received via Fax on 03-26-24 LSB

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
······································		FCL088010	6. WING	6. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, ONY, STATE	E, ZIP CODE		
ORE'S H	IOME #3		E'S DRIVE			
	\$1.14.5 P. 2. P. 4. P. 4		RD, 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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	The Adult Care Licen annual survey on 03/	sure Section conducted an 12/24,				
C 315	10A NCAC 13G .100	2(a) Medication Orders	C 315	ZEE DI	Most	er)
	the resident's physici- for verification or clari medications and treat (1) if orders for admis resident are not dated of admission or readmis (2) if orders are not of (3) if multiple admissi- admission or readmis forms are not the sam The facility shall ensu- clarification is docume record. This Rule is not met a Based on observation reviews the facility fail	ne shall ensure contact with an or prescribing practitioner dication of orders for timents: usion or readmission of the d and signed within 24 hours nission to the facility; lear or complete; or on forms are received upon sion and orders on the ne. re that this verification or ented in the resident's as evidenced by: us, interviews and record led to clarify an order for 1 is (#2) related to listnopril		SEE AT	COKNECTU	? W
	The findings aro:					
	Review of Resident #. 02/12/24 revealed; -Diagnoses included c -An order for lisinopril 10mg daily.	2's current FL2 dated dementia and hypertension. (used to treat hypertension)				
:	Review of Resident # March 2024 electronic record (eMAR) reveal -There was an entry for th Segue Regulation					

Division -	of Health Service Reg	ulation			r Ordin Ar are		
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER;	A BUILDING:		COMPLETED		
	TI.	FCL088010	B. WING		03/12/202	4	
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADORESS, CITY, STATE	7:D CAME	omamenamenamentosconosconosconosconos de la como de la		
	A Links of Charles and Company of Manager 2		E'S DRIVE	#! ### QQDE			
TORE'S H	IOME #3		- 3 DKIVE RD, NC 28712				
	C1163544 CW	TATEMENT OF DEFICIENCIES			***		
(X 4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE COM	X3) (PLETE ATE	
				DEFICIENCY)			
C 315	Continued From pag	e 1	C 315		:		
	-Three was documer	ntation lisinopril 10mg was					
	administered 02/14/2	?4 through 02/29/24.			1		
	-Three was documer	Nation lisinopril 10mg was			<u> </u>		
	administered 03/01/2	24 through 03/12/24.	-				
					:		
		lent 2's medications on hand			:		
	on 03/12/24 at 10:51				}		
	-Lisinopril 10mg was						
		2.5mg, that was filled at a			}		
		9/22/23, was available. Il 2.5mg had 90 tablets			· 		
	dispensed and 22 we				!		
	יייי בב ניים בפטיוטקטוט	sie remaining.					
	Interview with the Su	pervisor-in-Charge (SIC) on					
•	03/12/24 at 10:54am				i i		
	-Resident #2 brought	t all her medications,			;		
		i 2.5mg, with her when she	÷ ;		j.		
	was admitted to the f		į		•		
		ottle of lisinopril 2.5mg when	7		!		
!		sident #3's medications.	ì				
		he dosage of the lisinopril			i,		
		ight with her upon admission			<u> </u>		
	did not match the ord						
		for comparing medication			1		
;		and making sure medications			:		
	what was ordered.	ccurate when compared to			· !		
ì		ication cart audits weekly on					
;		red the medications to the	en de la companya de				
;	orders.	was and medically to the					
i		e discrepancy she would					
Š	have obtained a clari				;		
! !		or a market of the thorness of	to man one as				
	Telephone interview	with Resident #2's Primary	5				
ļ		on 03/12/24 at 2:24pm	1				
:	revealed:	·	;				
:		ty completed Resident #2's					
;		was admitted to the facility.	I ;				
:		ry the dose of lisinopril was			!		
	increased when Resi	dent #2 was at the					

Division	of Health Service Regu	ılation			roni	NAPPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE S	SURVEY
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	CETEO
					1	
		FCL088010	8. WNG	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	03/	12/2024
NAME OF P	ROVIDER OR SUPPLIER	والمراجع المراجع المرا	ODRESS, CITY, STATE	. mr.m. pr.m.m.	1 243	I de J de State T
10,1110,201,7	LANGE A STREET BY MANAGEMENT OF STREET A			, ZIP COUE		
TORE'S H	OME #3		S DRIVE			
15.7.1.1.2 5 5	C1 19 25 3 3 7512 257	······································	ID, NC 28712			· (************************************
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	.SC (DENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
		· · · · · · · · · · · · · · · · · · ·		DEF(CIENCY)		ļ
C 315	Continued From page	2	C 315			
	rehabilitation facility.					;
		n ordered lisinopril 2.5mg	* · · · · · · · · · · · · · · · · · · ·			:
		d continue to receive 2.5mg.	1			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		:
	interview with the fact	lity's Manager on 03/12/24				
	at 4:15pm revealed:					
		always be checked for				
		ents who were admitted to				
;	the facility brought the				1	
		sible for medication cart				
- !		ould have compared the art to the medication orders.	A Book and			
		y the SIC did not realize the				
1	lisinoprii dosage was :		}		•	
į	ordered 10mg.	was a managed on a fix				
į	-The SIC was respons	sible for obtaining a	1			
	clarification order if the	ere was any question about			i i	
	a medication order.					į
:	-She expected the MA	As and SIC to administer	**			
	for the correct dosage	ed or contact the pharmacy	\$ \$ \$			
· i	dispensed.	of medication to be			3	
!	MAN TO SEE INCOME.		2			
C 330	10A NCAC 13G .1004	(m) 8 to all and m.	1		!	Ì
0 000	Administration	(a) Medication	C 330		;	
:			1			
	10A NCAC 13G .1004	Medication Administration				
		e shall assure that the	* *			
!		nistration of medications,				
		rescription and treatments			1	
:	by staff are in accorda				i,	Ĭ
		d prescribing practitioner			į	
:		in the resident's record; and	1			
	and procedures.	n and the facility's policies	:		:	
1	mise hinden(n) 20s		1		:	
					i 1	ľ
	This Rule is not met a	s evidenced by:	*		1	
	TYPE B VIOLATION	•			:	
induina est i	(d. 22) 23				í	
viason of Maa	th Service Regulation					

Division	<u>of Health Service Regu</u>	ulation			FURW APPROVE	20,527
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	Manage.
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
				n-1		
		FCL088010	8. WING			
	W. J. S. 1475 M. W. J.				03/12/2024	*******
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	, ZIP CODE		
TORE'S H	OME #3	65 TORE	'S DRIVE			
· · · · · · · · · · · · · · · · · · ·	***************************************	BREVAR	D, NC 28712			
(X4) iD		ATEMENT OF DEFICIENCIES	מו	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	DEE COMPLETE	2
,,,,,	()man w mr et m et . m et .	man and a color of the mediators are all	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	
0.060		_				
G 330	Continued From page	∌3	C 330			
					;	:
	Based on observation	ns, record reviews, and			į	
	interviews, the facility	·				
	-	ed for 1 of 3 sampled				
		to medications used to treat	3		!	
		vitamin D deficiency and				i
	vitamin B deficiency.					
					,	
, !	The findings are:					
:					1	
	Review of the facility:	s undated policies and				
	procedures on medical	stion administration			į	
	revealed:				i	1
	 Only the facility's cor 	ntracted pharmacy was				
:	allowed to make char	iges to the electronic				ŀ
:	medication administra	ation record (eMAR) for				
	prescription medication					- 1
		narge (SIC) or Manager was				
:	responsible for makin					
;		nd discontinued orders			•	
	correctly.					
		e two staff present when				ı
		led controlled medications		,	ì	Ī
•	to residents.	-11 (0.0.0)				j
		all (SOC) must be notified			*	i
;	first before administra controlled medication.		į			
:					;	i
		any medication changes that			, , ,	
		ours that the SIC is present				4
į	In the facility were ent		1			
	delivered was comoni-	nacy and the medication by labeled. If medication			•	- 1
:		ry labeled, if medication or hours, the SOC was			;	- [
. :		ove procedure taking place	1		1 1	
		ation administration after			1	-
	the change.	amai aalimhalialiali alisi	1		\$ \$ 7	
:	-The SIC was respons	sible for faxing now			4 8 9	- [
	medication orders to t				4	- 1
:		r would review all changes			\$ • •	
į	end document in the					
			<u> </u>		š	- 1

Division	of Health Service Regu	lation			1 OKWI MELIKUVED
	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CL(A	(X2) MULTIPLE O		(X3) DATE SURVEY COMPLETED
······································		FCL088010	B. WING		03/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DORESS, CITY, STATE	, ZIP CODE	
ፓ ሳኮሮም ህ	(PAKAET ALM	65 TORE	'S DRIVE		
TORE'S H	IVMC #4	BREVAR	RD, NC 28712		
(X4) ID PREFIX TAG	(EACH DEFICIENC	RTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
C 330	Continued From page	4	C 330		i i
	-The SIC was responsof all activities of daily -During the medication selected on the scree cart, compared with the screen, and once ider medication was admired. Any exceptions for mover documented in the Review of Resident #102/22/24 revealed dia and anxiety. Review of Resident #102/22/24 revealed an admission at Review of Resident #103/04/24 revealed used to treat anxiety) night as needed for an Review of Resident #103/04/24 revealed an admission at the selection of Resident #103/04/24 revealed to treat anxiety) night as needed for an Review of Resident #103/04/24 revealed and admission at the selection of Resident #103/04/24 revealed and admission at the selection of Resident #103/04/24 revealed and admission at the selection of Resident #103/04/24 revealed and admission at the selection of Resident #103/04/24 revealed and admission at the selection of Resident #103/04/24 revealed and admission at the selection at the selec	sible for the documentation viving (ADLs). In pass, the medication was not located in the medication me medication on the notified as accurate the nistered to the resident. It is current FL2 dated gnoses included dementia. It's current Register notate of 02/23/24. If physician's order ed lorazepam (a medication 0.5mg take 1 tablet every exiety. It's local hospital discharge 09/24 revealed:	330		
; ;		for repeated falls. n's order dated 03/09/24 to			
 	prescribed medication	•			
,	(I&A) Reports dated 0: -There were 3 I&A rep 03/09/24.	orts filled out for falls dated			
	reports.	documented on the I&A A) found Resident #1 lying			
	"grunting".	rvisor-on-Call (SOC) of			T (

Division	of Health Service Requ	ulation			FOR	M APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CL/A	(X2) MULTIPLE C	CONSTRUCTION	· 1.	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE	SURVEY LETED
		1	~ commisse	***************************************	0000	ue (ee
		Fra Avanda	B MANAGE			
		FCL088010	B, WNG		03/	12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	s, ZIP CODE		***************************************
TORE'S	Draffer fig		PS DRIVE	1		
101(12.5)	IOWE 49	BREVAR	D, NC 28712			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	15	PROVIDER'S PLAN OF CORRECTIO	Li Li	
PREFIX TAG	: (EACH DEFIGIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
Ins	· · · · · · · · · · · · · · · · · · ·	COLORNIA INCOMPONMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE	DATE
~ ~ ~ ~				DEFICIENCY)		
C 330	Continued From page	5	C 330			
	Resident #1's fall and	called 911 to have Resident				
	#1 evaluated.					!
	•					<u> </u>
	Review of Resident #	1's 03/04/24 through				
	03/12/24 electronic m	edication administration				
	record (eMAR) reveal					
	-There was an entry fo	or lorazepam 0.5mg take 1				
5	tablet every day as-ne	eded for anxiety.	190 est.			
	- I here was document	ation lorazepam 0.5mg was				
	administered twice on	03/08/24 at 7:42pm and				<u> </u>
	11:41pm with a comm documented with the s	ent of "still respess"	ŧ			1
		ation lorazepam was to be				
	held from 03/10/24-03	4100 101828pain was to be	4	•		
i	1	10/44.			;	
	Interview with the Sup	ervisor-in-Charge (SIC) on			!	i
	03/12/24 at 11:20am n	evealed:			ļ	
	-Resident #1's lorazen	am was ordered to be				
į	administered once dai	ly as-needed for anxiety.	1		i	
:	-She did not know why	the third shift medication	4			
	aide (MA) administere	d a second dose of			ļ	1
:	lorazepam to Resident	#1 on 03/08/24,	*			ľ
	and mae complaining a	the morning of 03/09/24 of pain so Resident #1 was				j
!	sent to the local hospit	al ER for an evaluation.			į	i
	-Resident #1 was sent	hank to the facility on			Ì	1
:	03/09/24 with an order	to hold lorazepam for one			į	1
. :	week.	and the secoperation and				
i					į	1
4	Interview with a second	d shift medication aide			1	ł
	(MA) on 03/12/24 at 3:	30pm revealed:			1	- 1
:	-She worked second sl	hift on 03/08/24 and				1
!	administered iorazeper	n to Resident #1 at	T to the state of		:	ŀ
	7.42pm due to being a	nxious and agitated and	1		; <u>{</u>	
•	ended at 11:00pm.	and in bed when her shift				j
	-She worked first shift of	10 03/00/24 nud	1			
	rounds with the third at	on 03/09/24 and made hift MA to all the resident				1
	rooms.	m was to an une restriction			į	ľ
	-The third shift MA repo	orted Resident #1 fell			;	
	th Service Regulation	TO STATE A STATE OF A	i :		į	

Division	of Health Service Requ	ulation			FOR	M APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(XS) MULTIPLE CO	ONSTRICTION		*
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CACIFORION	(X3) DATE	SURVEY LETED
]				
		FCL088010	B. WING			
-	· · · · · · · · · · · · · · · · · · ·	1 05000010			03/	12/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIPCODE		
TORE'S I	JAkes de		E'S DRIVE			
70112.01	TYBIE #4	BREVAI	RD, NC 28712			
(X4) iD	SUMMARY ST	ATEMENT OF DEPICIENCIES	(D)	DECHIOCOUR DI ANI OF COROSTONI		
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL		(XS)
TAG	, REGULATORY OF E	SC IDENTIFYING INFORMATION)	TAG	CROSS-REPERENCED TO THE APPROP	PRIATE	DATE
	, (1) ,			DEFICIENCY)		Ì
C 330	Continued From page	6 .	C 330	•		i
	"during the pight" who	en she arrived for work on				:
	: 03/09/24.	at the attiven to: Wolk OU				
	· ·	Resident #1's room, she				;
	heard Resident #1 "he	ollering" and found him lying				
	on the floor next to his	s bed around 7:30am.				:
		esident #1 off the floor, but				i
	he was complaining o	f pain and Resident #1				
	could not specify whe	ra ha was hurfins				
	-She notified the Suns	ervisor-on-call (SOC) and				:
	911 was called.	a root on oan (oco) and				
		re confused" on 03/09/24				
	than his normal baseli		ř .			
		to stand and walk prior to				
	the fall on 03/09/24 bu	it was unable to do so now				!
	because of pain.	an analysis of the fact may to have				1
		,				t }
	Telephone interview w	ith a third shift MA on				
	03/12/24 at 3:41pm re					i
		econd dose of lorazepam				
		08/24 about 4 hours after				; ;
	the first dose was adm	ninistered because the first				
,		ident #1, and he was still				:
;	agitated.					
;	-She called the third sl	hift SOC to get permission			į	
	to administer a second	i dose of lorazepam to				
	Resident #1 on 03/08/	24 even though it was				
	already administered of	on 03/08/24.			į	
		notified, and prior approval				
	was required for any a	s-needed medications that	+			ĺ
	were administered to r		6			
; ;		m should be filled out and	1 2 2		,	
·		IC when a medication error				1
i .		orm faxed to the primary	ŧ (ļ	
:	care provider (PCP).		4		ļ	
		nedication error form for				ļ
		em not being administered	, ,			
		e SOC approved her to				-
	administer the second	dose of lorazepam to				!
	Resident #1.					
	Ith Service Remission		<u> </u>		, 1]

Division	of Health Service Reg	ulation			FORM APPROVE	ΞĎ
STATEMEN AND PLAN	NOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE C	ONSTRUCTION	2/01/20/20/20/20/20/20/20/20/20/20/20/20/20/	
	as advised loss	IDENTIFICATION NUMBER:	A. SUILDING:		(X3) DATE SURVEY COMPLETED	
		1				
		FCL088010	B. WING			
NAME OF F	PROVIDER OR SUPPLIER				03/12/2024	
			ADDRESS, CITY, STATE	LZIP CODE		
TORES	IOME #3		E'S DRIVE			
(X4) ID	· CITABBACOV	TATEMENT OF DEFICIENCIES	RD, NC 28712			
PREFIX	(EACH DEFICIENC	DY MUST BE PRECEDED BY FULL	; ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
. TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	Anuniere	
*****				DEFICIENCY	127 () to	Ì
C 330	Continued From page	e 7	C 330	WANTED TO THE PARTY OF THE PART		ᅱ
	Telephone intendess	with the night shift SOC on			į	
	03/12/24 at 4:21pm r	evealed:				-
	-The third shift MA or	1 03/08/24 called to get				-
	approval to administe	r lorazepam to Resident #1.				
,	She told the MA to a	dminister the lorazepam to				
;	Resident #1 at 12:00:	am so that it would be				-
į	considered another d	ay.				
į	-one was still working	on 03/09/24 when Resident			1	1
!	for an evaluation.	sent to the local hospital ER				
		lesident #1's lorazepam was				١
	administered on 03/08	8/24 at 11:41pm.				1
;		·				1
i	Telephone interview v	vith Resident #1's primary	1		!	1
;		n 03/12/24 at 2:34pm			:	ı
:	revealed:	i e a u u .				1
	-She saw Resident #1	t for the first time on hed him as a new patient.				1
1	-Resident #1 was prev	neo nim as a new patient.				1
	lorazepam for anxiety	and she reardered	**			
İ	lorazepam 0.5mg take	≥ 1 tablet by mouth	\$ 6 7			
j	as-needed daily at bei	dtime on 03/04/24.	T f			
ì	-Resident #1's falls on	03/09/24 may have been	Y A 184		:	1
	caused by taking an e	xtra dose of lorazepam the	*			1
	evening of 03/08/24.			'	!	Ī
	-An extra dose of lora:	zepam could cause unsteadiness, respiratory				
	depression, hypotensi	on, constipation, urinary				1
i	retention, fainting, and	an increased risk of falls.				
•	 She expected the faci 	Illty staff to administer				
}	Resident #1's medicat	lons as ordered.				
	Iménu da		;		:	
i	interview with the facili at 4:09pm revealed:	ity's Manager on 03/12/24	The state of the s			
		sible for approving the	*		! }	
: ' ;	administration of all co	ntrolled substances to			į	1
1	residents.	THE SECTION OF THE PARTY OF THE	*		}	
: 1	-The third shift SOC sh	louid have asked the third	1			
	shift MA when Residen	it #1's lorazepam was lest				1
	administered before ap	proving the administration				
(Sion of Healt	h Service Regulation		······································		i	1

STATEME	of Health Service Red	(X1) PROVIDER/SUPPLIER/CLIA				IRM APPROV
	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE (ONSTRUCTION	(X3) DATE SURVEY	
		·	A. BUILDING;		CO	MPLETED
		FGL088010	B. WING			
IAME OF I	PROVIDER OR SUPPLIER				0	3/12/2024
			ADDRESS, CITY, STATE	, ZIP CODE		
ORE'S	HOME #3		E'S DRIVE			
(X4) ID	©1 th an a more of		RD, NC 28712			
PREFIX	. (EACH DEPICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	(O PREFIX	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE PROPRIATE	COMPLET
**************************************	:			DEFICIENCY)	time (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gen g
C 330	Continued From pag	ge \$	C 330	7 P P P P P P P P P P P P P P P P P P P	**************************************	
	: of lorazepam to Res	ident #1 on 03/08/24.				
	-She knew taking an	extra dose of lorazepam				
	when it was not orde	sted could raise on				
	increased risk of falls	9.				
		n extra dose of lorazepam				
	was administered to	Resident #1 at 11:41pm on				
	03/08/24.					ĺ
	-She expected the M	IAs to administer medications				
	as ordered.					i
			•			•
i	b. Review of Resider	nt #1's local hospital	ļ.			i
:	discharge instruction	s dated 03/08/24 revealed:	1			· !
į	-resident #1 was se	en at the local hospital	•			
į	emergency room (Er	R) for lower abdominal pain.				
·	-wichuted tomotite	aphy (CT) scan on the				
1	diagnosis of modern	was completed with a				į
,	without a delimited to	e diffuse bowel distention ansition zone to suggest				į
!	obstruction.	analiton zone to suggest	1			<u> </u>
		tion order for polyethylene				
;	glycol 17 grams take	daily for 7 days for	\$			
	constipation.					
1			£ :			1
į	Review of Resident#	1's 03/08/24-03/12/24				1
;	electronic medication	administration record	, ,)
:	(eMAR) revealed:		,			
:	-There was no entry f	or polyethylene glycol 17				1
;	grams take daily for 7	days for constipation.				:
:	-There was no docum	entation polyethylene glycol	3 3			
1	was administered.		1			
	Observation of Panish	ent #1's medications on				[
	band on 03/19/94 4	ent #1's medications on 1:20am revealed there was				
•	no notvethylena alvoni	I izuam revealed there was I available to administer.				<u> </u>
	kodowidiette Allen	available to administer.	1			*
:	Interview with the Sun	ervisor-in-Charge (SIC) on	*			
11	03/12/24 at 11:20am r	eveejey.				:
	Resident #1's polyeth					
٠.	unavallable for admini	stration.	-			i -
	Resident #1 was pres	scribed polyethylene glycol	1			:
of Heelt	h Service Regulation	E-Danding Right	<u>i</u>	,		r r

Division	of Health Service Req	ulation				RM APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		
ANDFOAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			TE SURVEY MPLETED
]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		FCL088010	B. WING_			
NAMEOF	PROVIDER OR SUPPLIER				<u>io</u> ;	3/12/2024
	いっちょうしん グン・カウトト プログ		ODRESS, CITY, STATE	ZIP CODE		
TORES	IOME #3		E'S DRIVE			
	A151 Mary 111	BREVAI	RD, NC 28712			
(X4) ID PREFIX	. (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ıρ	PROVIDER'S PLAN OF CORRE	STION	; (X5)
TAG	פר עמרעע וומשפ	The state of the second	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APP	MILLO BE	CONNECTE
			1	DELICIENCA)	ROPRIATE	DA″n€
C 330	Continued From page	e G	C 330			<u> </u>
	·		C 330			
	for constipation when	the was seen at the local				
	hospital ER on 03/08			•		
	dienenso or add nob	ted pharmacy did not				1
	#1's eMAR yet.	ethylene glycol to Resident				
	-She was resonneible	for faxing new medication				
į	orders to the pharma	LA CONTRACTOR (SECUREDIA)				
	-She was responsible	for following up with the				
1	pharmacy when medi	cations were not dispensed				- i
;	or added to the eMAF	₹.	2			
	-She thought she had	faxed the order for				1
1	Resident #1's polyeth	ylene glycol to the pharmacy	i i			1
į	but the facility did not	keep fax confirmations to				1
Ì	make sure the fax wa		•			
İ	-She forgot to fax Res	ident #1's order for				
	bother thield divice to	the pharmacy, call the the medication was not				
1	added to the eMAR a	nd why the polyethylene	7			
:	glycol was not dispens	sed.				1
	-Resident #1 had a bo	wel movement on 03/11/24				1
i	but she did not docum	ent the bowel movement.	*			
•	-Bowel movements we	ere documented in the chart				
	notes in the resident's		W 20 00 00 00 00 00 00 00 00 00 00 00 00			
	-I here were no bowel	movements documented	-			
:	ioi kesideut #1 siu08 i	his admission on 02/23/24.				
1	Telephone intentious su	ith a pharmacy technician	;			1
	from the facility's contr	acted pharmacy rechitican	; ;			; i
	03/12/24 at 11:48am n	soled phathacy on				
	-The pharmacy did not					!
1	Resident #1's polyethy	fene glycol dated 03/08/24.	1			:
	 The pharmacy had no 	it dispensed polyethylene				<u> </u>
	glycol for Resident #1.	•				
	- the last medication of	rders received for Resident	# # # # # # # # # # # # # # # # # # #	•		
; ;	#1 that were faxed to t	ne pharmacy was on				:
; l	02/23/24.		1			ř
:	Telenhone Intendence	th Resident #1's primary				
	rerephone interview wi care provider (PCP) on	41 13/19/94 at 2:24am				
	evealed:	· voi seren et v.oahui	:			`
ision of Healt	h Service Regulation	***************************************	1			

STATEMEN	of Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	75.4 (2.5 TM). 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·····
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			TE ŞURVEY MPLETED
	····	FCL088010	a, wing		. 0	3/12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	***************************************	
TORE'S H	JOME #3		E'S DRIVE			
	IVISIC IIV		RD, NC 28712			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES	io :	PROVIDER'S PLAN OF CORP	ECTION	(X5)
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE
C 330	Continued From page	e 10	C 330		***************************************	!
	-She saw Resident#	1 for the first time on				i
	03/04/24 and establis	shed him as a new patient.				
	-Resident #1's polyet	hylene glycol was ordered				
		sician at the local hospital	į			
!	ER.					
;	-Resident #1 could ex	operlence increased				ł
	constipation causing	an impaction and/or				į
į	increased confusion by not receiving the polyethylene glycol.					; ;
	-She expected the fac	niin ta actainma	;			
	medications as ordere	ed.				!
		lity's Manager on 03/12/24				
<i>!</i>	at 11:55am revealed:					·
	-The SIC was respons	sible for faxing new				
	medication orders to t	he pharmacy and				
	confirming the fax was	s received. sible for making sure the				
	new medication order	siole for making sure me				
1	resident's eMAR.	e were added to tile	f r			
		lible for completing eMAR				•
į	audits daily.	The same and the same same same same same same same sam				
i	-The SIC failed to com	plete daily eMAR audits or	F			1
-	the SIC would have fo	und that Resident #1's				
į	polyethylene glycol wa	is not added to the eMAR				
	by the pharmacy.		:			
	-She completed eMAR	Raudits every 90 days but	*			
:	nau not done a eMAR	since the polyethylene				
;	glycol was ordered for -The SIC was respons	Mesident #1.	;			
	medication cart audits		\$?			į.
		o fax Resident #1's order	*			!
j.	for polyethylene givcol	to the pharmacy, make				
,	sure the medication wa	as added to the eMAR and				}
	administer it to Reside		***		,	
	c. Review of Resident	#1's physician's orders				i !
	dated 03/04/24 reveale	ed an order for vitamin D3				
	(a supplement used to	increase calcium and	4			
<u> </u>	phosphorus absorption h Service Regulation	to build and maintain	1			:

STATEMEN	Of Health Service Req	100				ORM APPROVE
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE (ONSTRUCTION	(X3) DA	TE SURVEY
			A. BUILDING:			MPLETEO
		FCL088010	B. WING			
NAMEGE	PROVIDER OR SUPPLIER			**************************************		3/12/2024
MANUE OF P	LOAIDER ON POPPLIER		OORESS, CITY, STATE	1, 2P CODE		
TORE'S H	IOME #3		E'S DRIVE			
**************************************	AT TO SEE A PORT OF THE PROPERTY OF THE PROPER		RD, NC 28712			
(X4) ID PREPIX TAG	. (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION	RRECTION SHOULD BE	(X5) COMPLETE
		LOD MONTH FING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
C 330	Continued From page	= 1 1	C 330		······································	
	strang bones) 2000 u	nits (u) take 1 capsule daily.	, A			:
İ	Review of Resident #	1's 03/04/24-03/12/24				ļ
į		administration record				j !
i	(@MAR) revealed:					
ĺ	-There was an entry f	or vitamin D3 2000u take 1				1
į	capsule daily at 8:00a					i š
}	- I here was document	tation vitamin D3 2000u was				
	administered from 03/ 03/07/24-03/10/24, ar		9 8 8			
	- There was document	tation vitamin D3 2000u was				1
1	not administered on 0	3/06/24 due to Resident #1				1 1
;	was "physically unable	e to take"				
ł	-There was document	ation vitemin D3 2000u was				
	not administered on 0	3/11/24 due to not being	,			
	able to get Resident#	1 "awake enough to take".				
į	Observation of Parisis	ent #1's medications on				
	hand on 03/12/24 at 1	nii #15 megicagons on 1:20om revented:		,		į
!	-There was a bottle of	vitamin D3 5000u available				
:	for administration,	Do occo dybiadie				
		D3 2000u available for				į
	administration.					:
						į
	Interview with the Sup 03/12/24 at 11:20am of	ervisor-in-Charge (SIC) on				
	-Resident #1 was adm					;
į	02/23/24 and brought	most of his medications				
	from home including vi	itamin D3 5000u				
	-She documented she	administered Resident#1				i
	vitamin D3 2000u on 0	3/04/24,	•			i
	03/07/24-03/08/24, and	d 03/12/24 instead of the				•
1	5000u available becau	se she did not check the				
	dosage on the bottle b	efore administration.	\$			1
	-She did not realize Re	esident #1's vitamin D3	:			1
1.	ouvuu did not match th	e physician's order for				
	2000ų, Storuso zastaudėja 4	C				
	-one was responsible f	or eMAR audits deily or				
; 1	when a new order was	given to check for	*			1

Division	<u>of Health Service Regu</u>	lation			FORM APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CHA	(X2) MULTIPLE Co	ONSTRUCTION	7.783 b
ANDPEAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED
		i		***************************************	
		FCL088010	B. WING		
		1 0000010			03/12/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP GODE	
TORE'S H	OME #3	65 TORS	E'S DRIVE		
		BREVAR	RD, NC 28712		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	. (D		
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	N (X5) BE COMPLETE
TAG	KEGODAIORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
778000000			*	DEFICIENCY)	1
C 330	Continued From page	12	C 330		
	-orde was responsible	for comparing medication			
	orders to the etylar at	nd making sure medications	,		
i	what was ordered.	curate when compared to			1
	-She knew she was su	emparad to child			
	medications including	the dosage against the			
	gmoons make SAMa	nistered medications, but			
	she did not always che	insigned medications, out			†
:	-She was responsible	for completing medication			
į	Cart audits weekly on I	Vondays and compared the			'
	medications to the ord	ers including medication	**		
İ	dosages.	c stoledary medication			
ļ	_	dosage of Resident #1's	**		
	Vitamin D3 when she o	completed the cart audit on			
	03/04/24 or 03/11/24 s	ind only looked to make	1		
:	sure Resident #1's vita	ımin D3 was avallable.	ž :		
:					:
	Telephone interview w	ith a pharmacy technician	*		ļ
j	from the facility's contr	acted phermacy on	, ,		
}	03/12/24 at 11:48am n				,
	-The facility was respo	nsible for sending a	* }		i :
	request for any medica	itions needed.			
:	- There was no request	made for Resident #1's			!
	vitamin D3 2000u to be	dispensed.			
	dispensed by the phan				. i
į	ambanasa na ma hijati	e kaitay -	A. T. T. T. T. T. T. T. T. T. T. T. T. T.		:
!	Telephopa intarvium wi	űı Resident #1's primary			
į	care provider (PCP) or	103/12/24 at 2:34nm			
	revealed:	workere steely this			
		#1 vitamin D3 2000u take			
	1 capsule daily on 03/0				
:	-Taking too large of a d	osage of vitamin D3 would	•		:
	increase the calcium in	the body and could cause	1		ļ
	nausea, vomiting, or vit	tamin D3 toxicity which	;		
	could lead to kidney sto	ones.	}		1
:	-She expected the facil	ity to administer Resident			ì
!	#1's medications as on	dered,			i
:			7		
	Interview with a second	shift medication aide	1		
inview of Library	h Service Regulation		· · · · · · · · · · · · · · · · · · ·		

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Division	of Health Service Regi	ulation			F(ORM APPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(XXX) AN II TIDE C	CONSTRUCTION	**************************************	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A SULDING:	CONSTRUCTION	(X3) DA	TE SURVEY
		1	a ne se sa callant a ser.		,	rest tubu t milet
	ì	FCL068010	B. WING			
	9,	LCT0000 IA	B. sering		0	3/12/2024
NAMEOFF	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STAT	E, ZIP CODE		
TORES	IOME #3	65 TORE	E'S DRIVE			
		BREVAR	RD, NC 28712			
(X4) IO	SUMMARY ST	ATEMENT OF DEFICIENCIES	Ø	PROVIDER'S PLAN OF CORRECT	TION	
PREFIX YAG	: (EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOL	ULD BE	(X5) COMPLETE
		200 1021111 TING INFONMATION	TAG	CROSS-REFERENCED TO THE APPRI DEFICIENCY)	OPRIATE	DATE
C 020				ocholescy)		*
C 330	Continued From page	13	C 330			
	(MA) on 03/12/24 at 3	:30pm revealed:				
	-She administered Re	sident #1 vitamin D3 5000u				
•	on 03/02/24-03/03/24	, and 03/09/24 because she				•
· .	did not realize the vita	rmin D3 was 5000u instead				- 1
i	of the ordered 2000u.					j
	 She did not always o 	ompare the medication				
:		when she administered	-			
ļ	medications.					
	Internal constitution of the	Pt 3 #4				
	at 11:55am revealed:	lity's Manager on 03/12/24	1			. [
	-The SIC was respons	alle for the manufacture and a second				
Ì	Resident #1's vitamin	D3 dosage on the bottle	N. T. and			
	matched the medication	nn order				·
:		the SIC did not realize the	:			}
į	dosage was 5000u ins	stead of the ordered 2000u.				
:	-The SIC was respons	sible for medication cart				-
i	audits weekly and sho	uld have compared the				
}	medications on the car	rt to the medication orders,				:
i .	-She expected the MA	s and SIC to administer				1
	medications as ordere	d or contact the pharmacy				
	for the correct dosage	of medication to be				i
ì	dispensed,		1			:
į	d Review of Pasident	#1's physician's orders				
:	dated 03/04/24 reveals	ed an order for vitamin B12	*			
		keep blood and nerve cells				;
	healthy and prevent ar	emia that causes tiredness				1
į	ānd weakness) 1000m	co take i tablet daliv.				
1						į
į	Review of Resident #1	's 03/04/24-03/12/24				, 1
	electronic medication a	administration record				
	(eMAR) revealed:	•	1			
i	I nere was an entry fo	r vitamin B12 1000mog				
	take 1 teblet daily at 8;		a sarrium.			
! '	- mere was documents	ition vitamin B12 1000mog				
·	was administered from 03/07/24-03/10/24, and	U5/U4/24-U5/U5/24,				}
. '	vuiviizatuulitiiza, ant Thara was doonmaan	tion 03/12/24. tion vitamin B12 1000mcg]
	was not administered o					į l
		THE PROPERTY WAS A SECOND				

Division	of Health Service Reg	ulation				RM APPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (~ M.S. (Mar m)		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	SONSTRUCTION		TE SURVEY
			w. edichilde:	**************************************	1 00	APLETED
		501.000045				
		FCL068010	8. WING		0	3/12/2024
NAME OF F	POVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E. ZIP CODE	***************************************	· · · · · · · · · · · · · · · · · · ·
TORE'S F	löke: 40		E'S DRIVE			
1411E 01	10mc #3		RD, NC 28712			
(X4) ID	SUMMARYST	ATEMENT OF DEPICIENCIES	Q			····
PREFIX	. (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREPIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOP	TION ULD BE	(X6) COMPLETE
TAG	NEGOLATOR OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR	OPRIATE	DATE
* · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			DEFICIENCY)		
C 330	Continued From page	a 14	C 330		A-1	
,	1					i !
	rtesident #1 was "phy	sically unable to take".	:			}
,	- i nere was documen	tation vitamin B12 1000mcg				
	was not administered	on 03/11/24 due to not				į
		ident #1 "awake enough to				
	take".					
j	Observation of Reside	ent #1's medications on				1
	hand on 03/12/24 at	11:20am revealed:				
;	- here was a bottle of	f vitamin B12 5000mcg				
;	avallable for administr		} •			i
		n B12 1000mcg available for				:
}	administration,					
ļ į	fa					
	O3/40/04 th 44-00	pervisor-in-Charge (SIC) on	•			
!	03/12/24 at 11:20am t		A series			}
;	DOVORVOR and brought	nitted to the facility on				
	from home including v	most of his medications				i
	-She documented she	administered Resident #1	1			
į	vitamin B12 1000mcg	on 03/04/24				
}	03/07/24-03/08/24 an	id 03/12/24 instead of the				
į	5000mco available be	Cause she did not check				
!	the dosage on the bot	tle before administration.				
;	-She did not realize R	esident #1's Vitamin B12				
		th the physician's order for				·
. ;	1000mcg,	ar was projected to order roll	1			
;		for eMAR audits daily or				·,
}	when a new order was	s given to check for				
	accuracy of document					
İ		for comparing medication				
	orders to the eMAR ar	nd making sure medications	· ·			
i	and dosages were acc	curate when compared to			•	
	what was ordered.	The state of the s	***			1
1	-She knew she was su	pposed to check	***			<u> </u>
		the dosage against the				
	eMAR when she admit	nistered medications, but	;			
	she did not always che	ock the dosage.				ļ
:	 She was responsible: 	for completing medication				<u> </u>
,	cart audits weekly on N	Mondays and compared the				
	medications to the ord	ers Including medication				:
	th Service Regulation					ţ

Division	of Health Service Reg	ulation			FORM APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA	(X2) MULTIPLE C	ONSTRUCTION	7/07 5 100 5 100 100
THE PERIOD	OI. COMMENTION	DENTIFICATION NUMBER:	A BUILDING:		(X3) DATE SURVEY COMPLETED
		FCL088010	B. WING		bamaiana.
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	77/75 0 0 0 0	03/12/2024
Tames.			E'S DRIVE	i, air code	•
TORE'S H	IOME #3		RD, NC 28712		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	15	DOOLECOR DI ANI OF GOVERNMENT	
PREFIX TAG	EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOULD	D BE COMPLETE
	a supplied to the fit was did	CON STATE ST	TAG	OROSS-REFERENCED TO THE APPROP DEFICIENCY)	PRIATE DATE
C 330	Continued Cons			be been in the second of the s	
2500	Continued From page	3 15	C 330		
	dosages.		a de Alexandro		
	-She did not check the	e dosage of Resident #1's	100		
	Vitamin B12 when she	ompleted the cart audit	and the second s		1
:	01: 03/04/24 0(: 03/1)/	24 and only looked to make tamin B12 was available.			,
	0010 1/60(00)(#1 2 VII	erins DIZ was avallable,			
	Telephone interview v	vith a pharmacy technician			
	from the facility's cont	racted pharmacy on			
	03/12/24 at 11:48am :	revealed:			
	-The facility was response	onsible for sending a			
•	request for any medic	ations needed.			
	vitamin B12 1000mcg	it made for Resident #1's	To desire the second of the se		
į	-Resident #1's vitamir	B12 1000mog had never	4		
	been dispensed by the	e pharmacy.	· · · · · · · · · · · · · · · · · · ·]
	-	,	Acceptance of the second secon		<u>!</u>
,	Telephone Interview w	ith Resident #1's primary			
	care provider (PCP) o revealed:	n 03/12/24 at 2:34pm	1		
;		it#1 vitamin B12 1000mcg			
:	take 1 tablet daily for t	oone health	Till Life was apply		
	-She expected the fac	ility to administer Resident	1		
	#1's medications as or	rdered.			
į					
		d shift medication aide			
	(MA) on 03/12/24 at 3: -She administered Rec				
		-03/03/24, and 03/03/24	j 2		
i	because she did not re	salize the vitamin B12 was			1
	5000mcg instead of th	e ordered 1000mcg.	\$ t		
1	-She did not always co	mpare the medication			;
		vhen she administered	# ************************************		i
:	medications,		\$		
	Interview with the facili	ity's Manager on 03/12/24	-		
	at 11:55am revealed:	The second substitute of the second s	1		,
	-The SIC was respons	ible for making sure	1		÷
		312 dosage on the bottle			:
	matched the medication		1		}
	-She did not know Why h Santra Panulation	the SIC did not realize the	:		;

Division	of Health Service Regi	ulation			FOR	M APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP) F	CONSTRUCTION		
ANDPLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE	SURVEY
	1	1			1	With a table
		FCL088010	B. WING			
		1 . 02.000,0			03/	12/2024
NAMEOFP	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STA	TE, ZIP CODE		
TORE'S H	OME #3	65 TORE	S'S DRIVE			
ļ		BREVAR	ID, NC 28712			
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	8度	(X6) COMPLETE
		and the second s	TAG	OROSS-REFERENCED TO THE APPROPED DEFICIENCY)	RIATE	DATE
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C 330	Continued From page	3 16	C 330			
	dosage on the bottle	was 5000mcg instead of the	and the second			
	ordered 1000mcg,		1			
	-The SIC was respon	slble for medication cert				
į	audits weekly and she	ould have compared the	produced A			
į	medications on the ca	art to the medication orders.				
	-She expected the Mi	As and SIC to administer				! [
	medications as ordere	ed or contact the pharmacy				
	for the correct dosage	of medication to be	*			
	dispensed.					1
ļ						i
	Attempted telephone					
į	Administrator on 03/0	8/24 at 4:09pm was				! !
	unsuccessful.					
	Reced on abcommitme	s, interviews, and record				
į		ned Resident #1 was not				ŀ
:	interviewable.	ned Resident # i Was not				
	and the same of the family					ļ j
(The facility failed to en	nsure medications were	*			
1		ed for Resident #1 when an				i
:	extra dose of an anti-	anxiety medication, which				
;	was ordered to be ad:					
	as-needed at bedtime	, was documented as				:
		hours and 59 minutes on				1
		t dose was administered at				
-		contributed to Resident #1	*			;
į	-	24 and failing to administer				
į		constipation after Resident	1			
		al hospital emergency room	-		:	
;		uated for lower abdominal ased with moderate diffuse				
-			:		1	
:	increased constipation	ng Resident #1 at risk of			;	
į		This failure was detrimental	t to the second		•	[
	to the health and safe				ļ	
	constitutes a Type B \		\$ P			
	The second secon	·				
	The facility provided a	plan of protection in	÷		!	
}		131D-34 on 03/12/24 for	1		!	;
İ	this violation.				!	

Division of Health Service Regulation

INAME OF PROVIDER OR SUPPLIER FICLIBROTIO A SULDING: B WING COMPLETED AS TORRES ROWE BREVARD, NC 28712 DISCUSSION BROWN BROWN BROWN AND COMPRESSION BROWN B		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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Division of Health Service Regulation

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the record that all medications are correct.	1
27	-
-If corrections need to be made, the SIC will	
contact the pharmacy by telephone and ensure	
medications were corrected immediately.	
-During the medication pass, the medication was	
selected on the screen, located in the medication	
cart, compared with the medication on the	
screen, and once identified as accurate the	i
medication was administered to the resident.	
-Any exceptions for medication administration were documented in the eMAR.	1
From Modellicition as the carmer.	
1. Review of Resident #1's current FL2 dated	
02/22/24 revealed diagnoses included dementia.	
s and second to a second to a second to the control of the control	1
Review of Resident #1's Resident Register dated	2
02/16/24 revealed an admission date of 02/23/24.	i
	1
a. Review of Resident #1's physician's orders	
dated 03/04/24 revealed an order for vitamin D3	1

Division	of Health Service Regu	ilation			FORM APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE G	(MIQTOLICTION)	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	Ot-21VDCUÓIA	(X3) DATE SURVEY COMPLETED
				**************************************	Acres 1777 Arguer (March
ľ		FCL088010	B. WING		
		1 01400010			03/12/2024
NAMEOFF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	. ZIP CODE	
TORE'S H	IOME #3	65 TORE	E'S DRIVE		
	, , , , , , , , , , , , , , , , , , ,	BREVAR	RD, NC 28712		
(X4) (D	SUMMARY ST	ATEMENT OF DEFICIENCIES	(0	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD)	BE COMPLETE
		The state of the s	! TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE
C 240	A				
C 342	Continued From page	19	C 342		
,	(a supplement used to	Increase calcium and	*		
	phosphorus absorptio	п to build and maintein			' i
	strong bones) 2000 ui	nîts (u) take 1 capsule daily.			
ļ	Review of Resident #				1
i	destroite medicatos	ສນ້າກຳຕຳລຳ ຂຳນັບກ ກອນບານັ			į
:	(eMAR) revealed:	or vitamin D3 2000u take 1	•		1
:	capsule daily at 8:00a				:
		ation vitamin D3 2000u was			
!	administered from 03/	04/24-03/05/24			ļ .
	03/07/24-03/10/24, an				
		ation vitamin D3 2000u was	į (
		3/06/24 due to Resident #1	1		
	was "physically unable		1		
		ation vitamin D3 2000u was	,		
		3/11/24 due to not being	100 M	•	1
:	able to get Resident #	1 "awake enough to take".	5		
	Observation of Dovids	nt #1's medications on			
	hand on 03/12/24 at 1		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
:		vitamin D3 5000u available	1		
	for administration.	TRESTAND DO COOCO AVERADIE			
:	-There was no vitamin	D3 2000u available for	-		
	administration.				
			9		
į		ervisor-in-Charge (SIC) on			!
:	03/12/24 at 11:20am re				:
1	-Resident #1 was adm				
:		most of his medications			į
	from home including vi	ramin D3 50000. administered Resident #1			;
	vitamin D3 2000u on 0		* + 100 m m m m m m m m m m m m m m m m m m		
		d 03/12/24 Instead of the	\$ 1		
1	5000u available becau	se she did not check the	;		1
,	dosage on the bottle b	efore administration.	1		1
	-She did not realize Re	sident #1's vitamin D3			
	5000u did not match th	e physician's order for	1		
	2000u.	•			
,	-Sne was responsible t	for eMAR audits daily or	1		į

EXTREMENT OR DEPORTURES AND RUM OF CORRECTION DESCRIPTION FIGURE 1 MANUELO PROVIDED OR SUPPLIES TORES HOME 53 SUMMARY STREET ADDRESS, CITY, SOOTE, 28' CODE SERVING, NO. 28'72 GRAND REPORTURES OR SUPPLIES TORES HOME 54 SUMMARY STREET ADDRESS, CITY, SOOTE, 28' CODE SERVING, NO. 28'72 GRAND REPORTURES OR SUPPLIES OF TORES HOME 55 C 342 C 342 C continued From page 20 when a new criter was given to check for accuracy of documentation. She was responsible for comparing medication orders to the embidication and days she did not always check the dosage, Interview with a second shift medication aids (MA) no 30'12/24 at 3:30pm revealed: She definitishered Resident #1' witamin D3 5000u on 030'22/24-030'23/24, and 030'93'24 beauties her did not resilize the vitamin D3 was 5000u instead of the ordered 2000u. She did not always compers the medication to the self-add within the facility's Manager on 03/12/24 at 11:55am revealed: The SiC was responsible for making sure Recident #1's medications and diverges medication to the self-add within the facility's Manager on 03/12/24 at 11:55am revealed: The SiC was responsible for medication to the self-add within the facility's Manager on 03/12/24 at 11:55am revealed: The SiC was responsible for medication cart audits weekly and should have compared the medications on the cent of vitemin D3 was 5000u instead of the ordered 2000u. The SiC was responsible for medication cart audits weekly and should have compared the medications on the cent of vitemin D3 was 5000u instead of the ordered 2000u. The SiC was responsible for medication cart audits weekly and should have compared the medications are ordered and document the administration on the eAMAR accurately. Attempted telephone interview with the Administration on the AMAR and SiC to administration on the self-administration on the self-	Division	of Health Service Regu	lation			FORM APPROVED
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instead of the ordered 2000u. -The SIC was responsible for medication cart audits weekly and should have compared the medications on the cart to the medication orders. -She 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. b. Review of Resident #1's physician's orders		-She did not know why	the SIC did not realize the	*		
-The SIC was responsible for medication cart audits weekly and should have compared the medications on the cart to the medication orders, -She 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. b. Review of Resident #1's physician's orders						
audits weekly and should have compared the medications on the cart to the medication orders, -She 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. b. Review of Resident #1's physician's orders						
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-She 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. b. Review of Resident #1's physician's orders						
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. b. Review of Resident #1's physician's orders						į
administration on the eMAR accurately. Attempted telephone interview with the Administrator on 03/08/24 at 4:09pm was unsuccessful. b. Review of Resident #1's physician's orders						
Attempted telephone interview with the Administrator on 03/08/24 at 4:09pm was unsuccessful. b. Review of Resident #1's physician's orders						;
Administrator on 03/08/24 at 4:09pm was unsuccessful. b, Review of Resident #1's physician's orders						
Administrator on 03/08/24 at 4:09pm was unsuccessful. b, Review of Resident #1's physician's orders						
b, Review of Resident #1's physician's orders			/24 at 4:09pm was			
	:	unsuccessful.				:
		to Parishman alternative in	adali, .d., +t., a			,
			#1's physician's orders	1		

Division of Health Service Regulation

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT(PLE C	ONSTRUCTION	MEN DATE OF ITS (DV)
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED
			17. 2001mm:119131		WOTE SEE LEED
		FCL088010	B. WING		03/12/2024
NAMEOFF	ROVIDER OR SUPPLIER	STREST A	DORESS, CITY, STATE	7:0 0000	
				, ZP CODE	
TORE'S H	IOME #3	65 TORE			
		5REVAR	D, NC 28712		
(X4) (O		TEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	(25)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
17742	; ;	ON SECURIOR SEARCH HANDWAY (C) (A)	TAG	CROSS-REFÉRENCED TO THE APPROPR DEFICIENCY	IATE DATE
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		OCESHENO!)	
C 342	Continued From page	21	C 342		
,		ed an order for vitamin B12			
	(a supplement used to	keep blood and nerve cells	•		
		nemia that causes tiredness			
	and weakness) 1000n	nog take 1 tablet daily.			
	Review of Resident #1				,
i	electronic medication	administration record			
:	(eMAR) revealed:		;		
		or vitemin B12 1000mcg	<u> </u>		
1	take 1 tablet daily at 8				
:	-There was document	atlon vitamin B12 1000mcg			
į	was administered from				
	03/07/24-03/10/24, an				
		ation vitamin B12 1000mcg			Ì
1	was not administered				
	Resident #1 was "phys				
		etion vitamin B12 1000mcg			
į		on 03/11/24 due to not			
	being able to get Resid	dent #1 "awake enough to			
į	take".		1		
1			*	,	1
		nt #1's medications on			•
:	hand on 03/12/24 at 1		1		
	-There was a bottle of				
	available for administra				
i	-There was no vitamin	B12 1000mcg available for	*		
:	administration.				i
4			*		;
	Interview with the Supe	en/ser-in-Charge (SIC) on	1		: !
	03/12/24 at 11:20am re	evealed:			
-	-Resident #1 was adm	itted to the facility on			
:	02/23/24 and brought r	most of his medications			}
	from home including vi				
	-She documented she	administered Resident #1			
:	vitamin B12 1000mcg	on 03/04/24,			
	03/07/24-03/08/24, and	d 03/12/24 instead of the	;		
:	5000mcg available bed	ause she did not check			
;		le before administration.			:
-		sldent #1's vitamin B12			
	5000mcg dld not match	n the physician's order (or			
lvision of Hea	Ith Service Requietion		1	**************************************	

Division	of Health Service Regi	ulation			FORM	M APPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	[Maj mare)	A
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A compara.		(X3) DATE S	
İ		1				
]		FCL088010	B. WING			
NA NACE ON THE					1 03/1	12/2024
MANIVE OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		i
TORE'S H	OME #3	65 TOR	E'S DRIVE			
			RD, NC 28712			
(X4) (D PAEFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES TO INVEST BE PRECEDEU BY FULL	۵۱	PROVIDER'S PLAN OF CORRECT	ION	(84)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETS
		,	/ACI	DEFICIENCY)	PRIATE	DATE
0.342	Continued From page	. aa	1		,	
V V74	. Countingen Litory bags	9 44	C 342			
	1000mcg.					
'	-She was responsible	for eMAR audits daily or				
	when a new order wa				į	
	accuracy of documen				i	
		for comparing medication			į	
:		ind making sure medications	\$ \$		}	
		curate when compared to			:	
	what was ordered.					ĺ
į	-She knew she was s					1
\$		the disease arrainet the	1		1]
į		inistered medications, but				
;	she did not always ch		* · · · · · · · · · · · · · · · · · · ·		į	ļ
:	cost audito wooldy on	for completing medication Mondays and compared the	\$ \$		į	ļ
	modications to the an	ders including medication			İ	ļ
:	dosages.	ters arcinosad medicasion	1		}	1
i		e dosage of Resident #1's				ľ
i	vitamin B12 when she	completed the cart audit	*			1
		24 and only looked to make				
į	sure Resident #1's vit	amin B12 was available.			ļ	ŀ
		The second secon			;	l
ļ	Interview with a secon	nd shift medication aide			į	}
į	(MA) on 03/12/24 at 3					1
		sident #1 vitamin B12			:	
:	5000mcg on 03/02/24	-03/03/24, and 03/09/24	6 6			
:		ealize the vitamin B12 was			!	i
	5000mcg instead of the				!	
į		ompare the medication			:	
		when she administered			,	
	medications.					
	Internal many partition than the - 11	Hada Adaman and Santa Ma			1	1
		lity's Manager on 03/12/24			;	ľ
!	at 11:55am revealed:	sible for southing				1
	-The SIC was respons					1
	the physician's orders	lions and dosages matched			į	
		y the SIC did not realize the	The state of the s			1
	dosage on the bottle of		1 1 2		į	1
	5000mcg instead of th		* * * * * * * * * * * * * * * * * * *			1
		e ordered 1000mcg. Ible for medication cart			:	
	th Contac Pundation	nere ret trochetställetti	<u> </u>			

DIVISION	of Health Service Reg				ΡŲ	RM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	T/X3) DA7	E SURVEY
		SECTION SOLUTIONS EX	A. BUILDING:			PLETED
		FCL088010	B. WING			n id Aldama
VAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	2.7000pp	<u></u>	3/12/2024
TORE'S H	Inter 4a		E'S DRIVE	=, 21º CODE		
POREOR	YME #3		RD, NC 28712			
(X4) ID PREFIX	5UMMARY S	TATEMENT OF DEFICIENCIES	Č i	PROVIDER'S PLAN OF	CORRECTION	(XS)
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(SACH CORRECTIVE ACT OROSS-REFERENCED TO T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	COMPLETE
C 342	Continued From pag	e 23	C 342	***************************************		
ļ	audits weekly and sh	ould have compared the				
	medications on the c	art to the medication orders.				
	-She expected the M	As and SIC to administer	100 an			
'	medications as order	red and document the	*			
}	administration on the	e eMAR accurately.	T T T			
	Attempted telephone	Intervious with the	**			
•	Administrator on 03/0	08/24 at 4:00nm was				
	unsuccessful.	some of washing				
į	2. Review of Residen	nt #2's current FL2 dated	a participation of the second			
!	02/12/24 revealed:	to the man out of the party of a sounder but too areas by				
:	-Diagnoses included	dementia and hypertension.	1			
i	-An order for lisinopri	(used to treat hypertension)	•			ŀ
}	10mg daily.	•				1
	Pharatauri at Philippia					
!	Review of Resident #	2's Resident Register				
	02/13/24.	mitted to the facility on				
						1
	Review of Resident #	2's February 2024 electronic				į
	medication administra	ation record (eMAR)	,			1
	revealed:					:
	-There was an entry f	or lisinopril 10mg daily.				!
	-Lishopiii forng gaily	Was documented as				
:	administered daily from 02/29/24.	m 02/14/24 inrough	a) the desired			1
}			5			•
:	Review of Resident #2	2's March 2024 eMAR	*			ì
i	revealed:		1			•
i	There was an entry for	or lisinopril 10mg daily,	-			
	-Lisinopril 10mg daily	was documented as				
	administered daily from	m 03/01/24 through				:
:	03/12/24.					; } t
},	Observation of Reside	ent 2's medications on hand	**			•
	on 03/12/24 at 10:51a	m revealed:				:
	-Lisinopril 10mg was r	ot available to administer.				
	-A bottle of lisinopril 2.	5mg, that was filled at a	***			į
<u> </u>	local pharmacy on 09/ h Service Regulation	22/23, was available to				

O2G911

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETEO
					1	
		FCL088010	B. WING		•	
		1 1 0 2 3 3 3 3		——————————————————————————————————————	03	/12/2024
NAMEOFF	ROVIDER OR SUPPLIER	STREET	address, city, state	S, ZIP CODE		
TORES	IOME #3	65 TORI	E'S DRIVE			
	· · · · · · · · · · · · · · · · · · ·	BREVAR	RD, NC 28712			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	. 10	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	8E	COMPLETE
		and the second of the second o	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
ሶ 343	S ^A man Aire J P ^a	7.4		***************************************	***************************************	
V 342	Continued From page 24		C 342			
	administer,					
) 		1			
		ervisor-in-Charge (SIC) on	The state of the s	:		
	03/12/24 at 10:54am t		AF-			
'	-Resident #2 brought	all her medications,				:
	admitted to the facility	isinopril 2.5mg, with her when she was o the facility on 02/12/24, oot realize the dosage of the lisinopril ent #2 brought with her upon admission				
				•		j
	that Resident #2 broug	ant with her upon admission				1
	did not match the orde					
	-She was responsible	for comparing medication	:			
orders to the eMAR and making sure medica		nd making sure medications				ļ ,
ì	and dosages were accurate when compared to		*			l
:	what was ordered.		1			
:	-She knew she should	but she did not always				
į	she administrand mad	against the eMAR when				
she administered medications. -She completed medication cart audits weekly on		P. Vierne				
	Mondays and compared the medications to					
ļ	orders.					
	-She did not check the	unit dosage of Resident				
#2's lisinopril when she completed		completed the cart audits	Table 2			
	and only looked to mal	ke sure it was lisinopril,				
. 1	Indicate the same					i 1
	Interview with a MA on revealed:	U3/12/24 at 3:32pm				
	-She administered lisin	ontil to Besiden: 42	1			[
:	-She never noticed the	t the lisinopril 2.5mg in the				:
:	medication cart was no	of the dose listed on the				ŧ.
	eMAR.	The state include O() (150	To the same was			3 Y
!	-She did not always co.	mpare the medication to	;			
['	the eMAR when she ac	Iministered medications.	1			`
	lak iki ku k		3			f t
Interview with the facility's Manager on 03/12/24						
	at 4:15pm revealed:	warman da manda a a la manda a sa la manda a				
	-Medications should alv	ways be checked for				
:	accuracy when residen the facility brought their	ts who were admitted to			:	
:	The MAs were trained	to document correctly on	1		1	
	the eMAR and they sho	ould always check to				
	h Service Regulation	SILLER OF ISSUE TO	1		. i	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			
			A BUILDING:	COMPLETED		
		FCL088010	B. WING		03/12/2024	
**************************************			Nacro Arra ··			
			DDRESS, CITY, STATE	, ZP CODE		
TORE'S H	OME #3		'S DRIVE D, NC 28712			
(X4) ID	SUMMARY STO	TEMENT OF DEFICIENCIES	·····			
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	F COMPLETE	
C 342	Continued From page 25		C 342	777		
		and the dose matched the				
			n in a springer of a second			
:					; ; ;	
					:	
					•	

			* * * * * * * * * * * * * * * * * * *			
			1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
; ;						
	Service Regulation					

March 23, 2024

Licensure Consultant

Adult Care Licensure Section 2708 Mail Service Center Raleigh, NC 27699-2708

Re:

Plan of Correction

Facility:

Tore's Home #3

Facility License Number:

FCL 088-010

County:

Transylvania

To Team Leader

Below you will find a Plan of Correction from the visit to our facility Tore's Home, Inc, #3 on March 12, 2024.

Plan of Correction for Prefix Tag C315

- Correction of deficiency: All staff will be trained to match doctor's medication orders to medication delivered to facility regardless who brings such medication into the facility.
- 2. Measures to prevent problem from occurring: Train Supervisor in each home that the measure in item 1 above is followed.
- Who will monitor the situation to make sure it does not happen again: Supervisor and Manager of facilities
- 4. Frequency of monitoring: Upon admission of resident to facility and every time new medication and refills are delivered to the facility.
- 5. Completion date: April 5, 2024

Plan of Correction for Prefix Tag C330

- 1. Correction of deficiency: Prior to admission of new residents the facility will:
 - a. Be sure that resident has a local doctor that has seen resident prior to admission and is able to provide medication orders as needed and on a timely basis.
 - b. Have medications of all residents be provided by facility pharmacy.
 - c. Provide training of all staff on how to follow both regulatory and facility procedures in proper medication administration.
- 2. Measures to provent problem from occurring: Train Supervisor in each home that the measure in item 1 above is followed.
- 3. Who will monitor the situation to make sure it does not happen again: Supervisor and Manager of facilities
- 4. Frequency of monitoring: Upon admission of resident to facility and every time new medication and refills are delivered to the facility.

5. Completion date: April 5, 2024

Plan of Correction for Prefix Tag C342

- 1. Correction of deficiency: Prior to admission of new residents the facility will:
 - a. Be sure that resident has a local doctor that has seen resident prior to admission and is able to provide medication orders as needed and on a timely basis.
 - b. Have medications of all residents be provided by facility pharmacy.
 - c. Provide training of all staff on how to follow both regulatory and facility procedures in proper medication administration.
- Measures to prevent problem from occurring: Train Supervisor in each home that the measure in item 1 above is followed.
- 3. Who will monitor the situation to make sure it does not happen again: Supervisor and Manager of facilities
- 4. Frequency of monitoring: Upon admission of resident to facility and every time new medication and refills are delivered to the facility.
- 5. Completion date: April 5, 2024