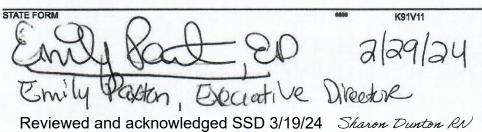
	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049030	A, BUILDING:		(X3) DATE SURVEY COMPLETED 01/24/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	1 01/2	4/2024
		128 BR4	WLEY SCHOOL			
SUMMIT	LACE OF MOORESVIL	LE	SVILLE, NC 281			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
		nsure Section conducted an ollow-up survey on 01/23/24				
D 358	10A NCAC 13F .1004(a) Medication Administration		D 358	D358 Plan of Correctio	n is on page 10	
	<ul> <li>(a) An adult care ho preparation and adm prescription and non- by staff are in accord (1) orders by a licen which are maintained</li> </ul>	4 Medication Administration me shall assure that the inistration of medications, -prescription, and treatments lance with: sed prescribing practitioner d in the resident's record; and ion and the facility's policies				
	facility failed to admin ordered to 2 of 5 sam related to a medication thyroid gland, a medi	as evidenced by: ews, and interviews the nister medications as npled residents (#3 and #5) on to treat underactive cation to relieve wheezing n to treat dementia (#3).				
	The findings are:					
	08/16/23 revealed: -Diagnoses included thyroid gland), hypert and depression. -There was an order	nt #5's current FL2 dated hypothyroidism (underactive tension, general weakness, for levothyroxine (a /pothyroidism) 75mcg, one				
1		t #5's Primary Care ers dated 12/06/23 revealed xine 75mcg, one tablet				



If continuation sheet 1 of 15

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE S COMPL	
		HAL049030	B. WING	01/:	24/2024	
AME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			WLEY SCHOOL	ROAD		
	LACE OF MOORESVIL	MOORE:	SVILLE, NC 281	17		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 358	Continued From page 1 daily.		D 358	D358 Plan of Correction is	s on page 10	
	electronic Medicatio (eMAR) revealed: -There was an entry tablet daily at 6:00ar -The entry was circle administered, from 11/25/23 to 11/26/23 -The documented re not administered was pharmacy". Review of Resident revealed: -There was an entry tablet daily at 6:00ar -The entry was circle administered, from 12/16/23 to 12/22/27 and from 12/27/23 the -The documented re not administered was pharmacy". Review of Resident revealed: -There was an entry tablet daily at 6:00ar -There was an entry tablet daily at 6:00ar -There was an entry tablet daily at 6:00ar -The entry was circle administered, from	ed, indicating not 11/08/23 to 11/11/23 and from assons the medication was assons the medication from #5's December 2023 eMAR for levothyroxine 75mcg, one m. ed, indicating not 12/12/23 to 12/14/23, from 3, from 12/24/23 to 12/25/23 o 12/30/23. assons the medication was as "awaiting medication from #5's January 2024 eMAR / for levothyroxine 75mcg, one m. ed, indicating not 01/02/24 to 01/04/24, from 4, 01/10/24, and from				
	not administered wa pharmacy".	easons the medication was as "awaiting medication from dications on hand for				

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE		
		A. BUILDING: _				
	HAL049030	B. WING		01/24	01/24/2024	
ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE			
		WLEY SCHOOL	ROAD			
LACE OF MOORESVIL	MOORE	SVILLE, NC 2811	7			
ID         SUMMARY STATEMENT OF DEFICIENCIES           EFIX         (EACH DEFICIENCY MUST BE PRECEDED BY FULL           AG         REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLET DATE	
Continued From pag	e 2	D 358	D358 Plan of Correction is	on page 10		
levothyroxine 75mcg -Levothyroxine 75mc on 01/23/24.	). cg, 30 tablets were dispensed					
the facility's contract 4:15pm revealed: -Resident #5 had an 75mcg, one tablet da -Levothyroxine 75mc	ed pharmacy on 01/24/24 at order for levothyroxine aily. cg, 30 tablets were dispensed					
-He was unsure if th from the facility prior	ere were any refill requests to 01/23/24.					
11:23am and 12:16p -She was not notifie	om revealed: d that Resident #5 had not					
two or three doses of -She ordered labs to	of levothyroxine. o check Resident #5's thyroid					
as ordered included increased weakness	changes in blood pressure, s, increased fatigue, mood					
01/24/24 at 2:40pm -The MAs were resp medications from th about 5 to 7 doses I -If a medication was the MAs were to infi	revealed: ponsible to order resident e pharmacy when there were eft to administer. a not available to administer,					
	ROVIDER OR SUPPLIER PLACE OF MOORESVILL SUMMARY S' (EACH DEFICIENC REGULATORY OR Continued From pag -There was a bubble levothyroxine 75mcg -Levothyroxine 75mcg on 01/23/24. -There were 29 table Telephone interview the facility's contract 4:15pm revealed: -Resident #5 had an 75mcg, one tablet da -Levothyroxine 75mc to the facility on 01// -He was unsure if th from the facility prior Interview with Resid 11:23am and 12:16p -She was not notifier been receiving her le ordered. -She expected to be two or three doses of -She ordered labs to function and would a in recessary. -Possible outcomes as ordered included increased weakness changes, and weight Interview with a Med 01/24/24 at 2:40pm -The MAs were resp medications from th about 5 to 7 doses I -If a medication was the MAs were to inform Director (HWD).	FORRECTION       IDENTIFICATION NUMBER:         HAL049030       STREET /         COVIDER OR SUPPLIER       128 BR/         NACE OF MOORESVILLE       128 BR/         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Continued From page 2         -There was a bubble pack containing levothyroxine 75mcg.       -         -Levothyroxine 75mcg.       -         -Levothyroxine 75mcg.       -         -There were 29 tablets remaining.       Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:15pm revealed:         -Resident #5 had an order for levothyroxine 75mcg, one tablet daily.       -         -Levothyroxine 75mcg, 30 tablets were dispensed to the facility on 01/24/24 and on 04/11/22.         -He was unsure if there were any refill requests from the facility prior to 01/23/24.         Interview with Resident #5's PCP on 01/24/24 at 11:23am and 12:16pm revealed:         -She was not notified that Resident #5 had not been receiving her levothyroxine.         -She ordered labs to check Resident #5's thyroid function and would adjust her levothyroxine dose if necessary.         -Possible outcomes of not receiving levothyroxine as ordered included changes in blood pressure, increased weakness, increased fatigue, mood changes, and weight changes.         Interview with a Medication Aide (MA) on 01/24/24 at 2:40pm revealed: -The MAs were responsible to order resident medications	A BUILDING:         HAL049030         ROVIDER OR SUPPLIER         SUMMARY STATEMENT OF DEFICIENCIES         (EACE OF MOORESVILLE         SUMMARY STATEMENT OF DEFICIENCIES         (EACE OF MOORESVILLE         SUMMARY STATEMENT OF DEFICIENCIES         (EACE OF MOORESVILLE         SUMMARY STATEMENT OF DEFICIENCIES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 2         -There was a bubble pack containing levothyroxine 75mcg.         -Levothyroxine 75mcg, 30 tablets were dispensed on 01/23/24.         -There was a bubble pack containing.         Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:15pm revealed:         -Resident #5 had an order for levothyroxine         75mcg, one tablet daily.         -Levothyroxine 75mcg, 30 tablets were dispensed to the facility on 01/24/24 at 4:15pm revealed:         -Resident #5 had an order for levothyroxine         -Sfmog, no tablet daily.         -Levothyroxine 75mcg, 30 tablets were dispensed to the facility prior to 01/23/24.         Interview with Resident #5's PCP on 01/24/24 at 11:23am and 12:16pm revealed:         -She was not notified that Resident #5 had not been receiving her levothyroxine.         -She outcomes of not receiving levothyroxine as ordered included changes in blood pressure, increased weak	PEODREECTION       IDENTIFICATION NUMBER:       A BUILDING:         HAL049030       B. WING         ROWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZP CODE         LACE OF MOORESVILLE       128 BRAWLEY SCHOOL ROAD         WOORESVILLE, NC 28117       PROMDER'S PLAN OF CORE         SUMMARY STATEMENT OF DEFICIENCIES       ID         REGUATORY ON ISC DENTERING INFORMATION       PREFIX         Continued From page 2       D 358         -There was a bubble pack containing       Eventyproxine 75mcg.         Leverthyroxine 75mcg.       D 358         -Leverthyroxine 75mcg.       D 358         -There was a bubble pack containing       Eventyproxine 75mcg.         Leverthyroxine 75mcg.       D 358         -There were 29 tablets remaining.       D 358         Telephone interview with a representative from       Interview with a representative from         the facility on 01/24/24 at 01/21/22.       He was unsure if there were any refill requests         from the facility prior to 1/23/24.       Interview with Resident #5 had not         been receiving her levothyroxine dose       Streed to be notified if a resident missed         two or three doses of levothyroxine       Streed to be notified if a resident missed         two or three responsible to order resident       Interview with a Medication Aide (MA) on	Description       (V) DENTIFICATION NUMBER:       A BUILDING:	

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	D PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED	
		HAL049030	B. WING		01/2	4/2024
AME OF PROVIDE	ER OR SUPPLIER		ADDRESS, CITY, STA			
UMMIT PLACE	OF MOORESVILLE		WLEY SCHOOL SVILLE, NC 281			
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETI DATE
D 358 Cont	tinued From page 3	3	D 358	D358 Plan of Correction is on	page 10	
levot	thyroxine.				- 0	
and a -The med med -The resic -The the v -The the v -The the v -The adm print Inter 5:30 -The med rema -She audi med -She -The med rema -She -The med rema -She -The -The med -She -The -The audi -She -The -She -The -She -The -She	5:53pm revealed: a MAs were respon- dications when them- lication remaining to a MAs were respon- dent missed any do a MAs were respon- dent missed any do a MAs were being to weekly medication- a cart audits were of PCP's orders to the a was not aware Re- ninistered levothyro- ted the eMARs yes rview with the Adm- Dpm revealed: a MAs were respon- dications when ther- aining. a MAs were respon- dications when ther- aining. a MAs were trained or to yesterday (01)- lits of residents' eM- a was not aware tho- or to yesterday (01)- lits of residents' eM- a MAS were trained row as not aware tho- or to yesterday (01)- lits of residents' eM- a MAS were trained a MAS were	e were five days of o administer. sible to notify her if the oses of medications. rained to assist her with cart audits. completed by comparing e medications on the cart. esident #5 had not been xine as ordered until she terday (01/23/24). inistrator on 01/24/24 at sible to reorder residents' e were five to seven days I by staff MAs how to uring orientation. /23/24), there were no ARs. sible for running a s report daily. e medications exceptions erformed daily. nsible to complete a cart ing the PCP's orders to rt. s, interviews and record hed that Resident #5 was #5's PCP order dated				

TATEMENT	of Health Service Reg of DEFICIENCIES of CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
		HAL049030	B. WING		01/24/2024	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		128 BRA	WLEY SCHOOL	ROAD		
UMMIT P	LACE OF MOORESVIL	LE MOORE	SVILLE, NC 281	17		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 358	Continued From page 4		D 358	DOCO Dian of Competien is a	n nogo 10	
		I nebulizer 3ml inhalation		D358 Plan of Correction is o	n page 10	
	twice daily for five days for wheezing.					
	Review of Resident revealed:	#5's December 2023 eMAR				
	-There was an entry nebulizer, inhale on	for ipratropium/albuterol e vial twice a day for five				
	days.					
	-The entry was docu 12/28/23 to 12/31/23	umented as administered from 3 at 9:30am and 6:00pm.				
	Review of Resident revealed:	#5's January 2024 eMAR				
	nebulizer, inhale on	r for ipratropium/albuterol e vial twice a day for five				
	days.	- d indicating pat				
	-The entry was circl	01/24 at 9:30am and 6:00pm				
	-The documented re	easons the medication was				
	not administered wa	as "awaiting medication from				
	-There was an addi	tional note documented on the				
	eMAR on 01/01/24 resident still had no	at 3:02pm indicating the nebulizer machine.				
	Telephone interview the facility's contract 4:15pm revealed:	v with a representative from ted pharmacy on 01/24/24 at				
	-Resident #5 had a	n order dated 12/27/23 for bl, one vial (3ml) twice daily for				
	five days.	pensed ipratropium/albuterol				
	10 vials on 12/27/2	3 for Resident #5.				
	-The facility order d nebulizer machine.	id not contain a request for a				
	CONTRACTOR CONTRA	dent #5's PCP on 01/24/24 at				
	3:22pm revealed:	the state of the s				
	-She ordered the ip treatments for Resi ealth Service Regulation	oratropium/albuterol nebulizer dent #5 for wheezing.				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
		HAL049030	B. WING		01/24/2024	
ME OF PF	OVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
		128 BRA	WLEY SCHOOL	ROAD		
MMIT P	LACE OF MOORESVILI	LE MOORES	VILLE, NC 2811	7		
X4) ID REFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 358	Continued From page 5		D 358	D358 Plan of Correction	on nage 10	
				D356 Fian of Correction	on page to	
	-She was made aware Resident #5 did not receive the ipratropium/albuterol treatments when she was in the facility the following week. -She did not reorder the nebulizer treatments					
-						
		5's wheezing had cleared.				
		notified if a resident did not				
	receive medications					
	Interview with a MA	on 01/24/24 at 2:40pm				
	revealed:					
		d not be administered as				
	ordered, the MAs we	ere to inform the Health and				
	Wellness Director (H	IWD) and document it on the				
	eMAR.					
	-She was unsure if s	he documented correctly on				
		when she documented she				
	Resident #5.	atropium/albuterol to				
		vas an issue getting a				
	nebulizer machine fo	or Resident #5 but thought				
	the resident had rec	eived the nebulizer				
	treatments.					
	Interview with the H	WD on 01/24/24 at 3:35pm				
	revealed:					
		cumented she administered				
		ppium/albuterol treatments on				
	12/29/23 when she	documented she atments at 9:30am and				
		atments at 9.30am and				
	6:00pm.	lizer machine available to				
	- There was no nebu	lizer treatments to Resident				
	#5.					
	-She was unsure of	the date, but she informed				
		the following week that the				
	resident did not rece	eive the treatments.				
		write the order because				
	Resident #5 was no	longer congested.				
	-She did not docum	ent the PCPs directions in the				
	eMAR system.					

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IVISION OF HEAITH SERVICE REGUL TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	HAL049030	B. WING		01/2	/24/2024	
AME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE			
UMMIT PLACE OF MOORESVILLI		AWLEY SCHOOL F SVILLE, NC 2811				
PREFIX (EACH DEFICIENCY	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CO		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 358 Continued From page	6	D 358	D358 Plan of Correcti	on on page 10		
<ul> <li>5:30pm revealed:</li> <li>The MAs and the HW follow up with the pha PCP immediately if a available to administe</li> <li>Prior to yesterday (0' audits of residents' eM</li> <li>The MAs and the HW accurately document on the residents' eMA</li> <li>She was not aware to machine available to a ipratropium/albuterol for a section the residents' eMA</li> <li>She was not aware to machine available to a ipratropium/albuterol for a section of the resident of the section of the resident of the section of the sec</li></ul>	VD were expected to medication administration JRs. here was no nebulizer administer Resident #5's treatment. hs, interviews and record ined that Resident #5 was t #3's current FL2 dated unspecified dementia with irbance, cognitive wheel pertension, and right hip for rivastigmine transdermal to treat dementia) 4.6mg					

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STATEMENT	of Health Service Reg T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
		HAL049030	B. WING		01/2	24/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	IE, ZIP CODE		
			WLEY SCHOOL	ROAD		
SUMMIT F	PLACE OF MOORESVIL	LE MOORE	SVILLE, NC 2811	7		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 358	patch 4.6mg every 2 -There was a stop of highlighted yellow d next to the medicati -There was docume transdermal patch 4 01/01/24 through 02 -There was an entry to treat dementia) 5 start date of 01/11/2 -The entry was circl was not administered -The documented re not administered was pharmacy". Observations of Re hand on 01/24/24 a -There were individi transdermal patch 4 under Resident #33 -Donepezil 5mg 1 ta medications. Interview with a Me 01/24/24 at 2:59pm -She had applied th patch to Resident # -She stated if a mean would have appean screen under Resident	24 hours. late of 01/11/24 and a liscontinued (DC'd) box noted on entry on the eMAR. entation rivastigmine 8.6mg was administered on 1/12/24. y for donepezil (a medication ing 1 tablet at bedtime with a 24. led, indicating donepezil 5mg ed on 01/11/24. easons the medication was as "awaiting medication from sident #3's medication on tt 2:10pm revealed: ual packages of rivastigmine 4.6mg on the medication cart s supply of medications. ablet at bedtime was on the der Resident #3's supply of edication Aide (MA) on a revealed: the rivastigmine transdermal 43 on 01/24/24. dication was discontinued it red on the electronic computer dent #3's physician orders.	D 358	D358 Plan of Correction	n on page 10	
	transdermal patch 4 listed under Resident #3's elect 01/24/24.	ne order for rivastigmine 4.6mg every 24 hours was pronic medication orders for her MA on 01/24/24 at 3:03pm				

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STATEMENT	of Health Service Reg TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
		HAL049030	B. WING		01/2	24/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
	ACE OF MOORESVIL	16	WLEY SCHOOL			
	LACE OF MOORESVIL	MOORES	SVILLE, NC 2811			
(X4) ID PREFIX TAG	( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 358	Continued From page 8		D 358	D358 Plan of Correction	on page 10	
-She gave Residen patch on 01/23/24. -She was certain the under Resident #35 for 01/23/24. -If the medication we appeared on the eli- discontinued under orders. Interview and obse MA on 01/24/24 at -Resident #3 had the patch on his upper -Resident #3 though daily. Observation in the 01/24/24 at 3:35pm -14 packages of the patch were brough the Health and We -Prescription date we 30 patches. Interview with the Health revealed: -She was responsi medication order we the order. -She had approved medication order of -She was responsi medication order of -She was responsi medication order of -She was responsi medication order of -She was responsi medication from the	#3's rivastigmine transdermal e rivastigmine was listed e electronic medication orders as discontinued it would have ectronic medication screen as Resident #3's physician					
	MA on 01/24/24 at 3 -Resident #3 had th patch on his upper b -Resident #3 though	e rivastigmine transdermal				
	01/24/24 at 3:35pm -14 packages of the patch were brought the Health and Well -Prescription date w	Administrators office on revealed: e rivastigmine transdermal to the Administrators office by Iness Director (HWD). vas 12/24/23 and quantity was				
	revealed: -She was responsible medication order with the pharmacy. -The pharmacy would medication order are the order. -She had approved medication order or -She was responsible medication from the	ble for removing the e cart and failed to remove the				
	rivastigmine transdo oversight.	e cart and failed to remove the ermal patch as it was an ng trained to assist her with				

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#### 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: B. WING HAL049030 01/24/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **128 BRAWLEY SCHOOL ROAD** SUMMIT PLACE OF MOORESVILLE MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 358 Continued From page 9 D 358 the weekly medication cart audits. D358 Plan of Correction -The cart audits were completed by comparing the Primary Care Physician (PCP's) orders to the Medication aides will complete medications on the cart. Inservice training on medication administration; conducted by 03/29/24 Telephone interview with Resident #3's PCP on administration with 01/24/24 at 4:17pm revealed: assistance of pharmacy online -There was no harm with Resident #3 taking the education. rivastigmine transdermal patch with the donepezil. Upon hire, new medication Telephone interview with a representative from technicians will complete medication the facility's contracted pharmacy on 01/24/24 at 03/29/24 aide training. 4:35pm revealed: Inservice and training will be -The pharmacy dispensed 30 rivastigmine completed with all Med Technicians transdermal patches on 12/24/23 and 11/30/23. by Administration. -Rivastigmine transdermal patches were discontinued on 01/11/24. -There was no harm of taking the rivastigmine Bi-Weekly cart audits will be transdermal patch with the donepezil. 03/29/24 completed by medication technicians and by Administration. Interview with the Administrator on 01/24/24 at 5:30pm revealed: Medication -The HWD was responsible for removing the Exception and variance reports will be discontinued medications from the medication checked every other day 3/29/24 cart. by administration. -The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to medications on the cart. -The MA's will help with the cart audits every other week to look for what medications were on the cart, medications expired, or medications discontinued and checking the eMAR. Plan of Correction for D367 on page 15 D 367 D 367 10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration Division of Health Service Regulation

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
		HAL049030	B. WING	01/2	01/24/2024	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE		4/2024
SI INABAIT D		128 BRA	WLEY SCHOOL			
	LACE OF MOORESVIL	MOORE:	SVILLE, NC 28	117		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 367	Continued From pag	e 10	D 367	Plan of Correction for D36	7 on Page 15	
	Continued From page 10 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).			Plan of Correction for D36	on Page 15	
	facility failed to ensur Administration Recorr residents (Resident # documentation of a n underactive thyroid g relieve wheezing (#5) The findings are: Review of Resident # 08/16/23 revealed: -Diagnoses included thyroid gland), hyperf weakness. -There was an order	and record reviews, the re the Medication ds were accurate for 1 of 5 t5) including inaccurate hedication to treat land and a medication to ). t5's current FL2 dated hypothyroidism (underactive tension, and general				

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## Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 000 000 000 000 000 000 000 000 00	E CONSTRUCTION	(X3) DATE S COMPL	
		HAL049030	B. WING		01/2	4/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	0.172	
SUMMIT F	PLACE OF MOORESVILL	E	VLEY SCHOOL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	• 11	D 367	Plan of Correction for D367 on p	age 15	
		t #5's Primary Care ers dated 12/06/23 revealed xine 75mcg, one tablet				
	(eMAR) revealed: -There was an entry for tablet daily at 6:00am -The entry was docum	Administration Record or levothyroxine 75mcg, one nented as administered from from 11/12/23 to 11/24/23,				
	revealed: -There was an entry for tablet daily at 6:00am.	nented as administered from 12/15/23, 12/23/23,				
	revealed: -There was an entry for tablet daily at 6:00am. -The entry was docum	nented as administered on on 01/08/24 to 01/09/24, on				
	the facility's contracted 4:15pm revealed: -Resident #5 had an o 75mcg, one tablet dail -Levothyroxine 75mcg to the facility on 01/24	y. , 30 tablets were dispensed 4/24 and on 04/11/22. e were any refill requests				

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# PRINTED: 02/14/2024

#### FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HAL049030 01/24/2024 STREET ADDRESS, CITY, STATE, ZIP CODE **128 BRAWLEY SCHOOL ROAD** MOORESVILLE, NC 28117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 367 Plan of Correction for D367 on Page 15

Refer to interview with the Health and Wellness Director (HWD) on 01/24/24 at 3:35pm and 5:53pm. Refer to interview with the Administrator on 01/24/24 at 5:30pm. b. Review of Resident #5's PCP order dated 12/27/23 revealed an order for ipratropium/albuterol nebulizer 3ml inhalation twice daily for five days for wheezing. Review of Resident #5's December 2023 eMAR revealed: -There was an entry dated 12/27/23 for ipratropium/albuterol nebulizer, inhale one vial twice a day for five days. -The entry was documented as administered from 12/28/23 to 12/31/23 at 9:30am and 6:00pm.

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STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER

SUMMIT PLACE OF MOORESVILLE

Continued From page 12

AND PLAN OF CORRECTION

(X4) ID

PREFIX

TAG

D 367

Review of Resident #5's January 2024 eMAR revealed: -There was an entry for ipratropium/albuterol

nebulizer, inhale one vial twice a day for five days. -There was a note documented on the eMAR on 01/01/24 at 3:02pm indicating the resident still had no nebulizer machine. -The ipratropium/albuterol entry was discontinued on 01/02/24.

Telephone interview with a representative from the facility's contracted pharmacy on 01/24/24 at 4:15pm revealed: -Resident #5 had an order dated 12/27/23 for

ipratropium/albuterol, one vial (3mls) twice daily for five days. -The pharmacy dispensed ipratropium/albuterol

10 vials on 12/27/23 for Resident #5.

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FORM APPROVED

# PRINTED: 02/14/2024

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
		HAL049030	B. WING		01/2	4/2024
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		128 BRA	WLEY SCHOOL	ROAD		
	PLACE OF MOORESVILI	MOORES	VILLE, NC 281	17		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLE
D 367	Continued From page	e 13	D 367			
				Plan of Correction for D367	on page 15	
		l not contain a request for a nd no machine was delivered				
	to the facility.	iu no machine was delivered				
	to the facility.					
	Refer to interview with	h the HWD on 01/24/24 at				
	3:35pm and 5:53pm.					
		h the Administrator on				
	01/24/24 at 5:30pm.					
4	Interview with the HV	VD on 01/24/24 at 3:35pm	-			
	and 5:53pm revealed					
		cted to accurately document				
	medication administra					
		as not available on the				
		s the responsibility of the MA				
		MAR that the medication				
	was not given.	w readirations were bains			-	
		ny medications were being nistered when they were not				
	available for administ	Construction of the second				
	-The MAs were traine					
		administration when hired.				
	-She or a MA was res	ponsible to train new hires				
	how to accurately doo					
	administration in the e	eMAR system.				
	Interview with the Adr	ninistrator on 01/24/24 at				
	5:30pm revealed:					
		insible to reorder residents'				
		ere were five to seven days				
	remaining.					
		d by staff MAs when hired				
	how to accurately doo administration in the e					
		1/23/24), there were no				
	audits of residents' el					
	-The HWD was respo					
	medications exception					
		he medications exceptions				

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If continuation sheet 14 of 15

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 01/24/2024	
	HAL049030			01/		
NAME OF PROVIDER OR SUPPLIER STREET						
	128 BD/					
LACE OF MOORESVIL	LE MOORE	SVILLE, NC 2811	7			
(X4) ID         SUMMARY STATEMENT OF DEFICIENCIES           PREFIX         (EACH DEFICIENCY MUST BE PRECEDED BY FULL           TAG         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	
Continued From page	ge 14	D 367				
report was not being performed daily. -The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to medications on the cart.			D367 Plan of Correction	lications		
			will be reviewed by administration		03/29/2	
			Medication exceptions reported reviewed every other day b administration.	ort will be Y	03/29/24	
			on medication administration records specifically, on documenting medication administration and reordering	ng	03/29/24	
	Continued From page -The HWD was resp audit monthly, comp	ROVIDER OR SUPPLIER STREET A PLACE OF MOORESVILLE MOORE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 report was not being performed daily. -The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to	Introduction         ROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE         PLACE OF MOORESVILLE         SUMMARY STATEMENT OF DEFICIENCIES         ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL         REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 14         D 367         report was not being performed daily.         -The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to	ROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           PLACE OF MOORESVILLE         128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECT (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX         PROVIDER'S PLAN OF CORRECT (EACH DEFICIENCY)           Continued From page 14         D 367         D 367         D 367           report was not being performed daily. -The HWD was responsible to complete a cart audit monthly, comparing the PCP's orders to medications on the cart.         D 367         D 367 Plan of Correction           Medication exceptions report reviewed by administ bi-weekly and with cycle fill         Medication exceptions report reviewed every other day b administration.         Medication aides will be in startion	ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         PLACE OF MOORESVILLE       128 BRAWLEY SCHOOL ROAD MOORESVILLE, NC 28117         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BO FY ULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Continued From page 14       D 367         report was not being performed daily. -The HVD was responsible to complete a cart audit monthly, comparing the PCP's orders to medications on the cart.       D 367         Medication orders and medications will be reviewed by administration bi-weekly and with cycle fill monthly.       Medication exceptions report will be reviewed every other day by administration.         Medication aides will be in serviced on medication administration records specifically, on       Medication, administration	

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