	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:		R		
		HAL013044	B. WING		03	03/22/2024	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
HE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN	I BLVD.			
			RD, NC 28027				
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
D 000	Initial Comments		D 000				
	Cabarrus County De competed an Annual	sure Section and the partment of Social Services , Follow-up and Complaint 24 through March 22, 2024.					
D 234	10A NCAC 13F .070 Medical Exam & Imm	3(a) Tuberculosis Test, nunizatio	D 234				
	Examination & Immu (a) Upon admission resident shall be test in compliance with the by the Commission for specified in 10A NCA subsequent amendent the rule are available the Department of He Tuberculosis Control	3 Tuberculosis Test, Medical nizations to an adult care home, each ed for tuberculosis disease e control measures adopted or Health Services as C 41A .0205 including tents and editions. Copies of at no charge by contacting ealth and Human Services, Program, 1902 Mail Service th Carolina 27699-1902.					
	facility failed to ensur (#4 and #5) had com testing in compliance	as evidenced by: ews and interviews, the re 2 of 7 sampled residents pleted tuberculosis (TB) with control measures mission for Health Services.					
	The findings are:						
		t #4's current FL2 dated agnoses included end stage ute pain.					
	Review of Resident revealed an admission	44's Resident Register on date of 08/15/20.					
	Review of Resident # 03/20/24 revealed:	4's facility record on					

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE S COMPL	
		HAL013044	B. WING		R 03/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	G CENTER OF CONCOR	160 WAI	RREN C. COLEMAN	I BLVD.		
	G CENTER OF CONCOR	CONCO	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 234	Continued From page	e 1	D 234			
	-There was no tuberc documentation upon	ulosis (TB) skin test admission.				
	-There was one docu test read on 02/10/24	mented negative TB skin				
	09/19/23 revealed dia	#5's current FL2 dated agnoses included diabetes opathy, and hypertension.				
	Review of Resident # revealed an admissio	5's Resident Register on date of 11/03/21.				
	Review of Resident # 03/21/24 revealed: -There was one docu	5's facility record on mented negative TB skin				
	test read on 10/21/21	-				
	Refer to interview with Coordinator on 03/21					
	Refer to interview with 03/21/24 at 3:30pm.	h the Administrator on				
	03/21/24 at 10:30am					
	had incomplete TB sk -She was responsible	e for ensuring all TB skin				
	tests were completed facility.	l upon admission to the				
	3:30pm revealed:	ministrator on 03/21/24 at sident #4 and Resident #5				
	had incomplete TB sk					
	the facility had been of	completing chart audits. ent was supposed to have				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	1 00		
		160 WAI	RREN C. COLEMAN				
	G CENTER OF CONCOR	CONCO	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
D 234	Continued From page	e 2	D 234				
	the first TB skin testir admission to the facil testing completed wit	ity and the second TB skin					
D 358	10A NCAC 13F .1004 Administration	4(a) Medication	D 358				
	 (a) An adult care hor preparation and adm prescription and non- by staff are in accord (1) orders by a licens which are maintained 	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner I in the resident's record; and on and the facility's policies					
	facility failed to ensur administered as pres	and record reviews, the re medications were cribed for 1 of 7 sampled 7) related to a medication					
	The findings are:						
		7's current FL2 dated agnoses included Type 2 retardation.					
	dated 07/25/23 revea -There was an order sugar (FSBS) three ti -There was an order units, (a rapid acting elevated blood sugar	to check finger stick blood imes daily before each meal. for Novolog Flexpen 100					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL013044	B. WING			R 03/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	IG CENTER OF CONCOR	160 WAR	REN C. COLEMAN	N BLVD.			
	IS CENTER OF CONCO	CONCOR	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 3	D 358				
	351-400 = 10 units, g Primary Care Provide	reater than 400 contact er (PCP).					
	units, inject per slidin, 6:30am, 11:30am and -On 01/24/24 at 4:30 291 and he received stated he should have -On 01/30/24 at 11:30 was 278 and he rece stated he should have Review of Resident # revealed: -There was an entry f units, inject per slidin 6:30am, 11:30am and -On 03/05/2024 at 11 was 211 and he received stated he should have -On 03/16/24 at 4:30	ation Record (MAR) for Novolog Flexpen 100 g scale before each meal at d 4:30pm. om, the resident's FSBS was 2 units when the order e received 6 units. Dam, the resident's FSBS ived 4 units when the order e received 6 units. T's March 2024 MAR for Novolog Flexpen 100 g scale before each meal at d 4:30pm. :30am, the resident's FSBS ived 2 units when the order e received 4 units. om, the resident's FSBS was 2 units when the order					
	facility's contracted p 8:36am revealed: -Resident #7 had an 100 units, inject per s 180-200 = 2 units, 20 units, 301-350 = 8 un	1-250 = 4 units, 251-300 = 6 its, 351-400 = 10 units, and					
	units, 6 ml's each wa	of Novolog Flexpen 100 s dispensed to Resident #7. els could cause passing out,					

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	OF DEFICIENCIES	Iation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		160 WAF	RREN C. COLEMAN	BLVD.			
HE LIVIN	IG CENTER OF CONCOR	CONCO	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 4	D 358				
	thirst, and potential o	npleted by a pharmacy					
	03/22/24 at 11:05am -She had been his P0	CP from 01/17/24-03/15/24. ware of any sliding scale					
	-She would have war errors. -High levels of blood failure in the long terr	ited to be made aware of the sugar could lead to organ					
		cond floor medication aide					
	scale insulin on 01/24 11:30am, 03/05/24 at 4:30pm.	she gave the wrong sliding I/24 at 4:30pm, 1/30/24 at 11:30am and 03/16/24 at					
	hit the wrong button of -She would not have	given the wrong dose of					
	order each time befor -She did not audit the anyone did audits to	e charts and did not know if check if sliding scale insulin					
	was given according	to the order. Supervisor on 03/22/24 at					
	3:20pm revealed:	Resident #7 received the					
	-She did not audit the	e insulin. e charts on the second floor visor on that floor asked her					
		R with medications on the					

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	G CENTER OF CONCOR	160 WAF	RREN C. COLEMAN	N BLVD.			
	G CENTER OF CONCO	CONCO	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From page	e 5	D 358				
	charts about once a r but usually just on the	nonth or every other month e first floor.					
	(RCC) on 03/22/24 at -She was not aware f incorrect sliding scale	sident Care Coordinator t 3:51pm revealed: Resident #7 was given the e insulin dose according to					
	Resident #7.	a medication error report on was to do medication audits					
	weekly but she was n completed. -She did not get any o audits completed.	not sure if they were					
	Interview with the Adı 4:45pm revealed:	ministrator on 03/22/24 at					
	-He was not aware R incorrect sliding scale						
		hen the PCP was made					
	until the Department	g done on a regular basis of Social Services made the nplaint in March 2024.					
	-The lead MA Superv audits on the FSBS.	for all medications to be					
	given according to the						
D 367	10A NCAC 13F .1004 Administration	4(j) Medication	D 367				
	(j) The resident's me	4 Medication Administration dication administration e accurate and include the					
	(1) resident's name;						

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If continuation sheet 6 of 31

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		160 WAF	REN C. COLEMAN	I BLVD.			
	IG CENTER OF CONCOR	CONCOL	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE	
D 367	Continued From page	9 6	D 367				
	 (3) strength and dosa administered; (4) instructions for ad or treatment; (5) reason or justificar medications or treatment; (6) date and time of ad (7) documenting the result (6) date and time of ad (7) documentation of medications or treatmomission, including results (8) name or initials of the medication or treatmomission, including results (8) name or initials of the medication or treatmomission, including results (8) name or initials of the medication or treatmomission, including results (8) name or initials of the medication or treatmomission, including results (8) name or initials of the medication or treatmomission, including results (8) name or initials of the medication of the medication record of the medication administration record of the treatment of a of 7 sa #1, #4 and #5) related treat pain (Resident # anxiety, and pain (Resensor for monitoring (Resident #5). The findings are: Review of Residen 12/29/23 revealed: Diagnoses included (stroke) and frequent neuropathy (nerve participation) (Resident # 12/29/23 revealed: 	any omission of nents and the reason for the efusals; and, the person administering atment. If initials are used, a to those initials is to be ntained with the medication (MAR). as evidenced by: ns, interviews, and record liled to ensure the electronic ation records (eMAR) was mpled residents (Resident d to medications used to 41), high blood pressure, usident #4) and a diabetic blood sugar levels t #1's current FL2 dated cerebrovascular accident falls secondary to severe					

Division of Health Service Regulation STATE FORM

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		160 WAF	RREN C. COLEMAN	N BLVD.			
	IG CENTER OF CONCO	CONCO	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
D 367	Continued From pag	e 7	D 367				
	(PCP) orders dated (revealed orders for o every six hours as ne Review of Resident #	41's January 2024 electronic					
	revealed: -There was an entry tablet every six hours -Oxycodone 15mg, c as administered 5 tin on 01/23/24 at 2:27p	ration Record (eMAR) for oxycodone 15mg, one is as needed for pain. one tablet was documented nes; on 01/22/24 at 7:11am, m, on 01/24/24 at 12:09pm, m and on 01/30/24 at					
	substance count she -Oxycodone 15mg, 3 Resident #1 on 01/17 -Oxycodone 15mg, 2	6 tablets were dispensed for					
		7/24. one tablet was signed out for les between 01/18/24 and					
	revealed: -There was an entry tablet every six hours -Oxycodone 15mg, c	one tablet was documented					
	on 02/07/24 at 2:58p on 02/09/24 at 9:11a on 02/18/24 at 2:18p on 02/21/24 at 9:19a	imes; on 02/04/24 at 6:25pm, m, on 02/08/24 at 9:01pm, m, on 02/12/24 at 2:31pm, m, on 02/19/24 at 6:23pm, m, on 02/22/24 at 12:59pm, m and 7:35pm, on 02/24/24					
	7:25am, 1:31pm and	nd 9:17pm, on 02/25/24 at 9:35pm, on 02/26/24 at d 7:50pm, on 02/27/24 at					

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED	
		HAL013044	B. WING		03	03/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE LIVIN	IG CENTER OF CONCOR	מא	RREN C. COLEMAN RD, NC 28027	I BLVD.			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE	
D 367	Continued From page	e 8	D 367				
		d 6:47pm, on 02/28/24 at 6:43pm and on 02/29/24 at 6pm and 6:47pm.					
	revealed:	1's February 2024 CSCS 0 tablets were dispensed for					
	Resident #1 on 02/07	//24. 6 tablets were dispensed for					
		0 tablets were dispensed for					
		ne tablet was signed out for es between 02/01/24 and					
	Interview with a medi 03/22/24 at 3:15pm re	. ,					
	-Prior to the middle or documented on the re	f February 2024, not all MAs esident eMARs when					
		(as-needed) controlled hey thought signing the					
		l in February 2024 to sign					
	resident.	controlled substance to a					
		she was not aware the red in addition to the CSCS.					
	Refer to interview wit 3:50pm.	h the RCC on 03/22/24 at					
	Refer to interview wit 03/22/24 at 4:30pm.	h the Administrator on					
		t #4's current FL2 dated agnoses included end stage					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
THE LIVIN	IG CENTER OF CONCO	RD	RREN C. COLEMAN	I BLVD.			
		CONCO	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 367	Continued From pag	e 9	D 367				
	 a. Review of Resident #4's physician orders dated 09/20/23 revealed there was an order for amlodipine (used to treat high blood pressure) 5mg by mouth daily. 						
	medication administr revealed there was a	an entry for amlodipine 5mg ation of administration daily					
	revealed there was a	#4's February 2024 eMAR an entry for amlodipine 5mg ation of administration daily 0/24.					
	revealed there was a by mouth daily with c	#4's March 2024 eMAR an entry for amlodipine 5mg documentation of from 03/01/24- 03/20/24.					
	hand on 03/21/24 at	dent #4's medications on 3:35pm revealed that there ine 5mg on the medication					
	facility's contracted p 9:20am revealed: -There was an order amlodipine on 10/16,	with a pharmacist from the oharmacy on 03/22/24 at to discontinue Resident #4's /23. facility were able to add					
	and/or discontinue of -The pharmacy disco amlodipine on 10/16	rders on the eMAR system. ontinued Resident #3's /23. ve added the order for					
	-Resident #4's amloc 09/27/23.	dipine was last filled on requested a refill of Resident					

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If continuation sheet 10 of 31

TATEMENT	of Health Service Regu TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
HE LIVIN	IG CENTER OF CONCOR	D	RREN C. COLEMAN RD, NC 28027	N BLVD.			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	T OF DEFICIENCIES ID BE PRECEDED BY FULL PREFIX		OF CORRECTION CTION SHOULD BE O THE APPROPRIATE NCY)	(X5) COMPLET DATE	
D 367	Continued From page	e 10	D 367				
	#4's amlodipine after						
	been discontinued or -MAs should not be d that a medication had medication was not a -She admitted to doc she had administered when the medication -The RCC, MA Super responsible for notify Primary Care Provide medication not availa -MAs were able to ad on the eMAR system -She did not know if a were being completed	revealed: esident #4's amlodipine had 10/16/23. locumenting on the eMAR d been administered if the vailable. umenting on the eMAR that d Resident #4's amlodipine was not available. visors, and MAs were ing the pharmacy and er (PCP) if there was a ble for administration. d and/or discontinue orders					
	3:50pm.	h the Administrator on					
	dated 09/20/23 revea	t #4's physician orders led there was an order for eat anxiety) 0.5mg by mouth					
	medication administrative revealed there was a	n entry for lorazepam 0.5mg eded with no documentation					
		4's controlled substance or January 2024 revealed 5					

STATEMEN	of Health Service Regi OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
THE LIVIN	IG CENTER OF CONCO	RD	RREN C. COLEMAN RD, NC 28027	I BLVD.			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 367	Continued From pag	e 11	D 367				
		blets were documented as on 01/17/24, 01/18/24, and 01/29/24.					
	revealed there was a	#4's February 2024 eMAR an entry for lorazepam 0.5mg no documentation of ministered.					
	revealed 2 lorazepar	#4's CSCS for February 2024 n 0.5mg tablets were g administered on 02/01/24					
	Refer to interview wi 2:45pm:	th a MA on 03/22/04 at					
	Refer to interview wi 3:50pm.	th the RCC on 03/22/24 at					
	Refer to interview wi 03/22/24 at 4:30pm.	th the Administrator on					
	01/31/24 revealed th	o treat pain) 5mg-325mg					
	revealed there was a 5mg-325mg every si documentation of the	#4's February 2024 eMAR an entry for hydrocodone x hours as needed with e medication being 08/24, 02/23/24 and on					
	revealed there was 8 tablets documented 02/03/24, 02/04/24 a	#4's CSCS for February 2024 3 hydrocodone 5mg-325mg as being administered on it 6:00am, 02/04/24 at 2/23/24 and 02/24/24.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
AME OF PF	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE			
		160 WAR	REN C. COLEMAN	I BLVD.			
HE LIVIN	G CENTER OF CONCOR	CONCOR	D, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE ⁻ DATE	
D 367	Continued From page	e 12	D 367				
	revealed there was at 5mg-325mg every six documentation of the administered on 03/1 Review of Resident # revealed there was 3 tablets documented a 03/16/24, 03/19/24 at	6/24 and 03/19/24. 4's CSCS for March 2024 hydrocodone 5mg-325mg as being administered on					
	revealed: -She did not realize R CSCS were not accur -She admitted that sh correctly on the eMAR Resident #4 controlle -The MAs should be of time and date a medi the eMAR and on the	e had not documented R when she had given d substance medications. documenting the accurate cation had been given on					
	revealed: -She did not know Re CSCS were not accur -The MAs should be of time and date a medi the eMAR and on the -She did not complete	documenting the accurate cation had been given on					
	Interview with the Adr						

	of Health Service Regun TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		160 WAF	RREN C. COLEMAN	BLVD.			
HE LIVIN	IG CENTER OF CONCO	RD CONCOI	RD, NC 28027				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLE ⁻ DATE	
D 367	Continued From page	e 13	D 367				
	4:30pm revealed:						
	-He did not know doo	cumentation on Resident #4's					
	eMAR and CSCS wa						
		s to accurately document					
		edication was given on the					
	eMAR and the CSCS						
		CS should have the exact					
	same date and time t administered.	ine medication was					
		udits had recently been					
		om the County Department					
		here it was identified the					
	facility were not com	pleting eMAR and CSCS					
	accurately.	5					
	-The eMAR and CSC	S audits were completed by					
	the RCC and MA Sup	pervisors.					
	-He reviewed the eM	AR and CSCS audits.					
	-	nt #5's current FL2 dated					
		agnoses included diabetes					
	type II, diabetic neuro	opathy, and hypertension.					
	Review of Resident #	5's physician order dated					
		order for freestyle Libra					
	sensor, apply sensor	every two weeks.					
	Review of Resident # revealed:	≴5's January 2024 eMAR					
		for freestyle Libra sensor,					
	apply sensor every tw	•					
		ntation on 01/07/24 that the					
	freestyle Libra senso						
		ntation of the freestyle Libra					
	sensor being applied	on 01/21/24.					
		5's February 2024 eMAR					
	revealed:	for froatula Libra acces					
	-There was an entry apply sensor every tw	for freestyle Libra sensor, wo weeks					
		ntation of the freestyle Libra					
	alth Service Regulation						

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If continuation sheet 14 of 31

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	JF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			PLETED
		HAL013044	B. WING		R 03/22/2024	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	IG CENTER OF CONCOR	160 WAF	RREN C. COLEMAN	I BLVD.		
		CONCO	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE
D 367	Continued From page	e 14	D 367			
	sensor being applied	on 02/04/24 and 02/18/24.				
	Review of Resident # revealed:	5's March 2024 eMAR				
	-There was an entry f apply sensor every tv	for freestyle Libra sensor,				
		tation on 03/03/24 that the				
	freestyle Libra senso					
	- I here was documen sensor being applied	tation of the freestyle Libra on 03/17/24.				
	Interview with a medi 03/22/24 at 10:44am					
	-She was aware that the freestyle Libra se	Resident #5 never received nsor.				
	the freestyle Libra se	Resident #5 never received nsor was due to staff not				
	being trained on the s	sensor. locumenting on the eMAR				
	the freestyle Libra se	nsor has been placed if the				
	sensor was not availa -She admitted to doc	umenting Resident #5's				
	freestyle Libra sensor	5				
	-She did not notify an not received his frees	yone that Resident #5 had style Libra sensor.				
	facility's contracted p	with a pharmacist from the harmacy on 03/22/24 at				
	11:23am revealed: -The pharmacy receiv	ved Resident #5's order for				
	the freestyle Libra se					
	•	ensor was not covered by nce and resident would have				
	an out-of-pocket cost					
		ed the facility of insurance				
	noncoverage on 01/2 the facility.	1/23 with no response from				
	Telephone interview					
	Resident #5's Primar	y Care Provider's (PCP)				

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
	HAL013044	B. WING		03	R 03/22/2024	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	160 WAF	RREN C. COLEMAN	I BLVD.			
G CENTER OF CONCOR	CONCOL	RD, NC 28027				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
Continued From page	e 15	D 367				
-He was aware that R the freestyle Libra set having an out-of-pock Libra sensor. -He did not feel Resid benefit from having th to Resident #5's diabout Attempted telephone PCP on 03/22/24 at 1 Interview with the RC revealed: -She did not know Rest the freestyle Libra set -She did not know MA that Resident #5's fre been placed when it h -The MAs should be of medications available -The MAs should hav PCP or pharmacy that had not been provide -She did not complete audits. -The facility did not ru report. -She, the MA Supervit responsible for notifyi	Resident #5 had not received noor due to Resident #5 ket cost for the freestyle dent #5 needed or would he freestyle Libra senor due etes being well controlled. interview with Resident #5's 2:16pm was unsuccessful. C on 03/22/24 at 3:50pm esident #5 has an order for nsor. As were signing the eMAR estyle Libra sensor had had not. comparing the eMAR to the e on the medication cart. document on eMAR that le Libra sensor had been sor was not available. e notified Resident #5's it the freestyle Libra sensor d. e any chart, eMAR or cart in any missed medication sors and MAs were ng residents PCPs and/or					
4:30pm revealed: -He did not know Res	ident #5's freestyle Libra					
	ROVIDER OR SUPPLIER G CENTER OF CONCOP SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page office on 03/22/24 at -He was aware that F the freestyle Libra set having an out-of-pock Libra sensor. -He did not feel Resic benefit from having th to Resident #5's diab Attempted telephone PCP on 03/22/24 at 1 Interview with the RC revealed: -She did not know Ret the freestyle Libra set -She did not know Ret the freestyle Libra set -She did not know M/ that Resident #5's free been placed when it f -The MAs should be of medications available -The MAs should hav PCP or pharmacy that had not been provide -She did not complete audits. -The facility did not ru responsible for notifyit pharmacy of any miss Interview with the Adr 4:30pm revealed: -He did not know Res	IDENTIFICATION NUMBER: IDENTIFICATION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION IDENTIFICATION IDENTIFICATION IDENTIFICATION NUMBER: IDENTIFICATION IDENTIFICATION <	IDENTIFICATION NUMBER: A. BUILDING: HAL013044 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE G CENTER OF CONCORD 160 WARREN C. COLEMAN CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 15 D 367 Office on 03/22/24 at 1:20pm revealed: -He was aware that Resident #5 had not received the freestyle Libra sensor due to Resident #5 having an out-of-pocket cost for the freestyle Libra sensor. D 367 He did not feel Resident #5 had not received to Resident #5's diabetes being well controlled. A Attempted telephone interview with Resident #5's PCP on 03/22/24 at 12:16pm was unsuccessful. Interview with the RCC on 03/22/24 at 3:50pm revealed: -She did not know Resident #5 has an order for the freestyle Libra sensor. -She did not know MAs were signing the eMAR that Resident #5's freestyle Libra sensor had been placed when it had not. -The MAs should be comparing the eMAR to the medications available on the medication cart. -The MAs should have notified Resident #5's PCP or pharmacy that the freestyle Libra sensor had not been provided. -The MAs should have notified Resident #5's PCP or pharmacy that the freestyle Libra sensor had not been provided. -The MAs should have notified Resident #5's PCP or pharmacy that the freestyle Libra sensor had not been provided. -The MAS should have notifie	F CORRECTION DENTIFICATION NUMBER: A. BUILDING: HAL013044 B. WING CONDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE G CENTER OF CONCORD 169 WARREN C. COLEMAN BLVD. CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (READ PERCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETEX PRECINX TAG PROVIDER'S PLAN. (ECACH CORRECTIVE CONCORD, NC 28027 Continued From page 15 D 367 D 367 office on 03/22/24 at 1:20pm revealed: -He was aware that Resident #5 had not received the freestyle Libra sensor due to Resident #5 shaving an out-of-pocket cost for the freestyle Libra sensor, -He did not feel Resident #5 needed or would benefit from having the freestyle Libra senor due to Resident #5's diabetes being well controlled. D 367 Attempted telephone interview with Resident #5's PCP on 03/22/24 at 12:16pm was unsuccessful. Interview with the RCC on 03/22/24 at 3:50pm revealed: -She did not know Mas were signing the eMAR that Resident #5's freestyle Libra sensor had been placed when it had not. -The MAs should be comparing the eMAR to the medications available on the medication cart. -The MAs should have notified Resident #5's PCP or pharmacy that the freestyle Libra sensor had not been provided. -She, the MAS supervisors and MAs were responsible for notifying residents PCPs and/or pharmacy of any missing medications or devices. Interview with the Administrator on 03/22/24 at 4:30pm revealed: -the did nok know Resident #5's freestyle Libra	F CORRECTION IDENTIFICATION NUMBER A BUILDING:	

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		160 WAF	REN C. COLEMAN	I BLVD.			
HE LIVIN	IG CENTER OF CONCOR	CONCOR	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
D 367	Continued From page	e 16	D 367				
	provided. -He expected the MA the eMAR. -He expected the RC to notify the PCP and medications or device -The RCC and Super auditing the eMARs. -eMAR and med cart by the MA Supervisor	visor were responsible for audits were to be completed rs however the MA n working as MAs due to the ffing issues.					
D 375	Medications 10A NCAC 13F .1005 Medications (a) An adult care hor who are competent a self-administer their r requirements are medications (1) the self-administration physician or other per prescribe medications documented in the ref (2) specific instruction prescription medications medication label. This Rule is not met Based on observation	nedications if the following t: ation is ordered by a rson legally authorized to s in North Carolina and sident's record; and ns for administration of ons are printed on the	D 375				

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		B. WING		R		
ROVIDER OR SUPPLIER						
G CENTER OF CONCO	RD		I BLVD.			
SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
		PREFIX TAG	CROSS-REFERENCED TO) THE APPROPRIATE	COMPLET	
Continued From pag	e 17	D 375				
self-administer medie	cations to treat allergy					
The findings are:						
09/19/23 revealed di	agnoses included diabetes					
09/19/23 revealed: -There was an order allergy symptoms) 50	for fluticasone (used to treat 0mcg, two sprays in each					
-There was an order treat skin irritation/ra application topically t -There was an order treat dandruff) 2% sh	for hydrocortisone (used to sh) 2.5% lotion, apply one to face twice daily as needed. for ketoconazole (used to nampoo, apply one					
table on 03/20/24 at -There was a bottle of pharmacy label but p documentation of an -There was a bottle of with pharmacy label documentation of an	10:02 am revealed: of fluticasone 50mcg with oharmacy label but no order for self-administration. of hydrocortisone 2.5% lotion but pharmacy label but no order for self-administration.					
with pharmacy label documentation of an -There was a bottle of	but pharmacy label but no order for self-administration. of over-the-counter ibuprofen					
	ROVIDER OR SUPPLIER G CENTER OF CONCO SUMMARY S (EACH DEFICIENC REGULATORY OR Continued From pag sampled residents (# self-administer medi- symptoms, skin irritar pain. The findings are: Review of Resident a 09/19/23 revealed di- type II, diabetic neur Review of Resident a 09/19/23 revealed: -There was an order allergy symptoms) 5- nostril every morning -There was an order treat skin irritation/ra application topically -There was an order treat dandruff) 2% sh application to scalp e after five minutes. Observation of the to table on 03/20/24 at -There was a bottle of with pharmacy label but p documentation of an -There was a bottle of with pharmacy label documentation of an -There was a bottle of with pharmacy label	DEF CORRECTION IDENTIFICATION NUMBER: HAL013044 HAL013044 ROVIDER OR SUPPLIER STREET A G CENTER OF CONCORD 160 WAF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 Sampled residents (#5) had a physician's order to self-administer medications to treat allergy symptoms, skin irritation/rash, dandruff, and mild pain. mild The findings are: Review of Resident #5's current FL2 dated 09/19/23 revealed diagnoses included diabetes type II, diabetic neuropathy, and hypertension. Review of Resident #5's physician orders dated 09/19/23 revealed: -There was an order for fluticasone (used to treat allergy symptoms) 50mcg, two sprays in each nostril every morning. -There was an order for hydrocortisone (used to treat skin irritation/rash) 2.5% lotion, apply one application to scalp every other day, rinse out after five minutes. Observation of the top of Resident #5's bedside table on 03/20/24 at 10:02 am revealed: -There was a bottle of fluticasone 50mcg with pharmacy label but pharmacy label but no documentation of an order for self-administration. -There was a bottle of hydrocortisone 2.5% lotion with pharmacy label but pharmacy label but no documentation of an order for self-administration. -There was a bottle of hydrocortisone 2.5% lotion with pharmacy label but pharmacy label but no documentation of an order for self-administration. -There was a bottle of ketoconazole 2% shampoo with pharmacy label but pharmacy label but no documentation of an ord	IDENTIFICATION NUMBER: A. BUILDING: HAL013044 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE GENTER OF CONCORD SUMMARY STATEMENT OF DEFICIENCIES IDENTIFICATION DEFICIENCES, CITY, STATE GOVIDER OF CONCORD SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES IDENTIFICATION DEFICIENCES IDENTIFICATION DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT FL2	IDENTIFICATION NUMBER: A BUILDING: HAL013044 B. WING GOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE G CENTER OF CONCORD 160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY WITH BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLANC (CROSS-REFERENCED TO DEFICIENT Continued From page 17 D 375 D 375 sampled residents (#5) had a physician's order to self-administer medications to treat allergy symptoms, skin irritation/rash, dandruff, and mild pain. D 375 Review of Resident #5's current FL2 dated 09/19/23 revealed diagnoses included diabetes type II, diabetic neuropathy, and hypertension. D 375 Review of Resident #5's physician orders dated 09/19/23 revealed:	PF CORRECTION IDENTIFICATION NUMBER: A BUILDING:	

STATEMENT	of Health Service Regu r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL013044	B. WING		03	R 8/22/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	IG CENTER OF CONCOR	160 WAF	RREN C. COLEMAN	I BLVD.		
		CONCOL	RD, NC 28027			
(X4) ID			ID	PROVIDER'S PLAN O		(X5) COMPLET
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
D 375	Continued From page	e 18	D 375			
	-There was not a phy	vsician's order for ibuprofen.				
		der for Resident #5 to				
	self-administer any m					
		sessment completed for				
	Resident #5 to self-ad	dminister any medications.				
	Interview with a medi	, ,				
		and on 03/22/24 at 10:44am				
	revealed:					
		Resident #5 had fluticasone				
	50mcg, hydrocortisor					
	ketoconazole 2% sha					
		esident #5 had ibuprofen and				
	said resident's family	must have provided				
	ibuprofen.					
		esident #5 did not have				
	self-administration or					
		nts needed to have a der and a self-administration				
		ident to self-administrator				
	any medications.					
		ations from Resident #5's				
		was going to notify the				
	Primary Care Provide	0 0 ,				
	self-administration or					
	agreeable.					
	Interview with the Re	sident Care Coordinator				
	(RCC) on 03/22/24 at	t 3:50pm revealed:				
	-She did not know Re	esident #5 had medications				
	in his room.					
		nts needed to have a				
		der and a self-administration				
		ident to self-administrator				
	any medications.					
	-	As to know when residents				
	had self-administration					
	-She expected MAs t	-				
		ind in resident's room				
	without a self-adminis	stration order and/or				

Division of Health Service Regulation STATE FORM

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X2JV11

If continuation sheet 19 of 31

		A. BUILDING:		СОМ	PLETED	
	HAL013044	B. WING		03	R 03/22/2024	
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	160 WAF	RREN C. COLEMAN	BLVD.			
CENTER OF CONCOR	CONCO	RD, NC 28027				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
Continued From page	9 19	D 375				
assessment.						
4:30pm revealed: -He did not know Res his room. -Resident #5 should h for self-administration assessment complete allowed to self-medica medications in the res -He expected the MAs had self-administratio -If medications were f he expected the MAs Based on observation reviews, Resident #5	ident #5 had medications in nave had physician orders and a self-administration ed before the resident was ate or be allowed keep any sident room. s to know which residents n orders. found in resident's rooms, to contact the PCP. as, interviews and record was not interviewable.	D 380				
10A NCAC 13F .1006 (d) Locked storage a only be accessible by medication administra- the administrator-in-cl This Rule is not met a Based on observation failed to ensure that the containing controlled accessible by staff res administration creatin residents' health at ris	 a Medication Storage reas for medications shall staff responsible for ation, the administrator, or harge. as evidenced by: as and interviews the facility he medication carts substances were only sponsible for medication g the potential of putting all 					
The findings are:						
	CENTER OF CONCOR SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR I Continued From page assessment. Interview with the Adr 4:30pm revealed: He did not know Res his room. Resident #5 should h for self-administration assessment complete allowed to self-medica medications in the res He expected the MAs Based on observation reviews, Resident #5 10A NCAC 13F .1006 10A NCAC 13	CENTER OF CONCORD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 assessment. Interview with the Administrator on 03/22/24 at 4:30pm revealed: He did not know Resident #5 had medications in nis room. Resident #5 should have had physician orders for self-administration and a self-administration and a self-administration assessment completed before the resident was allowed to self-medicate or be allowed keep any medications in the resident room. He expected the MAs to know which residents had self-administration orders. If medications were found in resident's rooms, ne expected the MAs to contact the PCP. Based on observations, interviews and record reviews, Resident #5 was not interviewable. 10A NCAC 13F .1006 (d) Medication Storage (d) Locked storage areas for medications shall only be accessible by staff responsible for medication administration, the administrator, or he administrator-in-charge. This Rule is not met as evidenced by: Based on observations and interviews the facility ailed to ensure that the medication carts containing controlled substances were only accessible by staff responsible for medication administrator-in-charge.	CENTER OF CONCORD 160 WARREN C. COLEMAN CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 19 assessment. D 375 Interview with the Administrator on 03/22/24 at 4:30pm revealed: D 375 He did not know Resident #5 had medications in nis room. Resident #5 should have had physician orders for self-administration and a self-administration assessment completed before the resident was allowed to self-medicate or be allowed keep any medications in the resident room. D 380 He expected the MAs to know which residents had self-administration orders. D 380 If medications were found in resident's rooms, ne expected the MAs to contact the PCP. D 380 Based on observations, interviews and record reviews, Resident #5 was not interviewable. D 380 100 NCAC 13F .1006 (d) Medication Storage (d) Locked storage areas for medications shall only be accessible by staff responsible for medication administration, the administrator, or he administrator-in-charge. D 380 This Rule is not met as evidenced by: Based on observations and interviews the facility aided to ensure that the medication carts containing controlled substances were only accessible by staff responsible for medication administration-in-charge. Interview the facility aided to ensure that the medication carts containing controlled substances were only accessible by staff responsible for medication administration creating the potential	160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BUY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDER'S PLANC (EACH CORRECTIVE TAG PROVIDER'S PLANC (EACH CORRECTIVE TAG Continued From page 19 assessment. D 375 D 375 Interview with the Administrator on 03/22/24 at 4:30pm revealed: D 375 D 375 He did not know Resident #5 had medications in his room. D 375 D 375 Resident #5 should have had physician orders or self-administration assessment completed before the resident was allowed to self-medicate or be allowed keep any nedications in the resident room. D 380 He expected the MAs to know which residents and self-administration orders. D 380 10A NCAC 13F .1006 (d) Medication Storage (d) Locked storage areas for medications shall only be accessible by staff responsible for medication administration, the administrator, or he administrator-in-charge. D 380 This Rule is not met as evidenced by: Based on observations and interviews the facility alied to ensure that the medication carts containing controlled substances were only accessible by staff responsible for medication administration creating the potential of putting all esidents' health at risk.	CENTER OF CONCORD 150 WARREN C. COLEMAN BLVD. CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCY PREFIX REGULATORY OR LSC DENTIFYING INFORMATION) PREFIX PREFIX TXG PROVIDERS PLAN OF CORRECTION (EACH OBERCENCE TO THE APPROPRIATE DEFICIENCY) Continued From page 19 assessment. D 375 D 375 The did not know Resident #5 had medications in his room. D 375 D 375 Resident #6 should have had physician orders or self-administration and a self-administration assessment completed before the resident was allowed to self-medicate or be allowed keep any medications in the resident room. D 380 He expected the MAs to know which residents ads elf-administration orders. D 380 If medications were found in residents ads elf-administration orders. D 380 If medications were found in residents ads elf-administration orders. D 380 If Mach Cast I : 006 (d) Medication Storage d) Locked storage areas for medications shall only be accessible by staff responsible for medication administration, the administrator, or he administration inclusions shall only be accessible by staff responsible for medication carts containing controlled stubstances were only accessible by staff responsible for medication administration creating the potential of putting all esidents' health at risk. D 380	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
	ST CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		HAL013044	B. WING		03	R 03/22/2024	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	G CENTER OF CONCOR	160 WAF	REN C. COLEMAN	BLVD.			
	IG CENTER OF CONCOR	CONCOR	RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 380	Continued From page	e 20	D 380				
	on 02/22/24 at 1:30pr -The Activity Director a medication aide (M. bathroom key. -The MA handed the a both the second-floor in controlled substances Interview with a medi 02/22/24 at 1:30pm re hallway bathroom key same key ring as the residents' controlled sub- Interview with the AD revealed: -She was not employ Administrator, or an A -She typically used the it being unlocked. -She had been employ year and always asket Interview with the Adr 3:30pm revealed: -The bathroom key shi the same key ring witt that contained contro -Staff were to be notif	 (AD) approached and asked A) for the second-floor AD a key ring that contained bathroom key and the key nedication carts containing s. cation aide (MA) on evealed the second-floor y was maintained on the medication carts where substances were located. on 03/22/24 at 10:44am ed at the facility as a MA, administrator in charge. the first-floor bathroom due to byed at the facility for one ed the MAs for the keys. ministrator on 02/22/24 at mould not be maintained on h the medication cart keys lied substances. fied immediately to terminate ining bathroom keys on the 					
D 392	containing controlled 10A NCAC 13F .1008	substances. 3 (a) Controlled Substances	D 392				
		Controlled Substances ne shall assure a record of					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		BENTI IOATION NOWBER.	A. BUILDING:				
		HAL013044	B. WING		03	R 03/22/2024	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
THE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN	BLVD.			
			RD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 392	Continued From pag	e 21	D 392				
	receipt, administration controlled substance maintained with the r and in such an order reconciliation of cont This Rule is not met Based on interviews facility failed to ensur that accurately recon administration of cont sampled residents w	as evidenced by: and record reviews, the re readily retrievable records					
	The findings are:						
	12/29/23 revealed: -Diagnoses included (stroke) and frequent neuropathy (nerve pa -There was an order to treat pain) 5mg, or -There was an order	for methadone (a medication					
	()	ent #1's Primary Care ler dated 02/07/24 revealed one 5mg, one tablet twice					
		#1's PCP order dated n order for methadone 5mg, s daily.					
	Review of Resident # medication administr revealed:	#1's January 2024 electronic ation record (eMAR)					

Division of Health Service Regula STATE FORM

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STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING	B. WING		R 8/22/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE LIVIN	IG CENTER OF CONCOR	RD	RREN C. COLEMAN RD, NC 28027	N BLVD.		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
D 392	Continued From page	e 22	D 392			
	-There was an entry f	for methadone 5mg, one				
	tablet twice daily at 7					
	•	e tablet was documented as				
	administered 45 time	s from 01/06/24 to 01/31/24.				
	Review of Resident #	1's January 2024 controlled				
	substance count shee	ets (CSCS) revealed:				
		for methadone 5mg, one				
		n 01/06/24 to 01/17/24.				
		/31/24 there were 7 times				
		MA) who administered				
	methadone 5mg, one	was not the MA who signed				
	the CSCS.	was not the MA who signed				
		t1's February 2024 eMAR				
	revealed:	for methadone 5mg, one				
	tablet twice daily at 7					
		done 5mg, one tablet twice				
	daily was discontinue					
	-Methadone 5mg, on	e tablet twice daily was				
	documented administ	tered 41 times from				
	02/01/24 to 02/21/24.					
	-There was an entry o					
		e tablet three times daily at				
	7:00am, 1:00pm and	7:00pm. e tablet three times daily				
	0.	administered 24 times from				
	02/22/24 to 02/29/24.					
	Review of Resident #	1's February 2024 CSCS				
	revealed:					
	-From 02/01/24 to 02	/16/24 there were 8 times				
		ered methadone 5mg, one				
	-	ording to Resident #1's				
		A who signed the CSCS.				
		6 for methadone 5mg, one				
	-	n 02/17/24 to 02/21/24. //29/24 there were 3 times				
	alth Service Regulation					

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STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL013044	B. WING		R 03/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	• • •	-
		160 WAF	RREN C. COLEMAN			
	IG CENTER OF CONCO	RD CONCOI	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 392	Continued From pag	e 23	D 392			
	tablet three times dai	tered methadone 5mg, one ily according to Resident #1's IA who signed the CSCS.				
	Pharmacist from the pharmacy revealed: -Methadone 5mg, 60 Resident #1 on 01/17 -On 02/21/24 Reside 5mg was changed fro one tablet three time	tablets were dispensed for 7/24 and 02/16/24. Int #1's order for methadone om one tablet twice daily to s daily. tablets were dispensed for				
	Refer to the interview on 03/22/24 at 3:15p	v with a Medication Aide (MA) m.				
	Refer to the interview 03/22/24 at 3:20pm.	v with the Supervisor on				
	Refer to interview wit Coordinator (RCC) o	th the Resident Care n 03/22/24 at 3:51pm.				
	Refer to interview wit 03/22/24 at 4:30pm.	th the Administrator on				
	revealed: -There was an entry capsule twice daily a -Pregabalin 75mg, or	nt #1's January 2024 eMAR for pregabalin 75mg, one t 7:00am and 7:00pm. ne capsule was documented imes from 01/05/24 to				
sion of Hea	revealed from 01/05/ times the MA who ad	#1's January 2024 CSCS 24 to 01/31/24 there were 18 Iministered pregabalin 75mg, ng to Resident #1's eMAR signed the CSCS.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING		03	R 2/ 22/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		160 WAF	RREN C. COLEMAN	N BLVD.		
	IG CENTER OF CONCOR	CONCO	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
D 392	Continued From page	e 24	D 392			
	revealed: -There was an entry for capsule twice daily at 02/01/24 to 02/14/24. -The entry for pregab- twice daily at 7:00am discontinued on 02/14- -There was an entry of pregabalin 75mg, one 6:00am and 8:00pm. -Pregabalin 75mg, or as administered 57 th 02/29/24. Review of Resident # revealed from 02/01/2 times the MA who ad one capsule accordin was not the MA who at one capsule accordin was not the MA who at evealed: -There was an entry for capsule twice daily at -Pregabalin 75mg, or as administered 33 th 03/20/24. -The entry was docur from 03/01/24 at 8:00 because the resident # revealed from 03/01/27	alin 75mg, one capsule and 7:00pm was 4/24. dated 02/14/24 for e capsule twice daily at the capsule twice daily at the capsule was documented mes from 02/01/24 to 41's February 2024 CSCS 24 to 02/29/24 there were 13 ministered pregabalin 75mg, to Resident #1's eMAR signed the CSCS. 41's March 2024 eMAR for pregabalin 75mg, one t 6:00am and 8:00pm. The capsule was documented mes from 03/01/24 to mented as not administered 0pm to 03/04/24 at 6:00am was not in the facility. 41's March 2024 CSCS 24 to 03/20/24 there were 2				
		ministered pregabalin 75mg, ng to Resident #1's eMAR signed the CSCS.				
	Telephone interview of alth Service Regulation	on 03/22/24 at 8:36am with a				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF AND PLAN OF CORRECTION IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		HAL013044	B. WING			/22/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE LIVIN	IG CENTER OF CONCOR	D	RREN C. COLEMAN RD, NC 28027	I BLVD.		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
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D 392	Continued From page	e 25	D 392			
	Pharmacist from the f	facility's contracted				
	pharmacy revealed:	,				
	-Pregabalin 75mg, 30) capsules were dispensed				
	for Resident #1 on 01	/04/24.				
) capsules were dispensed				
	for Resident #1 on 01					
		capsules were dispensed for				
	Resident #1 on 02/14	/24. I capsules were dispensed				
	for Resident #1 on 02					
		capsules were dispensed				
	for Resident #1 on 03					
	Refer to the interview 3:15pm.	with a MA on 03/22/24 at				
	Refer to the interview 03/22/24 at 3:20pm.	with the Supervisor on				
	Refer to interview with 3:51pm.	h the RCC on 03/22/24 at				
	Refer to interview with 03/22/24 at 4:30pm.	h the Administrator on				
		t #2's current FL2 dated				
	09/15/23 revealed dia	•				
	hypothyroidism and s	chizo-affective disorder.				
		2's signed physician orders				
	dated 01/17/24 revea					
	•	noses of seizure disorder.				
	-There was an order i	for Phenobarbital (a and prevent seizures)				1
		let by mouth twice a day.				
	Review of Resident #	2's controlled substance				
		ary 2024 revealed there was				
	no controlled substan	-				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
		HAL013044	B. WING		03	R 8/ 22/2024
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	G CENTER OF CONCOR	160 WAR	REN C. COLEMAN	I BLVD.		
	G CENTER OF CONCOR	CONCOR	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
D 392	Continued From page	e 26	D 392			
	count sheet for Febru -From 02/03/24-02/29 opportunities for the of sheet to be signed by giving the Phenobarb Resident #2. -From 02/03/24-02/29 MA who gave the Phe day, according to Res MAR, was not the MA substance count sheet Review of Resident # count sheet for March -From 03/01/24-03/20 opportunities for the of sheet to be signed by Phenobarbital 64.8mg -From 03/01/24-03/20 MA who gave the Phe day, according to Res	 a)/24 there were 54 b)/24 there were 54 controlled substance count a) the medication aide (MA) b) ital 64.8mg twice a day to b)/24 there were 28 times the b)/24 there were 28 times the controlled substance b)/24 there were 39 controlled substance count c)/24 there were 39 controlled substance count c) the MA giving the g twice a day to Resident #2. b)/24 there were 19 times the c)/24 there were 19 times the 				
	pharmacist from the f pharmacy revealed: -Resident #2 had an 64.8mg twice a day fo -The fill dates were 1	order for Phenobarbital or seizures. 2/18/23 for 18 tablets, is, 01/27/24 for 60 tablets,				
	seizures could worse that would be difficult	pleted by a Registered Nurse				
	Telephone interview	with the RN pharmacy				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
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		HAL013044	B. WING		03	8/22/2024
IAME OF PF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
HE LIVIN	G CENTER OF CONCOR	D	REN C. COLEMAN	I BLVD.		
			D, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 392	Continued From page	e 27	D 392			
	-Each cart and cart m quarterly on all reside -An audit to compare substance count shee pharmacy consultant them to do it. -This was done when drug diversion. Interview with a MA o revealed: -When Phenobarbital the MA was to sign th medication was given the controlled substan showed the controlled -There were times wh the controlled substan showed the controlled -There were times wh the controlled substan next person coming of the blanks. -The MAs did a count there were times it wa -We have had severa how the controlled sub to be used. -The January 2024 co sheet was sent back discarded it, but we h them on the resident? the month was over w -She was not aware i not. Interview with a secon 3:10pm revealed:	controlled drugs and control ets was not done by the RN unless the facility asks for a facility suspected any on 03/22/24 at 2:55pm was given to Resident #2, he MAR showing the and would immediately sign nee count sheet which d drug was given. hen the MA's forgot to sign nee count sheets and the on or the SIC's would fill in at at the end of the shift but as not done correctly. I in-services lately to clarify bstance count sheets were ontrolled substance count to the pharmacy, and they ave now been told to put s charts immediately after				
		ets she would sign off if she n if she was not the one who				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL013044	B. WING			R / 22/2024
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IG CENTER OF CONCOR	160 WAF	RREN C. COLEMAN	I BLVD.		
· · · · · · · · · · · · · · · · · · ·	CONCO	RD, NC 28027			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	28	D 392			
-She thought all the M since the in-service. -She thought the Jam substance count shee pharmacy but now the resident's chart imme at zero. -Audits were done bu did them or how ofter Refer to the interview 03/22/24 at 3:20pm. Refer to interview with 03/22/24 at 3:20pm. Refer to interview with 03/22/24 at 3:20pm. Interview on 03/22/24 revealed: -There were times in the CSCS for another to sign it. -She saw blanks on the should not be happer -All MAs were trained document on the CSC eMARs but she could occurred.	MA's had quit doing that uary 2024 controlled et was sent back to the ey were to put it in the diately after the count was t she was not aware of who n. with the MA on 03/22/24 at with the Supervisor on the the RCC on 03/22/24 at the Administrator on the Administrator on the the Administrator on the csCS before but it hing any longer. Frecently how to accurately CS and the residents' not recall when the training				
3:20pm revealed: -Since the in-service,	the MAs were doing better				
	G CENTER OF CONCOP SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page -She thought all the M since the in-service. -She thought the Jan substance count shee pharmacy but now the resident's chart imme at zero. -Audits were done bud did them or how ofter Refer to the interview 03/22/24 at 3:20pm. Refer to interview witt 03/22/24 at 3:20pm. Refer to interview witt 03/22/24 at 4:30pm. Interview on 03/22/24 revealed: -There were times in the CSCS for another to sign it. -She saw blanks on the should not be happer -All MAs were trained document on the CSC eMARs but she could occurred. Interview with the Suf 3:20pm revealed: -Since the in-service, with signing the contr sheets.	ROVIDER OR SUPPLIER STREET A 160 WAI CONCO 160 WAI CONCO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Information Continued From page 28 -She thought all the MA's had quit doing that since the in-service. -She thought the January 2024 controlled substance count sheet was sent back to the pharmacy but now they were to put it in the resident's chart immediately after the count was at zero. -Audits were done but she was not aware of who did them or how often. Refer to the interview with the MA on 03/22/24 at 3:15pm. Refer to the interview with the Supervisor on 03/22/24 at 3:20pm. 03/22/24 at 3:51pm. Refer to interview with the Administrator on 03/22/24 at 4:30pm. 03/22/24 at 3:15pm with a MA revealed: -There were times in the past when MAs signed the CSCS for another MA because that MA forgot to sign it. -She saw blanks on the CSCS before but it should not be happening any longer. -All MAs were trained recently how to accurately document on the CSCS and the residents' eMARs but she could not recall when the training occurred. Interview with the Supervisor on 03/22/24 at 3:20pm revealed: -Since the in-service, the MAs were doing better with signing the controlled substance count	Interview STREET ADDRESS, CITY, STATE IG CENTER OF CONCORD 160 WARREN C. COLEMAN CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 28 D 392 -She thought all the MA's had quit doing that since the in-service. D 392 -She thought the January 2024 controlled substance count sheet was sent back to the pharmacy but now they were to put it in the resident's chart immediately after the count was at zero. D 392 -Audits were done but she was not aware of who did them or how often. Refer to the interview with the MA on 03/22/24 at 3:15pm. Refer to the interview with the Supervisor on 03/22/24 at 3:20pm. NO 3/22/24 at 3:20pm. Refer to interview with the Administrator on 03/22/24 at 4:30pm. NO 3/22/24 at 4:30pm. Interview on 03/22/24 at 3:15pm with a MA revealed: -There were times in the past when MAs signed the CSCS for another MA because that MA forgot to sign it. -She saw blanks on the CSCS before but it should not be happening any longer. -All MAs were trained recently how to accurately document on the CSCS and the residents' eMARs but she could not recall when the training occurred. Interview with the Supervisor on 03/22/24 at 3:20pm revealed: -Since the in-service, the MAs were doing better with signing the controlled substance count sheets.	ROVIDER OR SUPPLIER STREET ADDRESS. CTV, STATE, ZIP CODE IG CENTER OF CONCORD 160 WARREN C. COLEMAN BLVD. CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDER'S FLAN O (REACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT SUMMARY STATEMENT OF DEFICIENCIES (REACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT ID PREFX TAG PROVIDER'S FLAN O (REACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT Continued From page 28 D 392 D 392 D 392 -She thought all the MA's had quit doing that since the in-service. D 392 D 392 -She thought the January 2024 controlled substance count sheet was sent back to the pharmacy but now they were to put it in the resident's chart immediately after the count was at zero. D 392 -Audits were done but she was not aware of who did them or how often. Refer to the interview with the Supervisor on 03/22/24 at 3:20pm. Stepse Refer to interview with the RCC on 03/22/24 at 3:51pm. There were times in the past when MAs signed the CSCS for another MA because that MA forgot to sign it. She saw blanks on the CSCS before but it should not be happening any longer. -All MAs were trained recently how to accurately document on the CSCS and the residents' eMARs but she could not recall when the training occurred. Interview with the Supervisor on 03/22/24 at 3:20pm revealed: -Since the in-service, the MAs were doing better with signi	Interview Interview <thinterview< th=""> <thinterview< th=""> <thi< td=""></thi<></thinterview<></thinterview<>

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STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL013044	B. WING		03	R 8/ 22/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		160 WAI	RREN C. COLEMAN	N BLVD.		
	IG CENTER OF CONCOR	RD CONCO	RD, NC 28027			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
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D 392	Continued From page	e 29	D 392			
	substance count she	et was sent back to the				
		discarded, but it would now				
	be put in the resident	's chart immediately.				
	-She was aware the I	MAs would sign the				
		count sheets even if they				
	did not give the medi					
		e charts monthly or every				
	other month.					
	-She did not do audit substance count she					
		ets.				
		C on 03/22/24 at 3:51pm				
	revealed:					
	-She was not aware t					
		count sheets even if they				
	did not give the medication.					
	-She had heard the shift change controlled substance count was not being done but now it					
	was done before and after each shift.					
	-Training was done recently by the Administrator					
	and the Pharmacy.	5 5				
		ne prior to the Department of				
	Social Services (DSS	6) complaint was done by the				
	SIC.					
	-Audits were to be do	-				
	documentation was s					
		e count sheets were being				
		rmacy but now are placed in nmediately after completion.				
	Interview with the Ad	ministrator on 03/22/24 at				
	4:30pm revealed:					
	-He was not aware th	e controlled substance				
		ot being signed by the MA				
	giving the medication					
		e medication should be				
		l substance count sheet				
	because it was a requ					
	prior to the DSS com	ng done on a regular basis				
	alth Service Regulation	pianit.				

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If continuation sheet 30 of 31

	OF DEFICIENCIES			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		HAL013044	B. WING			/22/2024
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
IE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN	BLVD.		
		CONCO	RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE ⁻ DATE
D 392	Continued From pag	e 30	D 392			
	the controlled substates signed by the MA who- Auditing would be do Office Manager (BOI weekly with the Admit them. -Controlled substance	behind the MAs to make sure ince count sheets were to have the medication. one by the SIC, Business M), and the RCC at least inistrator auditing behind are count sheets were to be chart immediately after the pleted.				
	alth Service Regulation					