high dependence, and can and death in high dos	cause respiratory distress			

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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	
		HAL063011	B. WING		02	R 2/ <b>22/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		820 S. M	CNEILL STREET				
TARA PLA	ANTATION OF CARTHAG	GE CARTHA	GE, NC 28327				
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
	when a dose was add spray is an opiate an life-threatening effect opiate overdose.)  Review of Resident # (PCP) visit note date -Resident #2 reported dizzy."  -Resident #2 reported	reeded for overdose; call 911 ministered. (Naloxone nasal tagonist used to reverse the ts of known or suspected  #2's primary care provider d 06/06/23 revealed: d that sometimes, "I get so					
	patch to 25mcg/hour Review of Resident #	to decrease the fentanyl every 3 days. #2's Physician's Orders dated					
	patch every three day -There was an order	for fentanyl 25mcg/hour ys; remove the old patch. for naloxone 4mg nasal eeded for overdose; call 911 ministered.					
	(eMAR) revealed: -There was an entry patch every three day scheduled at 7:00pm site where the patch bodyThere was document placed on Resident follows: 11/03/23 on the left upper back, 11/12/23 and the left upper back, 11/12/23 on the left upper back, 11/13/24/23 on the left upper back, 11/13/11/24/23 on the left upper back.	for fentanyl 25mcg/hour ys; remove the old patch with space to document the was placed on Resident #2's station a fentanyl patch was the left upper back, 11/06/23 k, 11/09/23 on the right on the left upper arm, upper back, 11/18/23 on the 21/23 on the left upper back, upper back, 11/27/23 on the 1/30/23 on the left upper					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL063011	B. WING		R	
					02/22/2024	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
TARA PLANTATION OF CARTHAGE			NEILL STREET 6E, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 9	D 358			
	back.					
	revealed: -There was an entry fipatch every three day scheduled at 7:00pm site where the patch whodyThere was documenthe fentanyl patch on There was an entry fispray one spray as newhen a dose was additional three was no docum administered in Dece  Review of Resident # dated 12/02/23 revealed three was an entry fispray one spray as newhen a dose was additional three was no docum administered in Dece  Review of Resident # dated 12/02/23 revealed three was no docum administered in Dece  Review of Resident # dated 12/15pm and Resident # 12:15pm	for naloxone 4mg nasal eeded for overdose; call 911 ministered. nentation naloxone 4mg was mber 2023 for Resident #2.  E2's Occurrence Record led: MA) documented that insupervised fall. MA he hit his head and is knee. Services (EMS) was called dent #2 refused to go with cy room (ER) at 12:40pm.				
	not acting like himself normally.  Review of Resident # Record dated 12/04/2					
		linator (UCC) documented e fentanyl 25mcg/hour				

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patches on his body.

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ED
					R	
		HAL063011	B. WING		02/22/	/2024
		TIALUGUTT			UZIZZI	2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TADADIA	ANTATION OF CARTHAG	820 S. MC	NEILL STREET			
IAKA PLA	INTATION OF CARTINAG	CARTHAC	GE, NC 28327			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
			+	22		
D 358	Continued From page	e 10	D 358			
	-She was notified on	12/03/23 by a medication				
	aide (MA) about findir	ng the three fentanyl patches				
	on Resident #2.					
		IA to remove all the fentanyl				
	patches, push plenty	of fluid and to monitor				
	Resident #2.					
		n 12/04/23 and checked on				
	Resident #2.					
		le was still very out of it."				
		vas notified at 8:31am on				
	12/04/23 "of the situa					
		her to administer naloxone				
		check his blood pressure.				
	_	the UCC to send Resident				
		uation if the blood pressure				
	was abnormal or low.					
		pressure was 94/60 in his				
		his right arm (normal range				
	is between 90/60 and -Resident #2 was ser	•				
	-Resident #2 was ser	IL TO THE ER VIA EIVIS.				
	Review of Resident #	<sup>‡</sup> 2's EMS record dated				
	12/04/23 revealed:					
	-EMS was called for F	Resident #2 for possible				
	overdose and hypote					
		g 3 fentanyl 25mcg/hour				
	patches on Resident					
	naloxone 4mg that me					
		sident's blood pressure was				
	86/40.					
		blood pressure result of				
	96/56.					
	Davious of Davidant #	M's CD history of propert				
	illness note dated 12/	t4's ER history of present				
	·					
	opioid overdose.	ed to the ER with likely				
		ind lethargic that morning				
		d naloxone after finding 3				

fentanyl patches on him.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMP	LETED	
	1141.000044	B WING		<b>I</b>	R	
	HAL063011			02/	22/2024	
ROVIDER OR SUPPLIER		, ,	E, ZIP CODE			
NTATION OF CARTHAG	iE .					
	CARTHA	GE, NC 28327				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page	e 11	D 358				
-It was unclear how F patches on him and i not removedResident #2 was see	Resident #2 got 3 fentanyl t was likely the patches were en recently for a closed head					
dated 12/04/23 reveal-There were two med #2; one for each of two-There was document remove the old fental time a new patch was skinThe MAs did not followed.	aled: dication reports for Resident wo MAs. dication that each MA failed to nyl 25mcg/hour patch at the s applied to the resident's ow the order documented on					
4:26pm revealed: -She saw that Reside was acting "funny" or SundayResident #2 fell that before (12/02/23)Resident #2 refused notified the UCCLater that day (12/03/Resident #2's shirt befound the 3 fentanyl place and all she were supposed patch placed and all she did not remembe but they were all receives.	ent #2 was not himself and in 12/03/23 which was a day (12/03/23) and the day to go the ER and she as 23/23) she was changing ecause it was wet, and she catches on him. In each shoulder and one on ds his side. It to date and initial each as had dates and initials. It is er the dates on the patches, ent dates. It the patches on a piece					
-	ROVIDER OR SUPPLIER  SUMMARY ST  (EACH DEFICIENCE REGULATORY OR  Continued From page -It was unclear how F patches on him and i not removedResident #2 was see injury and had contin of his head.  Review of Resident # dated 12/04/23 revea -There were two mee #2; one for each of tv -There was documen remove the old fental time a new patch was skinThe MAs did not foll the eMAR or the facil  Telephone interview v 4:26pm revealed: -She saw that Reside was acting "funny" or SundayResident #2 fell that before (12/02/23)Resident #2 refused notified the UCCLater that day (12/03 Resident #2's shirt be found the 3 fentanyl -He had one patch of his lower back toward -MAs were supposed patch placed and all -She did not rememb but they were all rece -She removed the pa -The UCC told her to of paper and slide the	HAL063011  ROVIDER OR SUPPLIER STREET AS 820 S. MC CARTHAGE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 11  -It was unclear how Resident #2 got 3 fentanyl patches on him and it was likely the patches were not removedResident #2 was seen recently for a closed head injury and had continued bruising to the right side of his head.  Review of Resident #2's medication error reports dated 12/04/23 revealed: -There were two medication reports for Resident #2; one for each of two MAsThere was documentation that each MA failed to remove the old fentanyl 25mcg/hour patch at the time a new patch was applied to the resident's skinThe MAs did not follow the order documented on the eMAR or the facility's medication policy.  Telephone interview with a MA on 02/22/24 at 4:26pm revealed: -She saw that Resident #2 was not himself and was acting "funny" on 12/03/23 which was a SundayResident #2 fell that day (12/03/23) and the day before (12/02/23)Resident #2 refused to go the ER and she	THE CORRECTION AUMBER:  HALO63011  STREET ADDRESS, CITY, STAI 820 S. MCNEILL STREET CARTHAGE, NC 28327  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 11  It was unclear how Resident #2 got 3 fentanyl patches on him and it was likely the patches were not removed.  -Resident #2 was seen recently for a closed head injury and had continued bruising to the right side of his head.  Review of Resident #2's medication error reports dated 12/04/23 revealed:  -There were two medication reports for Resident #2, one for each of two MAs.  -There was documentation that each MA failed to remove the old fentanyl 25mcg/hour patch at the time a new patch was applied to the resident's skin.  -The MAS did not follow the order documented on the eMAR or the facility's medication policy.  Telephone interview with a MA on 02/22/24 at 4.26pm revealed:  -She saw that Resident #2 was not himself and was acting "funny" on 12/03/23 which was a Sunday.  -Resident #2 fell that day (12/03/23) and the day before (12/02/23).  -Resident #2 fell that day (12/03/23) she was changing Resident #2's shirt because it was wet, and she found the 3 fentanyl patches on him.  -He had one patch on each shoulder and one on his lower back towards his side.  -MAs were supposed to date and initial each patch placed and all 3 had dates and initials.  -She did not remember the dates on the patches, but they were all recent dates.  -She removed the patches and called the UCC.  -The UCC told her to put the patches on a piece of paper and slide them under her office door.	TRECORRECTION  IDENTIFICATION NUMBER:  HAL063011  ROWIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  820 S. MCNEILL STREET CARTHAGE, NC 28327  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREPIX TAG  CROSS-REFERENCED TO TO CROSS-REFERENCED TO DEPICIENCIES (EACH CORRECTIVE AND TAGE (EACH CROSS TAGE (EACH CORRECTIVE AND TAGE	A BUILDING:  HAL063011  B. WING  OQ2  ROWIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  220 S. MOVEILL STREET  CARTHAGE  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PILL RESULATORY OR LSC IDENTIFYING INFORMATION)  TAG  COntinued From page 11  If was unclear how Resident #2 got 3 fentanyl patches on him and it was likely the patches were not removed. Resident #2 was seen recently for a closed head injury and had continued bruising to the right side of his head. There were two medication reports for Resident #2; one for each of two MAs. There was documentation that each MA failed to remove the old fentanyl 25mcg/mour patch at the time a new patch was applied to the resident's skin. The MAS did not follow the order documented on the eMAR or the facility's medication policy.  Telephone interview with a MA on 02/22/24 at 4:26pm revealed: She saw that Resident #2 was not himself and was acting "funny" on 12/03/23 which was a Sunday. Resident #2 fell that day (12/03/23) and the day before (12/02/23). Resident #2 refused to go the ER and she notified the UCC. Later that day (12/03/23) she was changing Resident #2 refused to date and initial each patch placed and all 3 had dates and initials. She did not remember the dates on the patches, but they were all recent dates. She removed the patches and called the UCC. The UCC told her to put the patches on a piece of paper and slide them under her office door.	

Division of Health Service Regulation

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Division c	of Health Service Regu	ılation			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		
		HAL063011	B. WING		R <b>02/22/2024</b>
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
TARA PI A	ANTATION OF CARTHAG	820 S. MC	NEILL STREET		
	MINION OF CARTIAC	CARTHAG	GE, NC 28327		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 12	D 358		
	occurrence record where the front desk.  -She thought she chesigns and documente occurrence record.  -She thought Resider was abnormal; it was -She could not remen pressure was.  -She completed an in put it under the UCC's Upon request, Reside and accident reports, dated 12/03/23 were Interview with the UC revealed:  -On 12/02/23, she reconstructed the Mononitor Resident #2 fell and vershe instructed the Mononitor Resident #2 fell where.  -Resident #2 refused for evaluation.  -She instructed the Mononitor and the Mononitor Resident #2 fell where.  -Resident #2 refused for evaluation.  -She instructed the Mononitor and fell where with the Mononitor Resident #2 fell where.  -Resident #2 refused for evaluation.  -She instructed the Mononitor injuries suffers.	ecked Resident #2's vital ed the results on his ed the result ed	D 330		
	had 3 fentanyl patche -She (UCC) did not se #2. -The MA told her Res fine. -She instructed the M	ee the patches on Resident sident #2 appeared to be  1A to encourage Resident #2			
	to drink fluids, for staf	ff to monitor the resident,			

and to send him to the ER if he was not okay. -She instructed the MA to remove all the fentanyl

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Division of	Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL063011	B. WING		R <b>02/22/2024</b>		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	re, zip code			
		820 S. M	CNEILL STREET				
TARA PLA	NTATION OF CARTHAG	iE	AGE, NC 28327				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
D 358	Continued From page	e 13	D 358				
	and put the paper with door.	ches on a piece of paper, h the patches under her le for dating and initialing					
	each patch placed on	a resident.					
	third patch did not.	nad the MAs initials and the					
	remember the dates t	tes on them; she did not that were written on the					
	patchesThe patches had not	been on Resident #2 for					
	weeks or months; all same couple of week	the dates were within the					
	-She identified the MA	As who placed the patches					
		up with 3 patches on his					
	body because the MA						
	the old patch.	cumented order to remove					
	· · · · · · · · · · · · · · · · · · ·	tanyl patch on 12/03/23 due					
		on Resident #2 that same					
		12/04/23, she checked on					
	-The MA on duty said sleepy.	that Resident #2 was					
	-Resident #2 was not	himself when she saw him;					
	he was altered in his talking normally.	mental status and not					
	-She called Resident	#2's PCP.					
	-The PCP told her to	check Resident #2's blood					
	•	esult was low or abnormal,					
	the PCP instructed he and call EMS.	er to administer naloxone					
		pressure was low, so she					
		inistered naloxone to the					
	resident						

error report.

-An incident report should have been completed but one was not; there was only a medication

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Division o	<u>of Health Service Regu</u>	ılation			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL063011	B. WING		02/22/2024
					T OZIZZIZOZ-
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE	
TARA PL	ANTATION OF CARTHAG	E .	ICNEILL STREET		
		CARTHA	AGE, NC 28327		
(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	
IAG		,	170	DEFICIENCY)	
D 050			D 050		
D 358	Continued From page	e 14	D 358		
	-Finding three fentang	yl patches was a serious			
	incident due to the se			İ	
	-Errors with fentanyl v	were a risk for overdose.		İ	
		with Resident #2's PCP on			
	02/22/23 at 4:07pm re			İ	
		er the exact date the UCC		İ	
		ident #2 being lethargic. Sundays, so it was not		ĺ	
	12/03/23.	Sundays, so it was not			
		ould have called the on-call			
		ce that day (12/03/23) when		İ	
		anyl patches on Resident #2.			
		have at least checked			
		pressure when they found			
	the patches on him.	-		İ	
		mber if she gave a verbal		ĺ	
		anyl patch when she spoke			
	to the UCC.			ĺ	
		his body put Resident #2 at		İ	
	risk for fentanyl overd			İ	
	-Symptoms of fentany	yi overdose included vere injuries, decreased			
		espiratory distress, and			
	unresponsiveness.	sspiratory distress, and			
	Second interview with	h the UCC on 02/22/24 at			
	5:59pm revealed:				
	-There was no order	to hold Resident #2's			
	fentanyl patch on 12/				
		tanyl patch on 12/03/23 due			
	to finding the 3 patch				
	-She thought the occi				
	been dated 12/03/23.	ncorrectly and should have			
	been dated 12/03/23.				
	Interview with the Adı	ministrator on 02/22/24 at			
	2:05pm revealed:	Timiotrator on <i>02/22/2</i> r at			

-MAs were expected to administer medications according to the orders and instructions on the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL063011	B. WING		02/22/2024
					1 02/22/2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
TARA PLA	ANTATION OF CARTHAG	iE	NEILL STREET		
	Г	CARTHAG	E, NC 28327		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 15	D 358		
D 358	eMARResident #2 was fou patches because staf and instructions on hi-MAs knew to sign ar patch and remove the Interview with the Adron 02/22/24 at 5:24pr-The UCC told staff to falls which was how to foundThe UCC told staff to falls which was how to foundThe UCC came into Resident #2 lethargic -The UCC came into Resident #2 lethargic -The UCC completed on 12/04/23 because had never completed beforePart of the policy and errors was contacting -The staff on duty we Resident #2 and mak -Staff were trained or medication errors and -MAs were expected according to the orde -The old fentanyl pate removed by the MA a put on.  Attempted telephone	Ind with three fentanyl of did not follow the orders is eMAR. Ind date the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl of old patch.  Indicate the new fentanyl old patch.  I	D 358		
	evidenced by 3 errors	s out of 28 opportunities edication pass on 02/22/24.			

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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	
						D
		HAL063011	B. WING		02	R 2/22/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
TADADI	NITATION OF CARTUAC	. 820 S. M	CNEILL STREET			
IARA PLA	ANTATION OF CARTHAG	CARTHA	GE, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 16	D 358			
	Review of Resident # 07/05/23 revealed dia	8's current FL-2 dated agnoses included chronic y disease (COPD) and				
	dated 01/09/24 revea Ellipta 100/62.5/25mg	t #8's Physician's Orders led an order for Trelegy g one puff daily. (Trelegy t symptoms of COPD.)				
	medication administrative revealed: -There was an entry for 100/62.5/25mg one process.	or Trelegy Ellipta uff daily at 8:00am. tation that Trelegy Ellipta				
	on 02/22/24 from 7:39 -At 7:39am, the mediremoving Resident #8 the medication cart d -The MA removed ca medications, an insul sprays, eyedrops, a r Trelegy Ellipta inhale medication to the res -The MA returned all medications to the medications to the medications to the medication all Resident #8 the medication cart d Ellipta inhalerAt 7:59am, the MA a medications to Resident	ssettes containing oral in pen, glucometer, nasal nebulizer treatment and the r; she compared each				
	roomThe MA checked Re	sident #8's blood sugar				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL063011	B. WING		02/22/2024
NAME OF D			DEGG OITY OTA	TE 7/D 000E	1
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,	
TARA PLA	ANTATION OF CARTHAG	iE	NEILL STREET E, NC 28327		
CARITA			E, NC 20321	I	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 17	D 358		
	level, administered in drops and initiated the 8:07am.  -The MA documented on the eMAR at the m Resident #8's room.  -The MA instructed a 8:13am, to assist Resfor breakfast after contreatment.  -The PCA was assisting at 8:15am.  -The MA did not adminimaler to Resident #8 Interview with the MA revealed she had adminimaler and incompanies and incompanies are set of the set	sulin, nasal sprays, eye e nebulizer treatment at di medications administered nedication cart outside of personal care aide (PCA) at sident #8 to the dining room mpletion of her nebulizer sing Resident #8 to the dining inister the Trelegy Ellipta 3.			
	2:24pm revealed: -She remembered take inhaler out the first tin	n the MA on 02/22/24 at king the Trelegy Ellipta ne she pulled Resident #8's			
	inhaler back in the capen needlesShe did not remembinhaler out when she -She did not rememb Ellipta inhaler to Resi (02/22/24)She remembered that Trelegy Ellipta inhaler returned to the medicing-She went back and a	er administering the Trelegy dent #8 that morning at she did not administer the r to Resident #8 when she			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL063011	B. WING		02/2	2/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
TARA PLA	NTATION OF CARTHAG	E	IEILL STREET E, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 18	D 358			
	revealed: -She took one inhaler -She did not remember morning (02/22/24)She used the inhaler breathShe was always shown helped someShe could not tell if sincreased shortness of terrible headache.  Interview with the Union 02/22/24 revealed -Resident #8 had day physical discomforts III-Resident #8 was forge cognitively appropriatelt was possible that III-Resident #8 was preceded: -Resident  er getting her inhaler that  It to help reduce shortness of  It of breath and the inhaler  Ishe was experiencing any of breath because she had a  It Care Coordinator (UCC) Is so of increased complaints of ike headaches. Igetful, but otherwise It e. It care Coordinator (UCC) Is so of increased complaints of ike headaches. Igetful, but otherwise It e. It esident #8 did not receive It esident #8's primary It on 02/22/24 at 4:07pm  It is scribed Trelegy Ellipta to It elegy Ellipta inhaler could It gh and shortness of breath.  It #8's Physician's Orders It ed an order for an acapella It is tructions to blow into the It daily. (The acapella flutter It over mucous from the					
	Review of Resident # medication administra	8's February 2024 electronic ation record (eMAR)				

Division of Health Service Regulation

revealed:

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	n nealth Service Negu	lation			•	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
A. BUILDING:			COIVII LETED			
			D 14/11/0		R	
		HAL063011	B. WING		02/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TADADIA	NTATION OF CARTUAC	820 S. MC	NEILL STREET			
IAKA PLA	NTATION OF CARTHAG	CARTHAG	SE, NC 28327			
(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	BE COMPLETE	
			1	DEFICIENCY)		
D 358	Continued From page		D 358			
	with instructions to blot twice daily at 8:00am -There was document device was administe.  Observation during the on 02/22/24 at 7:57ar -The medication aide the acapella flutter deresident to breath in a twiceResident #8 blew into twice and handed the Interview with the MA revealed: -She did not realize Reblow into the acapella	tation that the acapella red at 8:00am on 02/22/24.  e morning medication pass				
	c. Review of Resident dated 01/09/24 reveal 50mcg one spray in electric (Fluticasone is used to Review of Resident # medication administrative revealed:  -There was an entry from spray in each nostril of the company	o treat allergy symptoms.)  8's February 2024 electronic ation record (eMAR)  for fluticasone 50mcg one daily at 8:00am.  Itation that fluticasone was am on 02/22/24.  The morning medication pass				

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#8's nostrils.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		, ,	(X3) DATE SURVEY COMPLETED	
	HAL063011 B. WING			02	R :/ <b>22/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	1 02	
		820 S. MC	CNEILL STREET	., 2.11 0002		
TARA PLA	ANTATION OF CARTHAG	E CARTHA	GE, NC 28327			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	indicated the spray w pharmacy on 02/01/2 administer one spray  Interview with the MA revealed: -Resident #8's order to changed and she did-Resident #8 used to fluticasone every more d. Review of Resident dated 01/09/24 reveals spray two sprays in e (Saline nasal spray is symptoms.)  Review of Resident # medication administrative revealed: -There was an entry for sprays in each nostril 8:00pmThere was document was administered at 8:00 pmThere was document was administered at 8:00 pmThere was document was administered at 8:00 pm.	on Resident #8's fluticasone as dispensed from the 4 and had instructions to in each nostril daily.  on 02/22/24 at 2:24pm  for fluticasone must have not realize it. receive 2 sprays of ming.  It #8's Physician's Orders led an order for saline nasal ach nostril twice daily.  used to treat allergy  8's February 2024 electronic ation record (eMAR)  for saline nasal spray two twice daily at 8:00am and station that saline nasal spray 8:00am on 02/22/24.	D 358			
	nasal spray indicated from the pharmacy or instructions to admini nostril twice daily.  Interview with the MA	ster two sprays in each on 02/22/24 at 2:24pm				
	revealed she forgot the	nat Resident #8 was				

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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	
					R
		HAL063011	B. WING		02/22/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	TE, ZIP CODE	
TARA DI A	ANTATION OF CARTHAG	820 S. M	CNEILL STREET		
IANAFLA	MIANOR OF CARTIAG	CARTHA	AGE, NC 28327		
(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 APPI DEFICIENCY)	OULD BE COMPLETE
D 358		e 21 wo sprays of saline nasal	D 358		
	on 02/22/24 at 2:51pr -MAs were expected according to the orde -The MAs normally accurately.  Telephone interview was provider (PCP) or revealed: -The nasal sprays were Resident #8's allergy -It was not a major conumber of sprays were Interview with the Adron 02/22/24 at 5:24pr -Staff were trained on -MAs were expected	to administer medications or entered on the eMAR. Idministered medications with Resident #8's primary on 02/22/24 at 4:07pm or prescribed to treat symptoms. Incern that the incorrect re administered.			
	The facility failed to a schedule II opioid me conditions, as ordered provider to Resident #2 the old patch prior to every three days resufound on Resident #2 Resident #2 experien symptoms including a speech, and a low blo (normal range is betweether the speech and a low blo (normal range is betweether the speech and a low blo (normal range is betweether the school of the schoo	dminister fentanyl, a potent dication for complex pain d by the primary care #2 by neglecting to remove applying the new patch alting in three patches being 's body after two falls, cing opioid overdose altered mental status, slurred and pressure result of 86/40 areen 90/60 and 120/80). The ed in substantial risk of ath of Resident #2 and Violation.			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:		
		HAL063011	B. WING		R <b>02/22</b>	/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TARA PLA	NTATION OF CARTHAG	E	NEILL STREET			
		CARTHAC	SE, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	22	D 358			
	accordance with G.S. this violation.	131D-34 on 02/22/24 for				
		DATE FOR THE TYPE A2 IOT EXCEED MARCH 23,				
D 451	10A NCAC 13F .1212 and Incidents	2(a) Reporting of Accidents	D 451			
	Incidents  (a) An adult care hon department of social sincident resulting in reaccident or incident resident requiring references					
	facility failed to notify Social Services (DSS	as evidenced by: ews and interviews, the the county Department of ) of accidents or incidents r 3 of 5 sampled residents				
	The findings are:					
	report policy revealed -The facility complete -The facility reported Administrator, Physic 1. Review of Residen					

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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	
					R
		HAL063011	B. WING		02/22/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
TARA PLA	ANTATION OF CARTHAG	iΕ	NEILL STREET		
		CARTHAG	E, NC 28327		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 451	Continued From page	e 23	D 451		
	Review of Resident # discharge dated 11/13-She was transported (ER) due to a fall with -Diagnoses were multipain, a fall, debility, at -The imaging test confumbar spine.  Review of Resident # 11/13/23 revealed: -She had an observed head on the floor at at -She left by Emergen approximately 9:05pnt -She returned from the 11:35pm.	4's hospital summary 3/23 revealed: I to the emergency room I back pain. Itiple contusions, low back Ind dementia. Inpleted was an X-ray of the 4's progress note dated I fall in the lobby and hit her I pproximately 8:30pm. I cy Medical Services at In. I e ER at approximately It Care Coordinator (UCC)			
	report had not been of 11/13/23She looked in the ac	at the accident and incident completed for the incident on cident and incident book ps all reports and could not rt.			
	4:30pm revealed she	ministrator on 02/22/24 at was unaware that the d incident report had not			
	•	4 at 4:51pm revealed she accident and incident report			
		interview with Resident #4's n 02/22/24 at 11:09am was			

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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	
		HAL063011	B. WING		R <b>02/22/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
TARA PI A	ANTATION OF CARTHAG	820 S. MC	NEILL STREET			
		CARTHAG	E, NC 28327		,	
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
D 451	Continued From page 24		D 451			
	Refer to the interview at 4:10pm.	with the UCC on 02/22/24				
	Refer to the interview with the Administrator on 02/22/24 at 4:30pm.					
	10/06/23 revealed dia dementia depression pulmonary disease, d incontinence, bilatera					
	discharge dated 02/0 -She was transported (ER) due to a fall with	to the emergency room				
	Refer to the interview at 4:10pm.	with the UCC on 02/22/24				
	Refer to the interview 02/22/24 at 4:30pm.	with the Administrator on				
	04/09/23 revealed dia with psychosis, coron	ion, chronic pain, mood				
	history of present illne revealed: -Resident #2 present	e2's emergency room (ER) ess note dated 11/24/23 ed to the ER after an was evaluated for a head				

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-Resident #2 had an abrasion and contusion to

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED			
HAL063011		HAL063011	B. WING		R 02/22/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
TARA PLA	TARA PLANTATION OF CARTHAGE 820 S. MCNEILL STREET							
		CARTHAC	E, NC 28327					
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
D 451	Continued From page	25	D 451					
	his right foreheadResident #2 complained of a mild right sided headache and neck pain.  Interview with the Administrator on 02/22/24 at 5:24pm revealed she could not find an incident/accident report dated 11/24/23 for Resident #2.							
	had not received an i	inty DSS Adult Home 4 at 4:49pm revealed she ncident/accident report esident #2 from the facility.						
	Refer to the interview with the Unit Care Coordinator (UCC) on 02/22/24 at 4:10pm.  Refer to the interview with the Administrator on 02/22/24 at 4:30pm.							
	on 02/22/24 at 4:10pr -The medication aide completing the accide then notified the UCC -The process was to I incident reports for or	(MA) was responsible for ent and incident report and						
	4:30pm revealed: -The medication aide completing the accide then the UCC receive questions or concerns-The Administrator in and signed off.	(MA) was responsible for ent and incident report, and the report to address any s. charge reviewed the report						

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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	
			D WING			R	
		HAL063011	B. WING		02	/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE			
TARA PLA	ANTATION OF CARTHAG	<b>-</b>	ICNEILL STREET AGE, NC 28327				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	(X5) COMPLETE DATE		
D 451	Continued From page	26	D 451				
		book immediately after					

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