	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		FCL088010	B. WING		03/1	2/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TORE'S H	OME #3	65 TORE'S	DRIVE , NC 28712			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
C 000	00 Initial Comments		C 000			
	The Adult Care Licensure Section conducted an annual survey on 03/12/24.					
C 315	10A NCAC 13G .1002	2(a) Medication Orders	C 315			
	10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.					
	This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to clarify an order for 1 of 3 sampled residents (#2) related to lisinopril (used to treat hypertension).					
	The findings are:					
	-An order for lisinopril 10mg daily. Review of Resident #	2's current FL2 dated dementia and hypertension. (used to treat hypertension) 2's February 2024 and c medication administration				
	record (eMAR) reveal					

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		'	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		-120	
		FCL088010	B. WING		03/12/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
TORE'S H	OMF #3	65 TORE'S	BDRIVE				
- TORLOTT	ome no	BREVARD	, NC 28712				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
C 315	Continued From page	e 1	C 315				
	-Three was documentation lisinopril 10mg was administered 02/14/24 through 02/29/24Three was documentation lisinopril 10mg was administered 03/01/24 through 03/12/24. Observation of Resident 2's medications on hand on 03/12/24 at 10:51am revealed: -Lisinopril 10mg was not availableA bottle of lisinopril 2.5mg, that was filled at a local pharmacy on 09/22/23, was availableThe bottle of lisinopril 2.5mg had 90 tablets dispensed and 22 were remaining.						
	Interview with the Supervisor-in-Charge (SIC) on 03/12/24 at 10:54am revealed: -Resident #2 brought all her medications, including the lisinopril 2.5mg, with her when she was admitted to the facility on 02/12/24She was using the bottle of lisinopril 2.5mg when she administered Resident #3's medicationsShe did not realize the dosage of the lisinopril that Resident #2 brought with her upon admission did not match the order on the FL2She was responsible for comparing medication orders to the eMAR and making sure medications and dosages were accurate when compared to what was orderedShe completed medication cart audits weekly on Mondays and compared the medications to the ordersIf she had noticed the discrepancy she would have obtained a clarification order.						
	have obtained a clarification order. Telephone interview with Resident #2's Primary care Provider (PCP) on 03/12/24 at 2:24pm revealed: -A rehabilitation facility completed Resident #2's current FL2 when she was admitted to the facility. -She did not know why the dose of lisinopril was increased when Resident #2 was at the						

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _		COIVII EL IED		
		FCL088010	B. WING	B. WING		03/12/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
TORE'S H	OME #3	65 TORE	S DRIVE D, NC 28712				
	OLIMAN DV OT		·				
(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	
C 315	Continued From page	2	C 315				
	on 9/22/23 and should	n ordered lisinopril 2.5mg d continue to receive 2.5mg.					
	Interview with the facility's Manager on 03/12/24 at 4:15pm revealed: -Medications should always be checked for accuracy when residents who were admitted to the facility brought their own medications. -The SIC was responsible for medication cart audits weekly and should have compared the medications on the cart to the medication orders. -She did not know why the SIC did not realize the lisinopril dosage was 2.5mg instead of the ordered 10mg. -The SIC was responsible for obtaining a clarification order if there was any question about a medication order. -She expected the MAs and SIC to administer medications as ordered or contact the pharmacy for the correct dosage of medication to be dispensed.						
C 330	10A NCAC 13G .1004 Administration	l(a) Medication	C 330				
	(a) A family care hom preparation and admi prescription and non-by staff are in accorda (1) orders by a license which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies					
	This Rule is not met a	as evidenced by:					

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STATE FORM 6899 O2G911 If continuation sheet 3 of 26

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		FCL088010	B. WING	B. WING		3/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	F ZIP CODE	·	
			'S DRIVE	_,		
TORE'S H	OME #3		D, NC 28712			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
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C 330	Continued From page	3	C 330			
	interviews, the facility medications as ordere residents (#1) related					
	The findings are:					
	Review of the facility's undated policies and procedures on medication administration revealed: -Only the facility's contracted pharmacy was allowed to make changes to the electronic medication administration record (eMAR) for prescription medications. -The Supervisor-in-Charge (SIC) or Manager was responsible for making sure the pharmacy entered new orders and discontinued orders correctly. -There must always be two staff present when administering scheduled controlled medications to residents. -The Supervisor-on-Call (SOC) must be notified first before administration of an as-needed controlled medication. -The SIC will ensure any medication changes that occurred during the hours that the SIC is present in the facility were entered into the eMAR correctly by the pharmacy and the medication delivered was correctly labeled. If medication changes occurred after hours, the SOC was					
	prior to the first medic the changeThe SIC was respon- medication orders to	the pharmacy. er would review all changes				

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PRINTED: 03/19/2024 FORM APPROVED

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DIVISION	n nealth Service Negu	ilation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
			P WING		l		
		FCL088010	B. WING		03/1	2/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE			
		65 TORE	'S DRIVE				
TORE'S H	OME #3		D, NC 28712				
			D, NC 20/12	T			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5) COMPLETE	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		DATE	
170		,	170	DEFICIENCY)			
C 330	Continued From page	e 4	C 330				
	-The SIC was respon	sible for the documentation					
	of all activities of daily						
	_	on pass, the medication was					
		en, located in the medication					
	cart, compared with the	•					
	·	ntified as accurate the					
	· · · · · · · · · · · · · · · · · · ·	nistered to the resident.					
		nedication administration					
	were documented in the eMAR.						
	Review of Resident #1's current FL2 dated 02/22/24 revealed diagnoses included dementia						
	and anxiety.	agnoses included dementia					
	and anxiety.						
	Review of Resident #	1's Resident Register					
	revealed an admissio	-					
	revealed all admissio	11 date 01 02/25/24.					
	a Review of Residen	t #1's physician's order					
		lled lorazepam (a medication					
		0.5mg take 1 tablet every					
	night as needed for a	-					
	riigitt as riceaea for a	inviory.					
	Review of Resident #	1's local hospital discharge					
	instructions dated 03/						
		en at the local hospital					
	emergency room (ER	!					
		an's order dated 03/09/24 to					
		ne week and use a newly					
		n instead for agitation.					
	prescribed medication	irinstead for agitation.					
	Review of Resident #	1's Incident and Accident					
	(I&A) Reports dated (
		ports filled out for falls dated					
	03/09/24.	porto mica out foi fails dated					
		documented on the I&A					
		documented on the IQA					
	reports.	MA) found Posident #1 lying					
		MA) found Resident #1 lying					
	on the floor after she	neard Resident #1					
	"grunting".						
	-She notified the Sup	ervisor-on-Call (SOC) of					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDIEAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		OOM E	
		FCL088010	B. WING		03/12/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TORE'S H	OME #3	65 TORE'S	DRIVE			
		BREVARD,	NC 28712			
(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	(X5) COMPLETE DATE
C 330	Continued From page	÷ 5	C 330			
	Resident #1's fall and called 911 to have Resident #1 evaluated.					
	record (eMAR) reveal -There was an entry f tablet every day as-notThere was documen administered twice or 11:41pm with a comm documented with the	dedication administration led: for lorazepam 0.5mg take 1 leeded for anxiety. tation lorazepam 0.5mg was a 03/08/24 at 7:42pm and lent of "still restless" lescond dose. tation lorazepam was to be				
	Interview with the Supervisor-in-Charge (SIC) on 03/12/24 at 11:20am revealed: -Resident #1's lorazepam was ordered to be administered once daily as-needed for anxietyShe did not know why the third shift medication aide (MA) administered a second dose of lorazepam to Resident #1 on 03/08/24Resident #1 fell twice the morning of 03/09/24 and was complaining of pain so Resident #1 was sent to the local hospital ER for an evaluationResident #1 was sent back to the facility on 03/09/24 with an order to hold lorazepam for one week.					
	Interview with a second shift medication aide (MA) on 03/12/24 at 3:30pm revealed: -She worked second shift on 03/08/24 and administered lorazepam to Resident #1 at 7:42pm due to being anxious and agitated and Resident #1 was calm and in bed when her shift ended at 11:00pmShe worked first shift on 03/09/24 and made rounds with the third shift MA to all the resident roomsThe third shift MA reported Resident #1 fell					

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STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL088010	B. WING		03/12	2/2024
NAME OF PROVIDE	R OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
TORE'S HOME #	2	65 TORE	S DRIVE			
BREVARD,			D, NC 28712			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
C 330 Cont	inued From page	6	C 330			
"durii 03/03 - Sho heard on the -She he we could -She 911 ve -Resident to add Resident -She to add Resident -She was every -A me giver takes care -She Resident -She Resid	ng the night" when 19/24. rtly after leaving to the Resident #1 "had be floor next to his tried to assist Resident effort next to his tried to assist Resident effort the Superior of the Sup	Resident #1's room, she ollering" and found him lying is bed around 7:30am. esident #1 off the floor, but if pain and Resident #1 re he was hurting. ervisor-on-call (SOC) and one confused" on 03/09/24 ine. et to stand and walk prior to ut was unable to do so now with a third shift MA on evealed: etcond dose of lorazepam 08/24 about 4 hours after ininistered because the first ident #1, and he was still thift SOC to get permission d dose of lorazepam to //24 even though it was on 03/08/24. In notified, and prior approval as-needed medications that	C 330			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION (X3) II A. BUILDING:		
		FCL088010	B. WING		03	3/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TORE'S H	OME #2	65 TORE	'S DRIVE			
IUKE S H	OWE #3	BREVAR	D, NC 28712			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 330	O3/12/24 at 4:21pm re- The third shift MA on approval to administered she told the MA to a Resident #1 at 12:00 a considered another desident #1 at 12:00 a considered another desident #1 and had to be a for an evaluation. She did not realize Resident #1 administered on 03/04. Telephone interview we care provider (PCP) or revealed: She saw Resident #1 was president #1 was president #1 was president #1 was president #1's falls on caused by taking an evening of 03/08/24. An extra dose of loral increased drowsiness depression, hypotens retention, fainting, and she expected the fact at 4:09pm revealed: The SOC was responsidents. The third shift SOC second increased contact and con	with the night shift SOC on evealed: 1 03/08/24 called to get or lorazepam to Resident #1. In dminister the lorazepam to am so that it would be ay. 2 on 03/09/24 when Resident sent to the local hospital ER Resident #1's lorazepam was 8/24 at 11:41pm. With Resident #1's primary on 03/12/24 at 2:34pm If for the first time on the shed him as a new patient. Viously administered or and she reordered end the extra dose of lorazepam the extra dose of lorazepam the extra dose of lorazepam the sizepam could cause as, unsteadiness, respiratory of an increased risk of falls. Cility staff to administer	C 330			
	administered before a	approving the administration				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL088010	B. WING	B. WING		/12/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE			
TORE'S H	OME #3	65 TORE	'S DRIVE				
TORESTI	OIVIE #3	BREVAR	D, NC 28712				
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
C 330	Continued From page	≥ 8	C 330				
	when it was not order increased risk of falls -She did not know an was administered to F 03/08/24She expected the Mas ordered. b. Review of Resident discharge instructions -Resident #1 was see emergency room (ER -A computed tomogra abdomen and pelvis vidiagnosis of moderate without a definitive transfer obstruction.	extra dose of lorazepam red could cause an . extra dose of lorazepam Resident #1 at 11:41pm on As to administer medications at #1's local hospital s dated 03/08/24 revealed: en at the local hospital 8) for lower abdominal pain. aphy (CT) scan on the was completed with a e diffuse bowel distention ansition zone to suggest tion order for polyethylene					
	electronic medication (eMAR) revealed: -There was no entry f grams take daily for 7	t1's 03/08/24-03/12/24 administration record for polyethylene glycol 17 days for constipation. nentation polyethylene glycol					
	was administered. Observation of Resident #1's medications on hand on 03/12/24 at 11:20am revealed there was no polyethylene glycol available to administer. Interview with the Supervisor-in-Charge (SIC) on 03/12/24 at 11:20am revealed: -Resident #1's polyethylene glycol was unavailable for administration.						

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-Resident #1 was prescribed polyethylene glycol

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		F01 000040			00/40/000	
		FCL088010	B. WING		03/1	2/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	ATE, ZIP CODE		
		65 TORE'S	DRIVE			
TORE'S H	OME #3		, NC 28712			
	CLIMMA DV CT		1	DROVIDEDIS DI AN OF CORDECTIO	NI.	
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				DEFICIENCY)		
C 220	O	. 0	C 330			
C 330	Continued From page	9	C 330			
	for constipation when	he was seen at the local				
	hospital ER on 03/08/					
	-The facility's contract					
		ethylene glycol to Resident				
	#1's eMAR yet.	sanytene giyeet to t teelaetti				
	•	for faxing new medication				
	orders to the pharmac					
		for following up with the				
	pharmacy when medications were not dispensed or added to the eMAR.					
	-She thought she had faxed the order for					
	_	ylene glycol to the pharmacy				
	· ·					
	make sure the fax wa	keep fax confirmations to				
	-She forgot to fax Res					
		the pharmacy, call the				
	-	the medication was not				
		and why the polyethylene				
	glycol was not dispen					
		owel movement on 03/11/24				
		nent the bowel movement.				
	-Bowel movements w	ere documented in the chart				
	notes in the resident's					
		I movements documented				
	for Resident #1 since	his admission on 02/23/24.				
	•	vith a pharmacy technician				
	from the facility's cont					
	03/12/24 at 11:48am					
	-The pharmacy did no					
	Resident #1's polyeth	ylene glycol dated 03/08/24.				
		ot dispensed polyethylene				
	glycol for Resident #1					
	-The last medication of	orders received for Resident				
	#1 that were faxed to	the pharmacy was on				
	02/23/24.					
	Telephone interview v	vith Resident #1's primary				
	care provider (PCP)	on 03/12/24 at 2:34nm	1			1

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revealed:

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DIVISION	Division of Fleatin Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		FCL088010	B. WING		03/12/2024	
NAME OF D	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIR CODE	-	
NAME OF T	NOVIDEN ON SOLI LIEN		, ,	TE, ZII CODE		
TORE'S H	OME #3	65 TORE'S				
	BREVARD		, NC 28712			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
		,		DEFICIENCY)		
C 330	Continued From page	. 10	C 330			
C 330	Continued From page	÷ 10	0 330			
	-She saw Resident #					
	03/04/24 and establis	hed him as a new patient.				
	-Resident #1's polyet	hylene glycol was ordered				
	on 03/08/24 by a phys	sician at the local hospital				
	ER.					
	-Resident #1 could ex					
	constipation causing	•				
	increased confusion b	by not receiving the				
	polyethylene glycol.					
	-She expected the facility to administer					
	medications as ordered	ed.				
		20/40/04				
		ility's Manager on 03/12/24				
	at 11:55am revealed:					
	-The SIC was respon	_				
	medication orders to to confirming the fax wa					
	_	sible for making sure the				
	new medication order	•				
	resident's eMAR.	3 Were added to the				
		sible for completing eMAR				
	audits daily.	olbio for completing own at				
	•	nplete daily eMAR audits or				
		ound that Resident #1's				
		as not added to the eMAR				
	by the pharmacy.					
		R audits every 90 days but				
		R since the polyethylene				
	glycol was ordered fo					
	-The SIC was respon					
	medication cart audits	· -				
	-The SIC just "failed"	to fax Resident #1's order				
	for polyethylene glyco	ol to the pharmacy, make				
	sure the medication w	vas added to the eMAR and				
	administer it to Reside	ent #1.				
		t #1's physician's orders				
		led an order for vitamin D3				
	(a supplement used to	o increase calcium and				

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phosphorus absorption to build and maintain

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		FCL088010	B. WING		03/1	2/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TORE'S H	OME #3	65 TORE'S				
			NC 28712			T
(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	(X5) COMPLETE DATE
C 330	Continued From page	e 11	C 330			
	strong bones) 2000 u	nits (u) take 1 capsule daily.				
	electronic medication (eMAR) revealed: -There was an entry from the capsule daily at 8:00aThere was documen administered from 03 03/07/24-03/10/24, at the capsule daily at 8:00aThere was documen not administered on 0 was "physically unable. There was documen not administered on 0 able to get Resident # Observation of Resident Hand on 03/12/24 at 1-There was a bottle of for administration.	tation vitamin D3 2000u was /04/24-03/05/24, and on 03/12/24. tation vitamin D3 2000u was 03/06/24 due to Resident #1 te to take". tation vitamin D3 2000u was 03/11/24 due to not being #1 "awake enough to take".				
	03/12/24 at 11:20am -Resident #1 was adr 02/23/24 and brought from home including some she documented she vitamin D3 2000u on	mitted to the facility on most of his medications vitamin D3 5000u. administered Resident #1 03/04/24,				
	03/07/24-03/08/24, and 03/12/24 instead of the 5000u available because she did not check the dosage on the bottle before administrationShe did not realize Resident #1's vitamin D3 5000u did not match the physician's order for 2000uShe was responsible for eMAR audits daily or when a new order was given to check for accuracy of documentation.					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		FCL088010	B. WING		03/12/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TORE'S H	OME #3	65 TORE	S DRIVE			
TORE 3 H	OIVIE #3	BREVARI), NC 28712			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLETE	Ē
C 330	Continued From page	e 12	C 330			
C 330	-She was responsible orders to the eMAR a and dosages were as what was orderedShe knew she was smedications including eMAR when she adm she did not always chashe was responsible cart audits weekly on medications to the ordosagesShe did not check th vitamin D3 when she 03/04/24 or 03/11/24 sure Resident #1's vitamin the facility's con 03/12/24 at 11:48am. The facility was resprequest for any medications and the same control of the same c	e for comparing medication and making sure medications occurate when compared to supposed to check the dosage against the inistered medications, but neck the dosage. The for completing medication and Mondays and compared the ders including medication the ders including medication and only looked to make tamin D3 was available. With a pharmacy technician tracted pharmacy on revealed: onsible for sending a cations needed.	C 330			
	dispensed by the pha	n D3 2000u had never been armacy.				
	care provider (PCP) of revealed: -She ordered Resider 1 capsule daily on 03 -Taking too large of a increase the calcium nausea, vomiting, or could lead to kidney s	cility to administer Resident				
	Interview with a seco	nd shift medication aide				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		FCL088010	B. WING		03/1	2/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TORE'S H	OME #3	65 TORE'S				
			NC 28712			
(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 APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
C 330	Continued From page	e 13	C 330			
	on 03/02/24-03/03/24 did not realize the vita of the ordered 2000u. -She did not always of dosage to the eMAR medications.	esident #1 vitamin D3 5000u , and 03/09/24 because she amin D3 was 5000u instead . compare the medication when she administered				
	at 11:55am revealed: -The SIC was responsive Resident #1's vitamin matched the medicatireshe did not know who dosage was 5000u in -The SIC was responsive audits weekly and show medications on the cal-She expected the Materials was responsive to the same statement of the same show t	D3 dosage on the bottle ion order. by the SIC did not realize the stead of the ordered 2000u. sible for medication cart bould have compared the art to the medication orders. As and SIC to administer ed or contact the pharmacy				
	dated 03/04/24 revea (a supplement used to healthy and prevent a and weakness) 1000r Review of Resident # electronic medication (eMAR) revealed:	t #1's physician's orders led an order for vitamin B12 o keep blood and nerve cells anemia that causes tiredness mcg take 1 tablet daily. 1's 03/04/24-03/12/24 administration record				
	take 1 tablet daily at 8 -There was document was administered from 03/07/24-03/10/24, ar	tation vitamin B12 1000mcg m 03/04/24-03/05/24, nd on 03/12/24. tation vitamin B12 1000mcg				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BOILDING.			
		FCL088010	B. WING		03	/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		65 TORE	'S DRIVE			
TORE'S H	OME #3	BREVAR	D, NC 28712			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From page	e 14	C 330			
	-There was documen was not administered	rsically unable to take". tation vitamin B12 1000mcg on 03/11/24 due to not ident #1 "awake enough to				
	hand on 03/12/24 at a -There was a bottle o available for administ	f vitamin B12 5000mcg				
	O3/12/24 at 11:20am Resident #1 was adr O2/23/24 and brought from home including v She documented she vitamin B12 1000mcg O3/07/24-03/08/24, ar 5000mcg available be the dosage on the bo She did not realize R 5000mcg did not mate 1000mcg. She was responsible when a new order wa accuracy of documen She was responsible orders to the eMAR a and dosages were ac what was ordered. She knew she was s medications including eMAR when she adm she did not always ch	mitted to the facility on a most of his medications vitamin B12 5000mcg. e administered Resident #1 g on 03/04/24, and 03/12/24 instead of the ecause she did not check ttle before administration. Resident #1's vitamin B12 ch the physician's order for e for eMAR audits daily or is given to check for itation. It for comparing medication and making sure medications in the dosage against the inistered medications, but				
	cart audits weekly on	Mondays and compared the ders including medication				

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STATE FORM 02G911 If continuation sheet 15 of 26

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		FCL088010	B. WING		03/	12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE. ZIP CODE		
		65 TORE'	S DRIVE	•		
TORE'S HOME #3		D, NC 28712				
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	<u>, </u>	PROVIDER'S PLAN OF CO	DRRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	COMPLETE DATE
C 330	Continued From page	2 15	C 330			
	dosages.					
	~	e dosage of Resident #1's				
	vitamin B12 when she	e completed the cart audit				
	on 03/04/24 or 03/11/	24 and only looked to make				
	sure Resident #1's vit	amin B12 was available.				
	Telephone interview v	vith a pharmacy technician				
	from the facility's cont	tracted pharmacy on				
	03/12/24 at 11:48am					
	-The facility was resp					
	request for any medic					
		st made for Resident #1's				
	vitamin B12 1000mcg	•				
	been dispensed by th	n B12 1000mcg had never				
	been dispensed by in	е рпаппасу.				
	Telephone interview v	vith Resident #1's primary				
	•	on 03/12/24 at 2:34pm				
	revealed:	•				
		nt #1 vitamin B12 1000mcg				
	take 1 tablet daily for					
	•	cility to administer Resident				
	#1's medications as o	ordered.				
	Interview with a secon	nd shift medication aide				
	(MA) on 03/12/24 at 3					
		esident #1 vitamin B12				
		I-03/03/24, and 03/09/24				
	•	ealize the vitamin B12 was				
	5000mcg instead of the					
	_	ompare the medication				
	dosage to the eMAR	when she administered				
	medications.					
	Interview with the faci	ility's Manager on 03/12/24				
	at 11:55am revealed:	, , , , , , , , , , , , , , , , , , , ,				
	-The SIC was respons	sible for making sure				
		B12 dosage on the bottle				
	matched the medicati	<u> </u>				

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-She did not know why the SIC did not realize the

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL088010	B. WING		03/12/2	.024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
TORE'S H	IOME #3	65 TORE' BREVARI	S DRIVE D, NC 28712			
(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 SHOU CROSS-REFERENCED TO THE APPRODE	JLD BE	(X5) COMPLETE DATE
C 330	dosage on the bottle ordered 1000mcg. -The SIC was responsaudits weekly and shomedications on the cashe expected the Mandications as ordered for the correct dosage dispensed. Attempted telephone Administrator on 03/0 unsuccessful. Based on observation review, it was determined interviewable. The facility failed to enadministered as ordered to be administered as ordered to be administered within 3 03/08/24, after the firs 7:42pm and may have falling twice on 03/09/24 amedication to treat of the first of	was 5000mcg instead of the sible for medication cart ould have compared the art to the medication orders. As and SIC to administer ed or contact the pharmacy e of medication to be interview with the 8/24 at 4:09pm was as, interviews, and record ined Resident #1 was not insure medications were red for Resident #1 when an anxiety medication, which ministered once daily e, was documented as hours and 59 minutes on st dose was administered at the contributed to Resident #1 (24 and failing to administer constipation after Resident cal hospital emergency room unated for lower abdominal osed with moderate diffuse ng Resident #1 at risk of n, impaction, and/or This failure was detrimental ety of Resident #1 and Violation.	C 330			
		131D-34 on 03/12/24 for				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
			_			
		FCL088010	B. WING		03/1	2/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
TORE'S H	OME #3	65 TORE'S BREVARD,				
(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
C 330	Continued From page	e 17	C 330			
		DATE FOR THIS TYPE B IOT EXCEED APRIL 26,				
C 342	10A NCAC 13G .1004 Administration	4(j) Medication	C 342			
	(j) The resident's merecord (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa medication administe (4) instructions for ad or treatment; (5) reason or justificat medications or treatmed documenting the result (6) date and time of a (7) documentation of medications or treatmomission, including reason (8) name or initials of the medication or treasignature equivalent to documented and main administration record	red; ministering the medication tion for the administration of ments as needed (PRN) and alting effect on the resident; dministration; any omission of ments and the reason for the efusals; and the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR).				
	reviews, the facility fa medication administra for 2 of 3 sampled res to documentation of s	ns, interviews, and record iled to ensure the electronic ation records were accurate sidents (#1 and #2) related supplements to treat vitamin min B deficiency (#1) and a				

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			D WING		
		FCL088010	B. WING		03/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	
				,	
TORE'S H	OME #3	65 TORE			
		BREVAR	D, NC 28712		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	NEGOLATORT OR L	GO IDENTIL TING INI ONWATION)	TAG	DEFICIENCY)	NAIL 5/112
				, , , , , , , , , , , , , , , , , , ,	
C 342	Continued From page	e 18	C 342		
	The findings are:				
	-	s undated policies and			
	procedures on medica	ation administration			
	revealed:				
	-The Supervisor-in-Cl	narge (SIC) or Manager was			
	responsible for makin	g sure the pharmacy			
	entered new orders a	nd discontinued orders			
	correctly.				
	-The SIC will ensure any medication changes that				
	occurred during the h	ours that the SIC is present			
	in the facility were ent				
	-	nacy and the medication			
		ly labeled. If medication			
	changes occurred after				
	•	as responsible for the above			
	procedure taking place				
		ation after the change.			
		lity's Manager will note in			
	the record that all me	· ·			
		be made, the SIC will			
	· · · · · · · · · · · · · · · · · · ·	by telephone and ensure			
	medications were cor	•			
	-	n pass, the medication was			
		n, located in the medication			
	cart, compared with the				
	,	ntified as accurate the			
		nistered to the resident.			
		nedication administration			
	were documented in t	he eMAR.			
		t #1's current FL2 dated			
	02/22/24 revealed dia	ignoses included dementia.			
	Review of Resident #	1's Resident Register dated			
	02/16/24 revealed an	admission date of 02/23/24.			
	a. Review of Residen	t #1's physician's orders			

dated 03/04/24 revealed an order for vitamin D3

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7.1.12 . 2.1.1	5. G5. W.EG. W.E.	15211111107111011152111	A. BUILDING: _		00 22.122
		FCL088010	B. WING		03/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
TORE'S H	OMF #3	65 TORE'S	DRIVE		
		BREVARD	, NC 28712		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
C 342	Continued From page 19		C 342		
	(a supplement used to phosphorus absorption strong bones) 2000 u	o increase calcium and on to build and maintain nits (u) take 1 capsule daily.			
	Review of Resident #1's 03/04/24-03/12/24 electronic medication administration record (eMAR) revealed: -There was an entry for vitamin D3 2000u take 1 capsule daily at 8:00amThere was documentation vitamin D3 2000u was administered from 03/04/24-03/05/24, 03/07/24-03/10/24, and on 03/12/24.				
		tation vitamin D3 2000u was 03/06/24 due to Resident #1 le to take".			
	not administered on 0	tation vitamin D3 2000u was 03/11/24 due to not being #1 "awake enough to take".			
	Observation of Resident #1's medications on hand on 03/12/24 at 11:20am revealed: -There was a bottle of vitamin D3 5000u available				
	for administrationThere was no vitaminadministration.	n D3 2000u available for			
	03/12/24 at 11:20am	pervisor-in-Charge (SIC) on revealed: mitted to the facility on			
	from home including	most of his medications vitamin D3 5000u. e administered Resident #1			
		nd 03/12/24 instead of the			
	dosage on the bottle	use she did not check the before administration. Resident #1's vitamin D3			
	2000u.	the physician's order for for eMAR audits daily or			

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A BUILDING:		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI F	CONSTRUCTION	(X3) DATE SURV	'EY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			. ,	1 ' '			
NAME OF PROVIDER OR SUPPLIER TORE'S HOME #3 G5 TORE'S DRIVE BREVARD, NC 28712 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 342 C 342 C ontinued From page 20 when a new order was given to check for accuracy of documentationShe was responsible for comparing medications and dosages were accurate when compared to what was orderedShe knew she was supposed to check medications including the dosage against the eMAR when she administered medications, but she did not always check the dosage.							
TORE'S HOME #3 Continued From page 20 Continued From page 20 When a new order was given to check for accuracy of documentation. She was responsible for comparing medication orders to the eMAR and making sure medications and dosages were accurate when compared to what was ordered. She knew she was supposed to check medications including the dosage against the eMAR when she administered medications, but she did not always check the dosage.			FCL088010	B. WING		03/12/2	024
TORE'S HOME #3 BREVARD, NC 28712 (X4) ID PREFIX TAG C 342 Continued From page 20 when a new order was given to check for accuracy of documentationShe was responsible for comparing medication orders to the eMAR and making sure medications and dosages were accurate when compared to what was orderedShe knew she was supposed to check medications including the dosage against the eMAR when she administered medications, but she did not always check the dosage.	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
C 342 Continued From page 20 C 342 When a new order was given to check for accuracy of documentationShe was responsible for comparing medications and dosages were accurate when compared to what was orderedShe knew she was supposed to check medications including the dosage against the eMAR when she administered medications, but she did not always check the dosage.	TODE'S L	OME #2	65 TORE	'S DRIVE			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	TORE 3 H	IOIVIE #3	BREVAR	D, NC 28712			
when a new order was given to check for accuracy of documentationShe was responsible for comparing medication orders to the eMAR and making sure medications and dosages were accurate when compared to what was orderedShe knew she was supposed to check medications including the dosage against the eMAR when she administered medications, but she did not always check the dosage.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE C	(X5) COMPLETE DATE
accuracy of documentation. -She was responsible for comparing medication orders to the eMAR and making sure medications and dosages were accurate when compared to what was ordered. -She knew she was supposed to check medications including the dosage against the eMAR when she administered medications, but she did not always check the dosage.	C 342	Continued From page	e 20	C 342			
Interview with a second shift medication aide (MA) on 03/12/24 at 3:30pm revealed: -She administered Resident #1 vitamin D3 5000u on 03/02/24-03/03/24, and 03/09/24 because she did not realize the vitamin D3 was 5000u instead of the ordered 2000uShe did not always compare the medication to the eMAR when she administered medications. Interview with the facility's Manager on 03/12/24 at 11:55am revealed: -The SIC was responsible for making sure Resident #1's medications and dosages matched the physician's ordersShe did not know why the SIC did not realize the dosage on the bottle of vitamin D3 was 5000u instead of the ordered 2000uThe SIC was responsible for medication cart audits weekly and should have compared the medications on the cart to the medication ordersShe expected the MAs and SIC to administer medications as ordered and document the administration on the eMAR accurately. Attempted telephone interview with the Administrator on 03/08/24 at 4:09pm was unsuccessful.		when a new order wa accuracy of documen- She was responsible orders to the eMAR a and dosages were ac what was ordered. She knew she was s medications including eMAR when she adm she did not always characteristic with a secon (MA) on 03/12/24 at 3-She administered Re on 03/02/24-03/03/24 did not realize the vita of the ordered 2000u. She did not always of the eMAR when she at 11:55am revealed: The SIC was respon Resident #1's medicat the physician's orders. She did not know who dosage on the bottle instead of the ordered. The SIC was respon audits weekly and she medications on the ca-She expected the Mamedications as ordered administration on the Attempted telephone Administrator on 03/0	is given to check for tation. In for comparing medication and making sure medications occurate when compared to supposed to check the dosage against the sinistered medications, but neck the dosage. In dishift medication aide 3:30pm revealed: esident #1 vitamin D3 5000u or, and 03/09/24 because she amin D3 was 5000u instead of the medication to administered medications. In the sille for making sure the medication to administered medication sure of vitamin D3 was 5000u or to a sille for making sure of vitamin D3 was 5000u or to the medication cart outly have compared the part to the medication orders. As and SIC to administer end and document the emaker accurately.	C 542			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7.110127.11	or connection	IDENTIFICATION NO.	A. BUILDING: _		COMIT LETED
		FCL088010	B. WING		03/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TORE'S H	OME #3	65 TORE'S			
	OUR MARK OF		D, NC 28712	DD0//DD0/ D1 AV 05 00DD50710	
(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
C 342	Continued From page	21	C 342		
	dated 03/04/24 revea (a supplement used thealthy and prevent a	led an order for vitamin B12 o keep blood and nerve cells anemia that causes tiredness mcg take 1 tablet daily.			
	electronic medication (eMAR) revealed: -There was an entry fitake 1 tablet daily at 8-There was documen was administered from 03/07/24-03/10/24, are there was documen was not administered Resident #1 was "phy-There was documen was not administered was not administered was not administered	tation vitamin B12 1000mcg m 03/04/24-03/05/24, nd on 03/12/24. tation vitamin B12 1000mcg			
	hand on 03/12/24 at -There was a bottle o available for administ	f vitamin B12 5000mcg			
	03/12/24 at 11:20am -Resident #1 was adr 02/23/24 and brought from home including -She documented she vitamin B12 1000mcc 03/07/24-03/08/24, at 5000mcg available be the dosage on the bo -She did not realize F	nitted to the facility on most of his medications vitamin B12 5000mcg. administered Resident #1			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING			
		FCL088010	B. WING		03/1	2/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TORE'S F	IOME #3	65 TORE'S	DRIVE , NC 28712			
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
C 342	1000mcgShe was responsible when a new order wa accuracy of documen-She was responsible orders to the eMAR a and dosages were ac what was orderedShe knew she was smedications including eMAR when she adm she did not always ch-She was responsible cart audits weekly on medications to the ordosagesShe did not check th vitamin B12 when she on 03/04/24 or 03/11/sure Resident #1's vitamin B12 when she on 03/04/24 at 3-She administered Resonomcg on 03/02/24 because she did not always of dosage to the eMAR medications. Interview with the fact at 11:55am revealed: -The SIC was responsed the physician's orders she did not know who dosage on the bottle 5000mcg instead of the company of the side of the physician's orders she did not know who dosage on the bottle 5000mcg instead of the source of the company of the side of the company of the company of the company of the side of the company of the c	e for eMAR audits daily or as given to check for attation. In a for comparing medication and making sure medications accurate when compared to supposed to check at the dosage against the ainistered medications, but neck the dosage. In for completing medication and Mondays and compared the ders including medication are dosage of Resident #1's accompleted the cart audit with a compared the ders including medication and shift medication aide 3:30pm revealed: In dishift medication aide 3:30pm revealed: It is subject to the medication when she administered attacks and dosages matched as and dosages matched as and dosages matched as and the SIC did not realize the of vitamin B12 was	C 342	DEFICIENCY		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING: _		COMPLETED
		FCL088010	B. WING		03/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TORE'S H	OME #3	65 TORE'S			
			D, NC 28712		
(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 APPROP DEFICIENCY)	BE COMPLETE
C 342	Continued From page	23	C 342		
	audits weekly and sho medications on the ca	ould have compared the art to the medication orders. As and SIC to administer ed and document the			
	Attempted telephone Administrator on 03/0 unsuccessful.				
	02/12/24 revealed: -Diagnoses included	t #2's current FL2 dated dementia and hypertension. I (used to treat hypertension)			
		2's Resident Register mitted to the facility on			
	medication administrative revealed:	or lisinopril 10mg daily. was documented as			
	revealed:				
	on 03/12/24 at 10:51a -Lisinopril 10mg was -A bottle of lisinopril 2	ent 2's medications on hand am revealed: not available to administer. 2.5mg, that was filled at a 1/22/23, was available to			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
AND FLAN OF CORRECTION		.52	A. BUILDING:								
		FCL088010	B. WING		03/12	2/2024					
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE							
TORE'S HOME #3											
BREVARD, NC 28712											
(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 APPROP DEFICIENCY)	ION SHOULD BE COMPLETE THE APPROPRIATE DATE						
C 342	Continued From page 24		C 342								
	administer.										
	O3/12/24 at 10:54am Resident #2 brought including lisinopril 2.5 admitted to the facility She did not realize the that Resident #2 broudid not match the ord She was responsible orders to the eMAR a and dosages were ac what was ordered. She knew she should check the medication she administered lisi She did not check the #2's lisinopril when she and only looked to ma Interview with a MA or revealed: She administered lisi She never noticed the medication cart was re eMAR. She did not always of the eMAR when she a Interview with the fact at 4:15pm revealed: Medications should a accuracy when reside the facility brought the The MAs were trained	all her medications, and, with her when she was a on 02/12/24. The dosage of the lisinopril and the region of the FL2. The for comparing medication and making sure medications are when compared to the dosage of the medications are when compared to the medications. The medications are the medications to the medications are unit dosage of Resident the completed the cart audits the completed the cart audits the sake sure it was lisinopril. In 03/12/24 at 3:32pm inopril to Resident #2. The most the dose listed on the most the dose listed on the most the medication to administered medications. The medication to make the medication to administered medications. The medication to make the medication the medication to make the medication the medica									

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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							
	FCL088010	B. WING		03/12/2024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
TORE'S HOME #3 BREVARD, NC 28712											
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) LL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE									
C 342 Continued From page 2 confirm the medication eMAR.	and the dose matched the	C 342									

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