If continuation sheet 1 of 5

Reviewed and Acknowledged
WW 3/12/24

	of Health Service Rec	gulation	2000		FOR	MAPPROV	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL092216	B. WNG		1000000	R-C	
VANC OF D					02	02/01/2024	
oraic of P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
CADENCE	E GARNER		GLEWOOD DRIVE R, NC 27529				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID I	PROVIDER'S PLAN O	OF CORRECTION (X5)		
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLET	
D 377	Continued From page 1		D 377				
	insomnia, gastroesophageal reflux disease, and hypertension.					į.	
	Deview of Builders	JIM .	×	X.ŝ		i.c	
	(PCP) order dated 1	Review of Resident #6's primary care provider's (PCP) order dated 11/08/23 revealed an order for					
	Diciofenac Sodium 1% Topical Get apply 2 grams						
	to the affected area twice a day as needed for						
	pain. Patient may self-administer. (Dictofenec Sodium Topical Gel is a topical medication used						
	to treat pain.)	io a topical mediodion docu					
	Observation of Resid	dent #6's room on 01/31/24 at					
	11:00am revealed th	iere was a tube of Diciofenac					
	Sodium 1% Topical (Resident #6's bed.	Gel on a table beside					
	Observation of the facility on 02/01/24 at 4:28pm revealed that Resident #6 was not in her room					8	
	and the door was lef						
		of Resident #6's room on					
	02/01/24 at 4:32pm	revealed there was a tube of 1% Topical Gel on a table					
	beside Resident #8's	s bed.				•	
		ent #8 at 02/01/24 at 4:32pm	1 1				
	revealed;	ed to her room from attending					
	an activity.	sa to her toom nom attending	1				
	-The facility staff adm	ninistered all her medications					
		Sodium Topical Gel, which					
	she used for shoulde	er pain. ation in a place where she					
	could reach it easily,	50					
		ed she needed to have a	†				
	locked container for a provided with a locker	storage and was not ed storage container for				444	
	medication.	a arrage astropies to					
	Refer to Interview wit	h a medication alde (MA) on					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C B. WNG HAL092215 02/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE CADENCE GARNER GARNER, NC 27629 (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG D 377 Continued From page 2 D 377 02/01/24 at 4:56pm. Refer to interview with the Executive Director (ED) on 02/01/24 at 5:19pm. 2. Review of Resident #1's current FL-2 dated 01/07/23 revealed diagnoses included hypertension, pulmonary emphysema, chronic obstructive pulmonary disease (COPD), and deep vein thrombosis. Review of Resident #1's physician's order dated 07/12/23 revealed an order to allow the resident to self-administer her medications. Review of Resident #1's medication self-administration assessment dated 08/02/23 revealed Resident #1 was assessed as able to self-administer medications. Observation of Resident #1's room on 02/01/24 at 3:27pm revealed: -The resident's room door was open. -She was watching television and lying in her bed. -She lived in a private room. -There was an inhaler medication, Trelegy Ellipta 200-62.5-25, inhale 1 puff once dally, on a table beside her bedside table. (Trelegy Ellipta is an inhaler used to treat COPD.) -There was a nasal spray, Deep Sea Saline 0.65% nose spray, 1 spray in each nostril three times daily, sitting inside a gray basket on top of her meal table. (Deep Sea Saline nasal spray is used to treat dryness inside the nasal passages.) -There was another inhaler, Albuterol HFA 90 mcg inhaler, 2 puffs every 4 hours as needed, sitting next to her in the bed. (Albuterol HFA is an inhaler used to treat and prevent breathing problems.)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Was martibres (%3) Wastibres	(X3) DATE SURVEY COMPLETED		
HAL092216			B. WNG	R-C 02/01/2024		
NAME OF P	ROVIDER OR SUPPLIER	PTDEET A	DDRESS, CITY, STAT	re tin cont		300-10
122	NOTICE! OIL GOTT LICE!					
CADENCE	GARNER		R, NC 27629	=1		
(X4) ID PREFIX YAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPE DEFICIENCY)	BE COA	(X5) NPLETE DATE
D 377	GARNER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		D 377			
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING HAL092215 02/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MINGLEWOOD DRIVE **CADENCE GARNER** GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDERS PLAN OF CORRECTION (XS) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 377 Continued From page 4 D 377 container. Interview with the ED on 02/01/24 at 5:19pm revealed: -Residents who self-administered medications should have a locked container in their room to secure medications. -Medications should not be left out in residents' rooms and should be stored securely in a locked container. -Residents' familles were usually asked to provide a locked storage container for medications, but the facility had some locked storage containers available to provide to residents if needed. -Residents who self-administered medications should lock their room when they left their room for meals and activities. -She was aware Resident #1 self-administered some of her medications. -She was not aware Resident #6 had an order to self-administer Diclofenac Sodium Topical Gel and had the medication unsecured on a table in her room. -Self-administered medications should be secured in residents' rooms so other residents could not access them and be harmed.

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