Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. BOILBING.		l BC
		HAL047015	B. WING		R-C 05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE. ZIP CODE	
	10115211 011 001 1 2.2.1		ETTEVILLE ROA	•	
WICKSHIF	RE CREEKS CROSSING		D, NC 28376		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	
D 000	Initial Comments		D 000		
	County Department of a follow-up survey and 05/07/24 - 05/08/24.	sure Section and the Hoke f Social Services conducted d complaint investigation on The complaint investigation oke County Department of //02/24.			
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358		
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.				
	This Rule is not met a FOLLOW-UP TO TYP	•			
	Non-compliance conti severity resulting in de abuse, neglect, or exp	eath, serious physical harm,			
	THIS IS A TYPE A1 V	IOLATION			
	reviews, the facility fa were administered as (#6, #7, #9) observed including errors with a lower blood sugar (#6 reflux (#7), and an an 5 sampled residents (a controlled substance	is, interviews, and record iled to ensure medications ordered for 3 of 7 residents during the medication pass a rapid-acting insulin used to 1), a medication for acid tipsychotic (#9); and for 2 of #3, #5) including errors with e used to treat moderate to inhaler for shortness of			

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
		HAL047015	B. WING		R-C 05/08/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING		TTEVILLE ROA	AD		
		RAEFORD,	NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 1	D 358			
	breath (#5), and a me congestion (#5).	edication for cough and				
	The findings are:					
	_	or rate was 10% as s out of 28 opportunities edication pass on 05/08/24.				
		t #6's current FL-2 dated agnoses included transient prostate cancer.				
	03/15/24 revealed an inject 3 times a day a = give 10 units; 151 - 250 = give 14 units; 2 301 - 350 = give 18 u units; 401 - 999 - give blood sugar is less th rapid-acting insulin us According to the man Flexpen should be pr before each use to as through the needle are bubbles. Once the ne skin, the dose knob s in and held for at leas full amount is injected.	eedle is inserted into the hould be pushed all the way at 6 seconds to ensure the f.)				
	revealed no documer	liding scale insulin and to				
	medication administrative revealed:	6's May 2024 electronic ation record (eMAR) for Novolog insulin inject 3				

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			_
		HAL047015	B. WING		R- 05/0	.C)8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIP	RE CREEKS CROSSING	8398 FAYET RAEFORD,	TTEVILLE ROANNE 1807	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	10 units; 151 - 200 = give 14 units; 251 - 30 = give 18 units; 351 - 999 - give 22 units; he is less than (<) 120Novolog sliding scale 8:00am, 12:00pm, an -The resident's blood from 05/01/24 - 05/08 Observation of the 8:05/08/24 revealed: -Resident #6's blood -The medication aide Novolog Flexpen and Resident #6's right ab -The MA did not perfodialing the insulin perbubbles were present flowing from the penThe MA held the insuseconds but did not hafter the last click was -The MA did not hold with the dose knob preconds after injectin the button to allow timinsulin to be injected. Interview with the MA revealed: -She recalled an ordehold Resident #6's insulin 20She had not noticed with the parameters in order.	ding scale: 80 - 150 = give give 12 units; 201 - 250 = 00 = give 16 units; 301 - 350 400 = give 20 units; 401 - old all insulin if blood sugar e insulin was scheduled at d 5:00pm. sugar ranged from 96 - 257 3/24. 00am medication pass on sugar was 96 at 8:05am. (MA) dialed 10 units on the administered insulin into bodomen at 8:08am. orm a 2-unit air shot prior to an to 10 units to ensure no air and to ensure insulin was ulin pen in the skin for 7 hold the dose knob down sheard. the insulin pen in the skin ressed in for at least 6 g the needle and pressing the for the full amount of	D 358			
		ning, 05/08/24, because it				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: CO	IPLETED
HAL047015 B. WING	R-C 5/08/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
WICKSHIRE CREEKS CROSSING 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIS ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358 Continued From page 3 came up on the eMAR to administer 10 unitsShe was not sure about needing to do a 2-unit air shot with the Novolog insulin penShe was not aware the dose button needed to be held in after the last click was heard. Interview with Resident #6 on 5/08/24 at 5:39pm revealed: -The MAs administered insulin to him every dayThe MAs did not hold his insulin to his knowledgeHe denied any symptoms of high or low blood sugar. Interview with the Resident Care Coordinator (RCC) on 05/08/24 at 1:58pm revealed: -The MAs had been trained and checked off on the proper use of insulin pensThe MAs were trained to prime the insulin pen with a 2-unit air shot and they should hold the injection for 10 to 15 secondsShe thought Resident #6's insulin should be held if his blood sugar was <120 regardless of the sliding scale insulin order. Interview with the Administrator on 05/08/24 at 2:13pm revealed: -Resident #6's insulin orders should have been clarified by the MAs, the RCC, or the Assistant RCCThe MAs had been trained on the proper technique for use of insulin pens. Telephone interview with Resident #6's primary care provider (PCP) on 05/08/24 at 4:07pm revealed: -The MAs should use the proper technique for Resident #6's Novolog Flexpen to ensure the correct dosage was administeredNot using proper technique for Resident #6's Novolog Flexpen to ensure the correct dosage was administered.	

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_			
		HAL047015	B. WING		R-C 05/08/202 4	4
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING	8398 FAYE RAEFORD,	TTEVILLE ROA	AD		
(VA) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N / A	(E)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COM	(5) PLETE ATE
D 358	Continued From page	÷ 4	D 358			
	resident's blood suga -The order to hold ins was for the resident's insulin). -No one from the facil to today, 05/08/24, to b. Review of Residen 02/29/24 revealed: -Diagnoses included of	r to be a little more elevated. ulin if blood sugar < 120 Lantus insulin (long-acting lity had contacted her prior				
	-There was an order f	or Pantoprazole 40mg 1 or acid reflux. (Pantoprazole				
	(PCP) order dated 04 -There was an order t tablet twice a day.	7's primary care provider's /01/24 revealed: to stop Pantoprazole 40mg 1 to start Pantoprazole 20mg				
	Review of Resident #7's hospital discharge summary dated 05/06/24 revealed: -The resident was admitted to the hospital on 05/03/24 and discharged on 05/06/24The resident was diagnosed with a urinary tract infection (UTI)There was an order for Pantoprazole 40mg 1 tablet twice a day.					
	05/08/24 revealed: -The medication aide administered one-half tablet to Resident #7 -The resident was add 20mg instead of Pant	f of a Pantoprazole 40mg				

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Division of	<u>of Health Service Regu</u>	llation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPL	IIED
					R-	С
		HAL047015	B. WING		05/0	8/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			ETTEVILLE RO			
WICKSHIE	RE CREEKS CROSSING		D, NC 28376	· -		
(V4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	VI.	(VE)
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI IOIENOT)		1
D 358	Continued From page	e 5	D 358			
	medication administra	ation record (eMAR)				1
	revealed:	,				1
	-There was an entry f	for Pantoprazole 20mg 1				1
		or heartburn scheduled at				I
	8:00am and 4:00pm.					I
	-Pantoprazole 20mg					I
		/01/24 - 05/02/24 (8:00am)				I
	and again on 05/06/2 -Pantoprazole 20mg	•				I
		nistered from 4:00pm on				I
	05/02/24 through 8:00	•				1
	-Pantoprazole 20mg					I
	discontinued on 05/06					I
	-There was a second	entry for Pantoprazole				1
	40mg 1 tablet 2 times	s a day for gastroesophageal				I
	,	0) scheduled at 8:00am and				1
	8:00pm.					1
	-Pantoprazole 40mg					I
	8:00am on 05/08/24.	00pm on 05/06/24 through				1
	0.00am 0n 05/06/24.					1
	Observation of Resid	ent #7's medications on				1
	hand on 05/08/24 at 1					I
		of Pantoprazole 40mg				1
	tablets in a manufacti	urer bottle dispensed by a				I
	Veteran's Administrat	ion (VA) pharmacy on				1
	02/28/24.					I
	-The computer printed					I
		re to take 1 tablet twice daily.				1
		tten instructions in black ink				I
	the printed instruction	bel to "give 2 tablets" above				I
		andwritten in black ink				I
	above the printed me					I
	Pantoprazole.	-···-,				
	-There was a sticker j	just below the printed				
		ctions changed, refer to				
	chart".					
		Omg tablets in the bottle had				
	been split and were h	nalf tablets (20mg).				I

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		D 0	
	HAL047015 B. WING		R-C 05/08/2024			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIF	RE CREEKS CROSSING	8398 FAYE RAEFORD,	TTEVILLE ROANNE 1807	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 6	D 358			
	revealed: -She did not know whinstructions on Reside prescription labelShe administered on that morning, 05/08/2 label and thought one Interview with Reside revealed: -He received Pantopr not sure how much heard acid reflux "fill Interview with the Reside (RCC) on 05/08/24 at -The MAs should readmedications as ordereresident #7 complain	ent #7's Pantoprazole de-half tablet of Pantoprazole de-half tablet of Pantoprazole de-half tablet was 40mg. Int #7 on 05/08/24 at 5:40pm Int #7 on 05/08				
	Interview with the Administrator on 05/08/24 at 2:23pm revealed: -The MAs were supposed to read the eMAR instructions and the medication label and if they did not match, the MAs were supposed to check the order in the resident's record.					
	tablets of Pantoprazo	administered 2 of the half le to equal 40mg.				
	05/08/24 at 4:07pm re -She was not aware F dosage for Pantopraz discharged from the h -She did not have cor	Resident #7's order and cole changed when he was				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	A. E		A. BUILDING: _			
HAL047015 B. WING		B. WING		R-C 05/08/20	024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING	8398 FAYE [*] RAEFORD,	TTEVILLE ROA NC 28376	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) OMPLETE DATE
D 358	05/03/24 revealed: -Diagnoses included I atrial fibrillation, seizu blood loss, essential I fracture of the right di -There was an order f morning and 5mg bef antipsychotic and madisorders.) Observation of the 8:005/08/24 revealed: -The medication aide administered one-half Resident #9 at 8:47ar -The resident was addinstead of Haldol 5mg Review of Resident # medication administrative revealed: -There was an entry for 2 times a day for agital -Haldol 5mg was schoold 105/03/24 through 8:00 -The resident was door from 8:00 am on 05/02/24 and at 8:00 and on 05/02/24 and at 8:00 and on 05/08/24 at 10 at 10 at 11 a	t #9's current FL-2 dated Lewy body dementia, rapid re disorder, anemia of acute hypertension, and closed stal femur. For Haldol 5mg in the ore bedtime. (Haldol is an y be used to treat mood Doam medication pass on (MA) prepared and for a Haldol 5mg tablet to m. ministered Haldol 2.5mg g as ordered. 9's May 2024 electronic ation record (eMAR) or Haldol 5mg give 1 tablet ation, hold for sedation. eduled for 8:00am and umented as administered at and from 8:00pm on 0am on 05/08/24. cumented as hospitalized 1/24 through 8:00am on am on 05/03/24. ent #9's medications on 1:16pm revealed:	D 358			
	-There was a supply of dispensed on 04/13/2	of Haldol 5mg tablets 4 with instructions to take				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or dorace more	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:	
		HAL047015	B. WING		R-C 05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MICKSHIE	RE CREEKS CROSSING	8398 FAYE	TTEVILLE ROA	AD	
RAEFORD,		NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 8	D 358		
	0.5 tablet (2.5mg) ever agitationEach bubble contain tablet (2.5mg) and the remainingThere was no supply tablets available for a	ery 6 hours as needed for ed one-half Haldol 5mg ere were 24 half tablets of whole Haldol 5mg dministration.			
	Interview with the MA on 05/08/24 at 1:15pm revealed: -There was no other supply of Haldol available for administration for Resident #9. -She had not noticed the Haldol supply on hand was half tablets instead of whole Haldol 5mg tablets. -There should have been a direction change sticker on the medication label. -Resident #9 would get agitated and curse, resist care, and refuse medications at times.				
	Interview with the Memory Care Director (MCD) on 05/08/24 at 1:23pm revealed: -The MAs were supposed to notify her if the medication label did not match the eMAR. -No one had reported any discrepancies with Resident #9's Haldol. -She was not working on the day Resident #9 returned from the hospital on 05/03/24 so she did not know why the order was not entered into the eMAR system. -The MA on duty at the time the order was received would have been responsible for processing the order. Telephone interview with a pharmacy technician				
	at the facility's contract at 1:28pm revealed: -The only order they h	cted pharmacy on 05/08/24 nad on file for Resident #9 and it was for Haldol 5mg			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SUI COMPLET	
	HAL047015 B. WING		R-C 05/08			
	ROVIDER OR SUPPLIER	8398 FAYE	PRESS, CITY, STA	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	an order for Haldol 5r Interview with the Adr 2:23pm revealed: -The MAs were support instructions and the red did not match, the MA the order in the reside -The MA could have at tablets of Haldol to extend the match of the mat	of receive the hospital or FL-2 dated 05/03/24 with ong twice a day. Ininistrator on 05/08/24 at osed to read the eMAR osedication label and if they as were supposed to check ont's record. Indiministered 2 of the half qual 5mg. With Resident #9's PCP on overled: Inave received Haldol 5mg ostory of dementia, Iviors. Idose of Haldol was the resident could start or agitation. It agitation. It is, interviews, and record on ined that Resident #9 was It #3's current FL-2 dated otherwise pain, fracture of the other femur, immobility of obesity. It is or ophen 5mg/325mg take 1	D 358			

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DIVISION	n nealth Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-			_
					R-	.C
		HAL047015	B. WING		05/0	08/2024
NAME OF D		STREET ADI	ORESS, CITY, STA	TE ZID CODE		
NAIVIE OF PI	ROVIDER OR SUPPLIER		, ,	,		
WICKSHIE	RE CREEKS CROSSING	8398 FAYE	TTEVILLE RO	AD		
***************************************	te orteerto ortogonito	RAEFORD	, NC 28376			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
D 250	Cantinuad Francisco	10	D 358			
D 358	Continued From page	9 10	D 356			
	Review of Resident #	3's Resident Register				
		was admitted to the facility				
	on 03/06/24.	was admitted to the facility				
	011 03/06/24.					
	D : (D :) (#	01 : : :				
		3's incident report dated				
	04/02/24 at 10:06am					
	-The resident was ser	nt to the emergency room				
	(ER) on 03/12/24 and	l initially, she was not				
	supposed to return to	the facility.				
	-The resident returned	d from the hospital on				
		/24, at almost 10:00pm.				
	-The resident did not	•				
		ophen 5/325mg tablets				
	available for administ	· ·				
		odone/Acetaminophen				
	5/325mg tablets shou					
	controlled substance	lock box in the medication				
	cart because all of he	r other medications were				
	still at the facility.					
	-The facility reached	out to the primary care				
		gh telemed and requested a				
		n on Wednesday, 03/27/24,				
		ed there was none in the				
	facility.	d there was hone in the				
	•	der for a 3-day supply to the				
	. ,	over until the PCP came to				
	the facility on Friday,					
		(MA) reported on Thursday,				
	· · · · · · · · · · · · · · · · · · ·	dication was still not in the				
	facility.					
	-The MA was told to g	get the PCP to write a full				
	prescription on Friday	v, 03/29/24, once the PCP				
	was in the facility.					
		w prescription on Friday,				
	03/29/24, and on Sati	• •				
	medication was still n	-				
		•				
		contacted and the pharmacy				
		could not get the medication				
	filled until 03/31/24.					

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-The medication was delivered on 04/01/24.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		HAL047015	B. WING		R- 05/0	C 8/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE	-	
WICKSHIF	RE CREEKS CROSSING	8398 FAYET RAEFORD,	TTEVILLE ROA	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	: 11	D 358			
D 358	-The pharmacist repobeen sent back to the -There were 120 Oxyo 5/325mg tablets deliv 03/08/24On 03/11/24, the resimal was -All MAs were asked an one could explain medicationThe Administrator and contactedA health care person was done and the procontactedNo injuries were obstincidentNo witnesses were formation of the person who preposes documented as to the procontacted of the person who preposes documented as to the person was	rted no medications had pharmacy. codone/Acetaminophen ered to the facility on dent had 110 pills remaining completed. about the missing pills and what happened to the d the corporate office were nel registry (HCPR) report vider and police were erved at the time of the bound. Coared the incident report the Administrator. It-hour and 5-day report led: iversion of facility drugs. Inately 108 ophen 5/325mg tablets #3. It is hospital discharge in the facility of the facility drugs. In the facility drugs in the facility drugs in the facility drugs. In the facility drugs in the facility drugs in the facility drugs. In the facility drugs in the facility drugs in the facility drugs in the facility drugs. In the facility drugs in the fac	D 358			
	every 8 hours as need	ophen 5/325mg. or Oxycodone 5mg 1 tablet				

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substance used to treat moderate to severe pain.

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DIVISION	n nealth Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_	•
			B WING		R-	
		HAL047015	B. WING		05/0	08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	ATE ZIP CODE		
WICKSHIE	RE CREEKS CROSSING		ETTEVILLE RO	AD		
		RAEFOR	D, NC 28376			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NAIE	DATE
D 358	Continued From page	e 12	D 358			
		· · -				
	Review of Resident #	3's March 2024 electronic				
	medication administra	ation record (eMAR)				
	revealed:					
	-There was no entry f	or Oxycodone 5mg 1 every				
		nd none was documented as				
	administered.					
	-There was an entry f	or				
		ophen 5/325mg give 1				
	tablet every 6 hours for					
	2:00am, 8:00am, 2:00					
		nophen was documented as				
	-	ed from 8:00am on 03/12/24				
		3/26/24 due to the resident				
	being hospitalized.					
		nophen was documented as				
	_	ed from 2:00am on 03/27/24				
		3/31/24 due to medication				
		om 8:00pm on 03/29/24				
	through 2:00pm on 03	3/30/24 when the resident				
	was documented as h	nospitalized.				
	-There was a total of	17 doses of				
	Oxycodone/Acetamin	ophen documented as not				
	being administered from	om 03/27/24 - 03/31/24 due				
	to the medication being	ng unavailable.				
	Review of Resident #	3's electronic progress				
	notes for March 2024	. •				
	-Resident #3 returned	to the facility from the				
	hospital on 03/26/24	•				
	-On 03/29/24 at 8:24p	•				
		ninal and leg pain; the				
	. •	prn (as needed) Gabapentin				
	•	,				[
		pain) but it was ineffective.				
		ne resident asked to be sent				
		ergency medical services				[
	(EMS) was called.					
	-	om, the resident stated she				
	could not sleep due to	•				[
	Oxycodone/Acetamin	ophen.				

Division of Health Service Regulation

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Division of fleath Service Regulation						
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					D 0	
			D WING		R-C	
		HAL047015	B. WING		05/08/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
TWANE OF T	NOVIDER OR GOLT EIER					
WICKSHIE	RE CREEKS CROSSING		TTEVILLE RO	AD		
		RAEFORD	, NC 28376			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		Ē
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	IAIE DAIE	
			-			_
D 358	Continued From page	e 13	D 358			
		om, staff documented the				
	Oxycodone/Acetamin	ophen was not at the facility.				
	-On 03/31/24 at 7:26p	om, staff documented they				
	were waiting for a nev	w order for				
	Oxycodone/Acetamin	ophen.				
	-On 04/01/24 at 1:16p	om, staff documented the				
	medication should be					
	-On 04/01/24 at 5:27r	om, the resident stated she				
		er left leg; a "prn" medication				
		nedication not specified);				
		one of her pain medications				
	were working.	one of her pain medications				
		am, (after the resident				
	started back receiving					
		ophen on 04/02/24), staff				
		lent was not having pain and				
		ient was not having pain and				
	resting.					
	D	01- A: 0004 - MAD				
	Review of Resident #	3's April 2024 eMAR				
	revealed:					
	-There was an entry f					
	_	ophen 5/325mg give 1				
	tablet every 6 hours for					
	2:00am, 8:00am, 2:00	•				
	•	nophen was documented as				
	not being administere	ed from 2:00am on 04/01/24				
	through 8:00pm on 04	4/01/24 due to the				
	medication being una	vailable.				
	-Oxycodone/Acetamir	nophen was documented as				
	not being administere	ed at 2:00am on 04/03/24				
	due to the resident no	ot having pain and resting.				
		nophen was documented as				
	_	ed from 8:00am on 04/05/24				
	•	4/06/24 due to medication				
		ne pharmacy and not arrived				
	yet and resident ran o					
	medication had been					
		nophen was documented as				
	not being administere	ed at 2:00am on 04/10/24	1			

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due to the resident resting and not complaining of

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STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	ES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE S	
MIND I LAIN OF CONNECTION	•	DENTIFICATION NOISIBER.	A. BUILDING: _		COWIPLE	_1_0
		HAL047015	B. WING	B. WING		C 8/2024
NAME OF PROVIDER OR SU	PDI IER	STREET AD	DRESS, CITY, STA	TE ZIP CODE	•	
NAME OF TROVIDER OR OF	I I LILIX		ETTEVILLE RO			
WICKSHIRE CREEKS C	ROSSING		D, NC 28376	AD		
PREFIX (EACH	I DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358 Continued F	rom page	e 14	D 358			
painThere were Oxycodone, administere having pain -There was Oxycodone, being admir to the medic Review of Frecord (CSF 5/325mg rethere was Oxycodone, dispensed at -The first do on 03/09/24 documented a balance of -There were Oxycodone, administere 8:00pm on 0 from 03/12/2 -There was Oxycodone, on 03/31/24 -The first downs 04/02/2 documented 2:00am, lead -There was Oxycodone, dispensed of documented -The first downs 04/07/24 at 04/07/24 at	e 2 doses /Acetamind due to the control of /Acetaminn istered from the cation being a CSR for /Acetaming and received a table of commented and received a second /Acetamind from 8:004/01/24 (24 - 03/26) a second /Acetamind and received at 2:000 due to commented a table of commented and received at 2:000 due to commented a table of commented and received at 2:000 due to commented a table of commented at 2:000 due to commented at 2:000 due to commented at 3:000 due to commented at 3:0	of sophen documented as not the resident resting and not 11 doses of sophen documented as not om 04/01/24 - 04/06/24 dueing unavailable. 3's controlled substance codone/Acetaminophen or 120 sophen 5/325mg tablets ed on 03/08/24. Socumented as administered on and the last dose 03/12/24 at 2:00am, leaving ets. So of sophen documented as 00am on 03/12/24 through dresident was hospitalized 6/24). CSR for 12 sophen 5/325mg dispensed ived on 04/02/24. It dose used from this supply am and the last dose was histered on 04/05/24 at lance of 0.	D 358			

Division of Health Service Regulation

balance of 3 tablets.

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 11 20122 11 101 _		R-C
		HAL047015	B. WING		05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WICKSHI	RE CREEKS CROSSING		TTEVILLE ROA	AD	
	OUR MAN DV OT		NC 28376	PP0//PFP/2 P/ AV 25 22PP52T/2	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 15	D 358		
	administered from 8:0 8:00pm on 04/06/24. Review of Resident #	ophen documented as 00am on 04/05/24 through 3's pharmacy dispensing			
	record dated 03/01/24 - 05/07/24 revealed: -There were 120 Oxycodone/Acetaminophen 5/325mg tablets dispensed on 03/08/24There were 12 Oxycodone/Acetaminophen 5/325mg tablets dispensed on 03/27/24There were 120 Oxycodone/Acetaminophen 5/325mg tablets dispensed on 04/06/24.				
	(PCP) triage note date. -The resident just can hospital after gall blace. -The resident did not because the hospital prescriptions. -The on-call triage proceed to the proceeding of the facility was to form.	have any pain medication			
	03/29/24 revealed: -The resident arrived 6:23pm with complair -The resident had diff intermittent worsening -The resident started nightThe resident was dia pain and sent back to	g of knee pain. having sharp knee pain last gnosed with chronic knee			
	03/29/24 revealed: -The resident was bei	ng seen to establish primary			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			D WING		R-C	
		HAL047015	B. WING		05/08/2024	_
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING	8398 FAYE	TTEVILLE ROA	AD		
	te oneeno ontocomo	RAEFORD	, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	Ī.
D 358	Continued From page	2 16	D 358			
	care for chronic and a -The resident had a re surgical procedure.	acute care conditions. ecent ER visit and a recent d she was feeling okay n. would be refilling the				
	on 05/08/24 at 3:15pr -An electronic prescri Oxycodone/Acetamin the pharmacy on 03/2 Resident #3's PCP -The 03/29/24 prescri Oxycodone/Acetamin only until it could be fi -The original fill date fi Oxycodone/Acetamin 03/08/24 and 120 tab facility on 03/08/24 at -The 120 tablets that facility on 03/08/24 sh get Resident #3 throu not sure why the resid supply that was reque -The first day Resider	ption for ophen 5/325mg was sent to 29/24 at 12:11pm by ption for the ophen 5/325mg was profiled illed. for the ophen 5/325mg was lets were delivered to the 11:36pm. had been delivered to the iould have been enough to gh 04/06/24 and she was dent needed the 3-day				
	-On 04/02/24, 12 table Oxycodone/Acetamin delivered to the facility -The pharmacy was not facility that it was an extra they had been notified Oxycodone/Acetamin been delivered on a State of the prescription for the prescription for the prescription as needed for the oxycodone of the oxycodone of the oxycodone of the oxycodone of the oxycodone	ophen 5/325mg were y. tot made aware by the emergency situation and if the ophen 5/325mg could have				

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Division of Fleath Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_	_
			D 14//10		R-	
		HAL047015	B. WING		05/0	08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	ATE ZIP CODE		
			TTEVILLE RO	,		
WICKSHIP	RE CREEKS CROSSING			AD		
		RAEFURD	, NC 28376	T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORT OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	*KIATE	DAIL
				,		
D 358	Continued From page	e 17	D 358			
		(554)				
	-	ency (DEA) number for the				
	provider.					
		pted to get the DEA number				
	and would have alerte	ed the facility it was needed.				
	Interviews with Resid					
		7/24 at 9:20am revealed:				
	-When Resident #3 re	eturned to the facility on				
	3/26/24 she had a lot	of pain in her right leg.				
	-She described her pa	ain as a 7 on a scale from				
	1-10 (with 10 being th	ne most severe pain) when				
		cility from the hospital.				
		anything for pain she was				
	told by the MAs that h	, ,				
	-	ophen 5/325mg tablets				
	-	e had no orders for pain				
		she could not get anything				
	for the pain.	sile could not get arrything				
		rning to the facility, she had				
		rning to the facility, she had				
		the PCP and was given an				
		Acetaminophen 5/325mg.				
		ked to be sent to the local				
	•	lot of pain in her right leg.				
	-She thought the pain	in her right left might have				
	been a blood clot.					
	-It was a while before	she was given anything for				
	pain from the facility s	staff.				
	Interview with a MA o	n 05/08/24 at 9:30am				
	revealed:					
	-On 03/12/24, Reside	nt #3 was given one				
		ophen 5/325mg at 2:00am,				
	•	ted and the remaining				
		ack in the lock box on the				
	medication cart.					
		Resident Care Coordinator				
		#3 would not be returning to				
	, ,					
	the facility sometime					
	admitted to the hospit	lai UII U3/ 12/24.	1			

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-She was not sure who pulled Resident #3's

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
			B. WING		R-C
		HAL047015	B. WING		05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WICKSHIE	RE CREEKS CROSSING		TTEVILLE ROA	AD	
		RAEFORD,	NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	÷ 18	D 358		
	medications from the -She knew they had be saw them in the medical -She had not noticed Oxycodone/Acetamin was on the counter as -When Resident #3 re the on-call supervisor resident to be given h all the medications we the Oxycodone/Aceta -She was never asked Oxycodone/Acetamin	medication cart. been pulled because she cation room on the counter. if the ophen 5/325mg medication is well. beturned she was informed by that it was okay for the her prescribed medications, here in the facility except for himinophen 5/325mg. d directly about the missing			
		3 came back into the ras in pain, asked for pain was nothing to give her.			
	revealed: -A couple of days after the ER on 03/12/24 a informed that after dis	on 05/08/24 at 8:35am er Resident #3 was sent to			
	-She was not sure wh discharged to a skilled -The RCC asked a for Resident #3's medica cart. -She was not sure if the -There was nothing to had been taken off the sent back to the pharm	rmer MA to take all of tions from the medication hat had been done. It is show if the medications had been macy. It is enance medications were the medication room, one/Acetaminophen			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WICKSHIRE CREEKS CROSSING 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
WICKSHIRE CREEKS CROSSING 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376			HAL047015	B. WING		1	2024
WICKSHIRE CREEKS CROSSING RAEFORD, NC 28376	NAME OF PI	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RAEFORD, NC 28376	MICKELII	IDE CDEEKS CDOSSING	8398 FAYE	TTEVILLE ROA	AD		
SLIMMARY STATEMENT OF DEFICIENCIES DROVIDED'S DI AN OF CODDECTION	WICKSHIP	IRE CREEKS CROSSING	RAEFORD	NC 28376			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM		(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		CROSS-REFERENCED TO THE APPROPE	BE	(X5) COMPLETE DATE
D 358 Continued From page 19 D 358	D 358	Continued From page	: 19	D 358			
She had no knowledge of who handled the Oxycodone/Acetaminophen 5/325mg last. -No one in the facility had knowledge of anything "being off "with the Oxycodone/Acetaminophen 5/325mg until Resident #3 came back to the facility on 03/26/24. -A supervisor should have checked behind the MA to make sure Resident #3's medications had been pulled and properly disposed of. Interview with the RCC on 05/08/2024 at 11:10am revealed: -When Resident #3 was in the hospital in March 2024, she had taken Resident #3's regular medications out of the medication cart but left the Oxycodone/Acetaminophen 5/325mg in the locked box in the medication cart. -The medications were put in the medication storage room. -She planned on sending the medications back, to the pharmacy however, she never got around to it. -She did not know the timeframe in which the medications should have been sent back to the pharmacy. -MAs could send medications back to the pharmacy but none of the MAs were instructed to send Resident #3's medications back. -She felt the Oxycodone/Acetaminophen 5/325mg would be safe in the medication cart as they were in the controlled substance locked box. -The CSR for Resident #3's Oxycodone/Acetaminophen was still in the CS book on the medication cart. -The MAs should have continued to count the Oxycodone/Acetaminophen 5/325mg at change of each shift.	D 358	-She had no knowled Oxycodone/Acetamin -No one in the facility "being off "with the O: 5/325mg until Reside facility on 03/26/24A supervisor should MA to make sure Resident pulled and proposition of the North Proposition of the Oxycodone/Acetamin locked box in the medications out of the Oxycodone/Acetamin locked box in the medications were storage roomShe planned on send to the pharmacy how to itShe did not know the medications should his pharmacyMAs could send medications hould be sat they were in the control oxycodone/Acetamin book on the medication. The MAs should hav Oxycodone/Acetamin book on the medication.	ge of who handled the ophen 5/325mg last. had knowledge of anything sycodone/Acetaminophen int #3 came back to the have checked behind the ident #3's medications had erly disposed of. C on 05/08/2024 at 11:10am has in the hospital in March Resident #3's regular emedication cart but left the ophen 5/325mg in the dication cart. He put in the medication back, ever, she never got around etimeframe in which the ave been sent back to the fithe MAs were instructed to hedications back. Since/Acetaminophen fe in the medication cart as colled substance locked box. Int #3's ophen was still in the CS on cart. The continued to count the	D 358			

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shift change the missing medication could have

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DIVISION	of Health Service Regu	lation	_		,	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
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		UAL 047045	B. WING		1	
		HAL047015		-	05/0	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		8398 FAYE	TTEVILLE ROA	AD		
WICKSHIE	RE CREEKS CROSSING		, NC 28376			
	CLIMMA DV CT		1	DDOV/DEDIC DI ANI OF CODDECTION	.1	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
D 250	0	- 00	D 358			
D 358	Continued From page	20	D 336			
	been caught sooner.					
		Oxycodone/Acetaminophen				
		until Resident #3 returned				
	to the facility on 03/26					
	_	nt #3 was just out of the				
	_	ophen 5/325mg or that they				
	had been sent back to					
		Resident #3 received any				
		hile she was waiting for the				
		ophen 5/325mg to be				
	delivered.					
	-On Wednesday, 03/2	27/24, she requested a refill				
	_	etaminophen 5/325mg				
	through the PCP's tel					
	_	Thursday, 03/28/24, by a MA				
		ycodone/Acetaminophen				
	5/325mg had not bee	n delivered to the facility.				
	-Resident #3's PCP w	vrote a prescription for				
		ophen 5/325mg on Friday,				
	03/29/24.	-				
	-Resident #3's Oxyco	done/Acetaminophen				
	5/325mg was still not	delivered on Saturday,				
	03/30/24.					
	-She called the pharn	nacy to find out why the				
	Oxycodone/Acetamin	ophen 5/325mg had not				
	been delivered.					
	-She was informed by	the pharmacy it was too				
	early for the Oxycodo	ne/Acetaminophen 5/325mg				
	T	st it could be filled would be				
	03/31/24.					
		the pharmacy that none of				
	Resident #3's medica					
	Oxycodone/Acetamin	ophen 5/325mg had been				
	sent back to the phan					
	-Resident #3's Oxyco	done 5mg 1 every 8 hours				
	for up to 5 days was r	never received by the facility				
	because the pharmac	cy said there was a conflict				
	with numbers.					

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Interview with Administrator on 05/08/24 at

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Division of Fleatur Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ED
			_			
					R-C	
		HAL047015	B. WING		05/08	/2024
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZID CODE		
NAIVIE OF FI	NOVIDER OR SUFFLIER		, ,	•		
WICKSHIE	RE CREEKS CROSSING		TTEVILLE ROA	AD		
_		RAEFORD	NC 28376			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE	DATE
				DEI IOIEIVOT)		
D 358	Continued From page	21	D 358			
	. •	. — .				
	4:03pm revealed:					
		e on 04/01/24 by the RCC				
	that Resident #3's Ox	ycodone/Acetaminophen				
	5/325mg could not be	found.				
	-She was not aware F	Resident #3 had missed				
	taking any of her pain	medications until the RCC				
	made her aware on 0					
	-The RCC had taken	Resident #3's regular				
		edication cart, however, the				
		ophen 5/325mg tablets				
	-	box on the medication cart				
	where the RCC felt th					
	-The RCC ordered Re	-				
		ophen 5/325mg the next				
	-	d to the facility from the				
	hospital but they neve					
		er why the MAs were not still				
	counting the Oxycodo	•				
	5/325mg every shift s					
	_	ophen 5/325mg where still				
	on the medication car					
	-The MAs should have	e still been counting the				
	Oxycodone/Acetamin	ophen 5/325mg since the				
	CSR was still on the o	cart.				
	Telephone interview v	vith Resident #3's PCP on				
	05/08/24 at 4:05pm re	evealed:				
	-She conducted a tele	ehealth visit with Resident #3				
	on 03/29/24.					
	-Resident #3 complain	ned of pain in her back,				
	shoulder, knees and I					
	*	ote a prescription for a 3-day				
	supply (12 tablets) of					
	Oxycodone/Acetamin					ļ
		visit on 03/29/24, she was				
	not notified the reside					
		•				
	Oxycodone/Acetamin					
	-She was not made a	•				
	Oxycodone/Acetamin	ophen 5/325mg tablets.				

Division of Health Service Regulation

-The missed doses of

STATE FORM 6899 JOHE11 If continuation sheet 22 of 51

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL047015	B. WING		05/08/2024
					1 00/00/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		
WICKSHIP	RE CREEKS CROSSING		TTEVILLE ROA	AD	
	RAEFOR				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	22	D 358		
	Oxycodone/Acetaminophen 5/325mg would cause Resident #3 more discomfort and pain.				
	3. Review of Resident #5's current FL-2 dated 04/02/24 revealed diagnoses included type 2 diabetes mellitus, gastroenteritis, and hypertension.				
	Interview with Resident #5 on 05/07/24 at 10:00am revealed: -The resident was seen by her primary care provider (PCP) approximately two weeks ago. -The PCP prescribed an inhaler and cough syrup to the resident due to congestion and cough. -The resident had been waiting over a week for her inhaler and cough syrup. -The resident continued to have cough and congestion. -The facility had not administered any cough syrup or an inhaler to her.				
	4:45pm revealed: -The pharmacy receiv. HFA inhaler (used for Chest Congestion Re suppressant and experiment the PCP on 05/0-The pharmacy sent to Chest Congestion Re 05/03/24. Review of Resident # medication administrative	provider on 05/08/24 at yed an order for Ventolin shortness of breath) and lief DM (a cough ectorant for congestion) 03/24. he Ventolin HFA inhaler and lief DM to the facility on 5's May 2024 electronic			

Division of Health Service Regulation

Observation of Resident #5's medications on

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					D 0	
			B. WING		R-C	_
		HAL047015	b. WING		05/08/2024	4
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
WICKSHIP	RE CREEKS CROSSING		TTEVILLE RO	AD.		
		RAEFURD	, NC 28376			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\	(5)
PREFIX	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		PLETE ATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	MAIL 3	
D 358	Continued From page	23	D 358			
	band on 05/00/04 at 4	0:00am revealed there was				
		er or Chest Congestion				
	Relief DM for the resi	dent on the medication cart.				
	Intomiau with the De	sident Cons Coordinator				
		sident Care Coordinator				
	(RCC) on 05/08/24 at					
		Resident #5's Ventolin HFA				
		ngestion Relief DM on				
	05/03/24.					
	** *	edications should have				
		nd available to administer to				
	the resident on 05/03					
		nsible for ensuring new				
	medications sent from	n the pharmacy were				
	entered onto the eMA	Rs.				
		ninistrator on 05/08/24 at				
	5:35pm revealed:					
		ations should have been				
		s as soon as they were				
	received by the pharm					
		ave a policy for entering in				
		o the eMAR when they				
	came from the pharm					
	-She expected the MA					
	medications sent from	n the pharmacy were				
	entered onto the eMA	Rs.				
		vith Resident #5's PCP on				
	05/08/24 at 4:30pm re					
	-The resident was see	en by her on 05/03/24.				
	-She prescribed Resid	dent #5 Ventolin HFA inhaler				
	and Chest Congestion	n Relief DM.				
	-She sent the orders t					
	05/03/24.	-				
	-If Resident #5 did no	t receive her prescriptions,				
	the resident's cough a	•				
	_	need to be sent to the				
	hospital.					

Division of Health Service Regulation

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Division of Health Service Regulation

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R-	
		HAL047015	b. WING		05/0	8/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MICKSHIE	E CREEKS CROSSING	8398 FAYE	TTEVILLE ROA	AD		
RAEFORE			, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	24	D 358			
	ordered to 3 of 7 reside medication pass on 0 with rapid-acting insulated medication for acid reconstruction for medication requiring gall bladder. The resident described her from 1-10 (with 10 be when she missed the and she required a horder for the facility of the facility of the facility of the facility of the facility medications as ordered the second medications as ordered the second medication for acid medications as ordered the second medication for acid medications as ordered the second medication for acid medica	ion used to relieve moderate eturning from a ng surgical removal of her ident also took the c knee and leg pain. The er pain as a 7 on a scale ing the most severe pain) doses of pain medication espital emergency room due to the pain in her legs lent also never received prn ene for up to 5 days after espital related to surgery. lity to administer				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 05/08/24 for				
	CORRECTION DATE VIOLATION SHALL N 2024.	FOR THE TYPE A1 IOT EXCEED JUNE 7,				
D 366	10A NCAC 13F .1004 Administration	(i) Medication	D 366			
	10A NCAC 13F .1004	Medication Administration				
		ne administration on the ation record shall be by the				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		R-C
		HAL047015	B. WING		05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WICKSHII	RE CREEKS CROSSING		TTEVILLE ROA	AD	
	Г	RAEFORD,	NC 28376		T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 366	Continued From page	25	D 366		
	immediately following medication to the resiresident actually taking to the administration of medication. Pre-charman This Rule is not met Based on observation reviews, the facility far staff who administere observed 1 of 5 resident.	dent and observation of the g the medication and prior of another resident's ting is prohibited. as evidenced by: as, interviews and record iled to ensure medication d medications actually ents (#8) taking their			
	medications during the observed in the speci 05/08/24.	e morning medication pass al care unit (SCU) on			
	The findings are:				
	Policies and Procedu 10/01/20 revealed the administration on the record (MAR) shall be administered the med following administration resident and observations.	medication administration by the staff person who lication immediately on of the medication to the tion of the resident actually prior to the administration			
	04/05/24 revealed: -Diagnosis included u -The resident was do disorientedThe resident was do wandering behaviors. Review of Resident # 04/29/24 revealed an	cumented as intermittently cumented as having 8's physician's order dated			

Division of Health Service Regulation

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DIVISION	n nealth Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
						_
			D 14//10		R-0	
		HAL047015	B. WING		05/08	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE ZIP CODE		
WICKSHIP	RE CREEKS CROSSING		TTEVILLE RO	AD		
		RAEFORD	, NC 28376			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	JAIE	DAIL
				,		
D 366	Continued From page	26	D 366			
	. •					
		Miralax is laxative used to				
	treat and prevent con	stipation.)				
		8's May 2024 electronic				
	medication administra	ation record (eMAR)				
	revealed:					
	-There was an entry f	or Miralax Oral Packet give				
	17g one time a day, n	nix with 6 ounces of fluid				
	scheduled at 8:00am.					
	-Miralax was docume	nted as administered from				
	05/02/24 - 05/08/24.					
	Observation of the 8:0	00am medication pass in the				
		J) on 05/08/24 revealed:				
		ng at a table with 3 other				
	residents in the SCU	_				
	breakfast.	anning room oaanig				
		al care aides (PCAs) sitting				
	-	feeding assistance to other				
	residents at the table.	_				
		(MA) prepared morning				
		. ,				
		lent #8, including 17g of				
	Miralax mixed in water					
	_	ident the cup with Miralax				
		resident to take his oral pills				
	at 8:38am.					
		bout half of the water with				
	Miralax and put the co					
		npt to have the resident				
		ater with Miralax while she				
	was observing.					
	·	y from the resident and				
	stated she would com	ne back to check on the				
	resident later.					
	-The MA did not stay	in the dining room to				
		and did not notify the PCAs				
		in the resident's water cup.				
		g room, went back to the				
	nurses' station and to					

Division of Health Service Regulation

-The MA prepared medications for another

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Division (of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		HAL047015	B. WING		I	R-C /08/2024
					1 50	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,		
WICKSHIRE CREEKS CROSSING		ETTEVILLE ROA D, NC 28376	AD			
			·			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 366	Continued From page	27	D 366			
	resident in the SCU a away from the dining -The MA went in the It hallway to administer residentThe MA could not se Resident #8The MA finished adm the other resident, wa and returned to the madministration of the redident -At 8:49am, the MA wroom to Resident #8's that was used for Resident was used for Resident was used for Resident was aware she residents take their massidents take their massidents take their massidents take their massidents and been to supposed to observe medicationsThe MA should have drink all the Miralax wresidentThe PCAs were not of qualified to observe medications. Interview with the Administration of the Miralax wresidentThe PCAs were not of qualified to observe medications. Interview with the Administration of the Miralax wresidentThe PCAs were not of qualified to observe medications.	ast room on the right of the medications to the other e the dining room or ninistering medications to alked back up the hallway redication cart to document medications. The rent back into the dining at table and retrieved the cup sident #8's Miralax. The was empty. The on 05/08/24 at 1:15pm Was supposed to observe redications. The revealed to any observed Resident alax. The or of the dining at the remainder of the remainder				
	-The MAs had been to each resident take the	rained to stay and observe eir medications.				

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-Resident #8 was in the SCU and the MA should

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C
		HAL047015	B. WING		05/08/2024
	ROVIDER OR SUPPLIER RE CREEKS CROSSING	8398 FAY	DRESS, CITY, STA ETTEVILLE RO D, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 366	Continued From page	28	D 366		
		sident drink all the Miralax.			
		s, interviews, and record ned that Resident #8 was			
D 392	10A NCAC 13F .1008	(a) Controlled Substances	D 392		
	(a) An adult care hom controlled substances receipt, administration controlled substances maintained with the re	n, and disposition of These records shall be esident's record in the facility that there can be accurate			
	This Rule is not met a TYPE A1 VIOLATION	-			
	reviews, the facility far reconciliation of the ac substances for 1 of 4 missed multiple doses used to treat moderat medication being miss	s, interviews, and record iled to ensure accurate dministration of a controlled sampled residents (#3) who is of a controlled substance to severe pain due to the sing, unaccounted for, and distration resulting in severe			
	The findings are:				
	policies and procedur- lt was the policy of the special handling, stora keeping of controlled applicable regulatory	es controlled substances es dated 10/01/20 revealed: e facility to ensure the age, disposal, and record substances according to standards. ch shift, the authorized			

Division of Health Service Regulation

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Division of Health Service Regulation

DIVISION	n nealth Service Regu	iation	_		
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL047015	B. WING		05/08/2024
NAME OF D	DOVIDED OD SUDDUED	STDEET AD	ORESS, CITY, STA	TE 710 CODE	
NAIVIE OF PI	ROVIDER OR SUPPLIER		, ,	,	
WICKSHIE	RE CREEKS CROSSING		TTEVILLE RO	AD	
		RAEFORD	, NC 28376		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	<u> </u>
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE
				DEI IGIENCI)	
D 392	Continued From page	29	D 392		
	· ·	porting off duty would count			
	the controlled substar	nces with the authorized			
	associate who was re	porting on duty.			
	-In the event the cour	nt did not match the			
	controlled substances	on hand, the Health and			
	Wellness Director (H\	ND) would be notified			
	immediately.	,			
	,	nsible for investigating			
		rmine the cause of such			
	occurrences.	mine the dauge of Saon			
	occurrences.				
	Review of Resident #	3's current FL-2 dated			
	03/06/24 revealed:	33 current i L-2 dated			
		chronic pain, fracture of the			
	shoulder, fracture of t				
	syndrome, and morbi				
	-There was an order f				
		ophen 5mg/325mg take 1			
	tablet every 6 hours.				
	` •	nophen is a controlled			
		at moderate to severe			
	pain.)				
	<u>.</u>				
	Review of Resident #	<u> </u>			
		was admitted to the facility			
	on 03/06/24.				
		3's incident report dated			
	04/02/24 at 10:06am				
		nt to the emergency room			
	(ER) on 03/12/24 and				
	supposed to return to	the facility.			
	-The resident returned	d from the hospital on			
		/24, at almost 10:00pm.			
	-The resident did not				
		ophen 5/325mg tablets			
	available for administ				
		odone/Acetaminophen			
	5/325mg tablets shou				

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controlled substance locked box in the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DATE SURVEY	DIVISION	n nealth Service Regu	lation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SSAP FACTTEVILLE ROAD RAFFORD, NC 28376 SUMMAYS STREIBENT OF DEPOCRACES RAFFORD, NC 28376 PROVIDERS HAN OF CORRECTION (RAFF CORRECTION CORRECTIO			1 ' '	(X2) MULTIPLE	CONSTRUCTION	' '	
MALO47015 MALO47015 STREET ADDRESS, CITY, STATE, ZIP CODE	AND PLAN C)F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
NAME OF PROVIDER OR SUPPLIER WICKSHIRE CREEKS CROSSING Says FAYETTEVILLE ROAD RAEFORD, NC 28376 WICKSHIRE CREEKS CROSSING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PROCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 392 Continued From page 30 medication cart because all of her other medication cart because all of her other provider (PCP) through telemed and requested a refill for the medication on Wednesday, 03/27/24, once it was discovered there was none in the facility. -The sacility reached out to the primary care provider (PCP) through telemed and requested a refill for the medication on Wednesday, 03/27/24, once it was discovered there was none in the facility. -They sent over an order for a 3-day supply to the pharmacy to hold her over until the PCP came to the facility on Friday, 03/29/24, and the medication was still not in the facility, -The MA was told to get the PCP to write a full prescription on Friday, 03/29/24, once the PCP was in the facility. -The PCP wrote a new prescription on Friday, 03/29/24, and on Saturday, 03/30/24, the medication was still not in the facility. -The pharmacy was contacted and the pharmacy reported the resident could not get the medication filled until 03/31/24. -The medication was delivered on the facility on 03/08/24. -No 03/11/24, the resident had 110 pills remaining when a cart audit was completed. -All MAS were asked about the missing pills and no one could explain what happened to the medication. -The Administrator and the corporate office were						_	_
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8399 FAYETTEVILLE ROAD (X4) ID PREPIX TAG CROSS-REFERENCE REGULATORY OR LSC IDENTIFYING INFORMATION) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEE PRECEDED BY FULL TAG D PREPIX TAG CROSS-REFERENCED THE APPROPRIATE D PREPIX TAG CROSS-REFERENCED THE APPROPRIATE DATE CROSS-REFERENCED THE APPROPRIATE CROSS-REFERENCED THE APPROPRIATE DATE CROSS-REFERENCED THE APPROPRIATE DATE CROSS-REFERENCED THE APPROPRIATE DATE CROSS-REFERENCED THE APPROPRIATE DATE CROSS-REFERENCE CROSS-REFERENCE CROSS-REFERENCE CROSS-REFERENCE CROSS-REFERENCE CROSS-R				B WING		1	
MAIND SUMMARY STATEMENT OF DEFICIENCIES CASSTO PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDERS PLAN OF CORRECTIVA ACTION APPROPRIATE COMPRETE TAG PROVIDERS PLAN OF CORRECTIVA ACTION APPROPRIATE COMPRETE TAG			HAL047015	B. WING		05/0	18/2024
MAIND SUMMARY STATEMENT OF DEFICIENCIES CASSTO PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDERS PLAN OF CORRECTIVA ACTION APPROPRIATE COMPRETE TAG PROVIDERS PLAN OF CORRECTIVA ACTION APPROPRIATE COMPRETE TAG	NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES DEPRETED PROVIDER'S PLAN OF CORRECTION CASH PREFER TAG SUMMARY STATEMENT OF DEFICIENCIES DEPRETED PREFER TAG PROVIDER'S PLAN OF CORRECTION CASH PREFER TAG TAG PREFER TAG TAG PREFER TAG PREFER TAG PREFER TAG PREFER TAG TAG PREFER TAG PREFER TAG TAG PREFER TAG			8398 FAYF	TTEVILLE RO	AD		
CAN ID PREFIX SUMMARY STATEMENT OF DESCRIBOUSES PROFICE AND STOREGATION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 392 D 392 Continued From page 30 D 392 DEFICIENCY D 392 DEFICIENCY D 392 DEFICIENCY D 392 medication cart because all of her other medications were still at the facilityThe facility reached out to the primary care provider (PCP) through telemed and requested a refill for the medication on Wednesday, 03/27/24, once it was discovered there was none in the facilityThey sent over an order for a 3-day supply to the pharmacy to hold her over until the PCP came to the facility on Friday, 03/29/24, that the medication was still not in the facilityThe MA was told to get the PCP to write a full prescription on Friday, 03/29/24, and on Saturday, 03/30/24, the medication was still not in the facilityThe pPmaracy was contacted and the pharmacy reported the resident could not get the medication filled until 03/31/24The pharmacist reported on medications had been sent back to the pharmacyThere were 120 Coxycodone/Acetaminophen 5/325mg tablets delivered to the facility on 03/08/24On 03/11/24, the resident had 110 pills remaining when a cart audit was completedAll MAs were asked about the missing pills and no one could explain what happened to the medicationThe Administrator and the corporate office were	WICKSHIP	RE CREEKS CROSSING					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 392 Continued From page 30 medication cart because all of her other medications were still at the facility, -The facility reached out to the primary care provider (PCP) through telemed and requested a refill for the medication on Wendesday, 03/27/24, once it was discovered there was none in the facility, -They sent over an order for a 3-day supply to the pharmacy to hold her over until the PCP came to the facility on Fiday, 03/29/24, and the medication on Wendesday, 03/28/24, that the medication on Fiday, 03/29/24, and the medication on Fiday, 03/39/24, the medication on Friday, 03/29/24, and the medication on Friday, 03/29/24, and the medication was still not in the facility. -The MA was told to get the PCP to write a full prescription on Friday, 03/29/24, and on Saturday, 03/30/24, the medication was still not in the facility. -The PCP wrote a new prescription on Friday, 03/29/24, and on Saturday, 03/30/24, the medication was still not in the facility. -The pharmacy was contacted and the pharmacy reported the resident could not get the medication filled until 03/31/24. -The medication was delivered on 04/01/24. -The pharmacist reported no medications had been sent back to the pharmacy. -There were 120 Oxycodone/Acetaminophen 5/325mg tablets delivered to the facility on 03/08/24. -On 03/11/24, the resident had 110 pills remaining when a cart audit was completed. -All MAs were asked about the missing pills and no one could explain what happened to the medication. -The Administrator and the corporate office were				110 20070	T		T
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-A health care personnel registry (HCPR) report			nel registry (HCPR) report				
was done and the provider and police were							
contacted.		•	Masi and police were				
-No injuries were observed at the time of the			served at the time of the				
incident.		-					

Division of Health Service Regulation

-No witnesses were found.

STATE FORM 6899 JOHE11 If continuation sheet 31 of 51

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		HAL047015	B. WING			R-C 5/ 08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E. ZIP CODE		
			YETTEVILLE ROA			
WICKSHI	RE CREEKS CROSSING		RD, NC 28376			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	COMPLETE DATE
D 392	Continued From page	e 31	D 392			
	-The person who prep was documented as t	pared the incident report the Administrator.				
	dated 04/01/24 revea					
	-There were approxin	•				
	Oxycodone/Acetamin missing for Resident	nophen 5/325mg tablets #3.				
	Review of Resident # summary dated 03/26	3's hospital discharge				
	-The resident was admitted to the hospital on					
		charged on 03/26/24.				
	-The resident require	d a surgical procedure to				
	remove her gall blade	der.				
	-There was an order	to continue taking				
	Oxycodone/Acetamin	ophen 5/325mg.				
	Review of Resident # medication administrative revealed:	3's March 2024 electronic ation record (eMAR)				
	-There was an entry f					
		nophen 5/325mg give 1				
		or pain scheduled for				
	2:00am, 8:00am, 2:00 -There were 12 doses					
	Oxycodone/Acetamin					
	_	nistered from 03/09/24 -				
		ior to the resident being				
	admitted to the hospit					
		nophen was documented as				
		ed from 8:00am on 03/12/24				
	through 8:00pm on 03	3/26/24 due to the resident				
	being hospitalized.					
		nophen was documented as				
		ed from 2:00am on 03/27/24				
		3/31/24 due to medication				
		om 8:00pm on 03/29/24 3/30/24 when the resident				

Division of Health Service Regulation

STATE FORM 56899 JOHE11 If continuation sheet 32 of 51

DIVISION	n nealth Service Regu	iation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			7 50.12510.			
					R-C	
		HAL047015	B. WING		05/08/2024	4
			- I			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		8398 FAYE	TTEVILLE RO	AD		
WICKSHIRE CREEKS CROSSING			, NC 28376			
	OUR MARK OT		<u>, </u>	DDGU/DEDIG DI AM OF CODDECTION		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
IAG		,	1/40	DEFICIENCY)		
			 			
D 392	Continued From page	32	D 392			
	was documented as h	•				
	-There was a total of	17 doses of				
	Oxycodone/Acetamin	ophen documented as not				
	being administered from	om 03/27/24 - 03/31/24 due				
	to the medication beir					
		3				
	Review of Resident #	3's electronic progress				
	notes for March 2024					
		to the facility from the				
	hospital on 03/26/24 a					
	-On 03/29/24 at 8:24p					
	complaining of abdom	ninal and leg pain; the				
	resident was given a	prn (as needed) Gabapentin				
	(used to treat nerve p	ain) but it was ineffective.				
		ne resident asked to be sent				
		ergency medical services				
	(EMS) was called.	goo,o coco				
	` '	om, the resident stated she				
	could not sleep due to					
	-	•				
	Oxycodone/Acetamin	- ' - '				
		om, staff documented the				
	_	ophen was not at the facility.				
		om, staff documented they				
	were waiting for a new	w order.				
	-On 04/01/24 at 1:16p	om, staff documented the				
	Oxycodone/Acetamin	ophen should be in that				
	night.					
		om, the resident stated she				
		er left leg; a prn medication				
	was given (name of medication not specified); resident also stated none of her pain medications					
		one of their paint intedications				
	were working.	/-##: ! . !				
		am, (after the resident				
	started back receiving					
	•	ophen on 04/02/24), staff				
	documented the resid	lent was not having pain and				
	resting.					
	-					
	Review of Resident #	3's April 2024 eMAR				

Division of Health Service Regulation

revealed:

STATE FORM 6899 JOHE11 If continuation sheet 33 of 51

· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
74101 12/41	or connection	BERTIN 19, WIGH HOMBER	A. BUILDING: _		JOHN EETEB
		HAL047015	B. WING		R-C 05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
	8398 FAY				
WICKSHIE	RE CREEKS CROSSING		D, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 392	Continued From page	e 33	D 392		
	-There was an entry f	ophen 5/325mg give 1			
	tablet every 6 hours for				
	2:00am, 8:00am, 2:00				
		nophen was documented as			
	_	ed from 2:00am on 04/01/24			
	through 8:00pm on 04				
	medication being una	vailable.			
	_	nophen was documented as			
		ed at 2:00am on 04/03/24			
		ot having pain and resting.			
	_	nophen was documented as			
	•	ed from 8:00am on 04/05/24 4/06/24 due to medication			
		ne pharmacy and not arrived			
	yet and resident ran o	-			
	medication had been				
	-Oxycodone/Acetamii	nophen was documented as ed at 2:00am on 04/10/24			
	_	sting and not complaining of			
	pain.				
	-There was a total of				
	being administered d	ophen documented as not ue to the resident resting			
	and not having pain.	11 doors of			
	-There was a total of	11 doses of ophen documented as not			
		om 04/01/24 - 04/06/24 due			
	to the medication being				
		3's controlled substance			
		codone/Acetaminophen			
	5/325mg dispensed of				
	_	codone/Acetaminophen			
	5/325mg tablets dispersion 03/08/24.	ensed and received on			
		ocumented as administered			
	on 03/09/24 at 2:00ar				
		03/12/24 at 2:00am, leaving			

Division of Health Service Regulation

a balance of 108 tablets.

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			501251140		R-C	
		HAL047015	B. WING		05/08/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING		ETTEVILLE ROA	AD		
		RAEFORD	, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	E
D 392	Continued From page	e 34	D 392			
	administered from 8:0 8:00pm on 04/01/24 (from 03/12/24 - 03/26 - There was no docum reconcile and accountablets of Oxycodone tablets that were disposed of the control of	ophen documented as 20 am on 03/12/24 through (resident was hospitalized 6/24). Inentation on the CSR to t for the remaining 108 //Acetaminophen 5/325mg ensed on 03/08/24. 3's CSR for ophen 5/325mg dispensed is codone/Acetaminophen on 03/31/24 and received on did dose used from this supply am and the last dose was nistered on 04/05/24 at lance of 0.				
	on 04/06/24 revealed -There was a third CS Oxycodone/Acetamin dispensed on 04/06/2 documented. -The first documented 04/07/24 at 8:00am a	SR for 120 sophen 5/325mg tablets 4 and received date not d dose from this supply was				
	balance of 4 tabletsThere were no doses Oxycodone/Acetamin administered from 8:0 8:00pm on 04/06/24. Review of the control					

Division of Health Service Regulation

facility revealed:

STATE FORM 6899 JOHE11 If continuation sheet 35 of 51

STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-	С
		HAL047015	B. WING		05/0	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHII	RE CREEKS CROSSING		TTEVILLE ROA	AD		
RAEFORD,		NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page	: 35	D 392			
	-There was a sheet w 03/24/24 - 04/01/24 w shift counts documen -There were 14 occas (off-going or oncomin sheetsThere were 10 shifts document whether the -No shift count was do on 03/31/24 at 3:00pr Observation of Reside hand on 05/07/24 at 1-There was a supply of Oxycodone/Acetamin dispensed on 04/06/2 - There were 4 of 120 Review of Resident # record dated 03/01/24 - There were 120 Oxyc 5/325mg tablets disperiment of the resident shows the resident shows the resident shows the resident shows the hospital after gall black - The resident did not because the hospital prescriptionsThe on-call triage program of the resident was to for the residity was to for the resident was to for the residity was to for the resident was the	ith dates ranging from vith no discrepancies for the ted. sions that only one staff g) signed the shift count where staff failed to e count was correct. coumented as being done on. ent #3's medications on 10:45am revealed: of ophen 5/325mg tablets 4. tablets remaining. 3's pharmacy dispensing 14 - 05/07/24 revealed: codone/Acetaminophen ensed on 03/08/24. codone/Acetaminophen ensed on 03/27/24. codone/Acetaminophen ensed on 04/06/24. 3's PCP triage note dated the back last night from the	D 392			

Division of Health Service Regulation

Review of Resident #3's ER visit note dated

STATE FORM 6899 JOHE11 If continuation sheet 36 of 51

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 392 Continued From page 36 03/29/24 revealed: -The resident arrived to the ER on 03/29/24 at 6:23pm with complaint of knee and leg painThe resident had difficulty ambulating and intermittent worsening of knee painThe resident started having sharp knee pain last nightThe resident was diagnosed with chronic knee pain and sent back to the facility. Telephone interview with a pharmacy technician on 05/08/24 at 3:15pm revealed: -An electronic prescription for Oxycodone/Acetaminophen 5/325mg was sent to the pharmacy on 03/29/24 at 12:11pm by Resident #3's PCPThe 03/29/24 prescription for the Oxycodone/Acetaminophen 5/325mg was profiled only until it could be filledThe original fill date for the Oxycodone/Acetaminophen 5/325mg was 03/08/24 and 120 tablets were delivered to the		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
WICKSHIRE CREEKS CROSSING SUMMARY STATEMENT OF DEFICIENCIES DID PROVIDER'S PLAN OF CORRECTION CROSS-REFERENCED TO THE APPROPRIATE CROMPLE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			HAL047015	B. WING			
(X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 392 Continued From page 36 03/29/24 revealed: -The resident arrived to the ER on 03/29/24 at 6:23pm with complaint of knee and leg pain. -The resident thad difficulty ambulating and intermittent worsening of knee pain. -The resident started having sharp knee pain last night. -The resident was diagnosed with chronic knee pain and sent back to the facility. Telephone interview with a pharmacy technician on 05/08/24 at 3:15pm revealed: -An electronic prescription for Coxycodone/Acetaminophen 5/325mg was sent to the pharmacy on 03/29/24 at 12:11pm by Resident #3'S PCP. -The 03/29/24 prescription for the Oxycodone/Acetaminophen 5/325mg was profiled only until it could be filled. -The original fill date for the Oxycodone/Acetaminophen 5/325mg was 03/08/24 and 120 tablets were delivered to the	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RAEFORD, NC 28376 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 392 Continued From page 36 03/29/24 revealed: -The resident arrived to the ER on 03/29/24 at 6:23pm with complaint of knee and leg painThe resident started having sharp knee pain last nightThe resident was diagnosed with chronic knee pain and sent back to the facility. Telephone interview with a pharmacy technician on 05/08/24 at 3:15pm revealed: -An electronic prescription for Oxycodone/Acetaminophen 5/325mg was sent to the pharmacy on 03/29/24 at 12:11pm by Resident #3's PCPThe 03/29/24 prescription for the Oxycodone/Acetaminophen 5/325mg was profiled only until it could be filledThe original fill date for the Oxycodone/Acetaminophen 5/325mg was 03/08/24 and 120 tablets were delivered to the	MICKOLIII	DE ODEEKO ODOGONO	8398 FAYE	TTEVILLE ROA	AD		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 392 Continued From page 36 03/29/24 revealed: -The resident arrived to the ER on 03/29/24 at 6:23pm with complaint of knee and leg painThe resident had difficulty ambulating and intermittent worsening of knee pain and sent back to the facility. Telephone interview with a pharmacy technician on 05/08/24 at 3:15pm revealed: -An electronic prescription for Oxycodone/Acetaminophen 5/325mg was sent to the pharmacy on 03/29/24 at 12:11pm by Resident #3's PCPThe 03/29/24 prescription for the Oxycodone/Acetaminophen 5/325mg was profiled only until it could be filledThe original fill date for the Oxycodone/Acetaminophen 5/325mg was 03/08/24 and 120 tablets were delivered to the	WICKSHII	RE CREEKS CROSSING	RAEFORD	, NC 28376			
03/29/24 revealed: -The resident arrived to the ER on 03/29/24 at 6:23pm with complaint of knee and leg painThe resident had difficulty ambulating and intermittent worsening of knee painThe resident started having sharp knee pain last nightThe resident was diagnosed with chronic knee pain and sent back to the facility. Telephone interview with a pharmacy technician on 05/08/24 at 3:15pm revealed: -An electronic prescription for Oxycodone/Acetaminophen 5/325mg was sent to the pharmacy on 03/29/24 at 12:11pm by Resident #3's PCPThe 03/29/24 prescription for the Oxycodone/Acetaminophen 5/325mg was profiled only until it could be filledThe original fill date for the Oxycodone/Acetaminophen 5/325mg was 03/08/24 and 120 tablets were delivered to the	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLE	
facility on 03/08/24 at 11:36pm. -The 120 tablets that had been delivered to the facility on 03/08/24 should have been enough to get Resident #3 through 04/06/24 and she was not sure why the resident needed the 3-day supply that was requested on 03/29/24. -The first day that Resident #3's insurance would pay for Oxycodone/Acetaminophen 5/325mg again was 03/31/24. -On 04/02/24, 12 tablets of Oxycodone/Acetaminophen 5/325mg were delivered to the facility. -The pharmacy was not made aware by the facility that it was an emergency situation and if they had been notified the Oxycodone/Acetaminophen 5/325mg could have	D 392	03/29/24 revealed: -The resident arrived 6:23pm with complair -The resident had diff intermittent worsening -The resident started nightThe resident was dia pain and sent back to Telephone interview v on 05/08/24 at 3:15pr -An electronic prescri Oxycodone/Acetamin the pharmacy on 03/2 Resident #3's PCPThe 03/29/24 prescri Oxycodone/Acetamin only until it could be fi -The original fill date fi Oxycodone/Acetamin 03/08/24 and 120 tab facility on 03/08/24 at -The 120 tablets that facility on 03/08/24 st get Resident #3 throu not sure why the resid supply that was reque -The first day that Repay for Oxycodone/Acetamin delivered to the facilit -The pharmacy was r facility that it was an e they had been notified	to the ER on 03/29/24 at an of knee and leg pain. Ficulty ambulating and g of knee pain. Thaving sharp knee pain last agnosed with chronic knee of the facility. With a pharmacy technician morevealed: ption for tophen 5/325mg was sent to 29/24 at 12:11pm by spition for the tophen 5/325mg was profiled silled. For the tophen 5/325mg was lets were delivered to the could have been enough to toph 04/06/24 and she was dent needed the 3-day tested on 03/29/24. Sident #3's insurance would cetaminophen 5/325mg were y. The tophen 5/325mg	D 392			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			74. BOILBING		R-	_
		HAL047015	B. WING		1	8/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WICKSHIE	RE CREEKS CROSSING		TTEVILLE ROA	AD		
		RAEFORD,	NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page	: 37	D 392			
D 392	Telephone interview vat the facility's contract at 4:51pm revealed: -They had not receive #3's 108 unaccounted Oxycodone/Acetamin -There was no docum Resident #3's Oxycod 5/325mg tablets had Interviews with Reside 10:00am and on 05/0 -When Resident #3 re 3/26/24, she had a lot -She described her pate 1-10 (with 10 being the she returned to the fareauther was a sked for told by the medication Oxycodone/Acetamin were missing and she medications, therefore anything for the painA few days after returned to the pain at the she asked for told by the medication oxycodone/Acetamin were missing and she medications, therefore anything for the painA few days after returned to the pain at the she asked for the pain of the pain of the pain the she thought the pain been a blood clot.	with the Pharmacy Manager cted pharmacy on 05/08/24 and any return of Resident of for ophen 5/325mg tablets. Identation that any supply of lone/Acetaminophen opeen returned to the facility. In the facility on the most severe pain) when cility from the hospital. In anything for pain she was the facility on the facility on the facility on the most severe pain the	D 392			
	-On 03/12/24, Reside Oxycodone/Acetamin 2:00am, the CSR was	ophen 5/325mg tablet at completed, and the was put back in the locked				

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DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1		
			D WING		R-C
		HAL047015	B. WING		05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE. ZIP CODE	
			TTEVILLE RO	,	
WICKSHIP	RE CREEKS CROSSING		, NC 28376	Ab	
			, NC 20376	T	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
1/10		,	170	DEFICIENCY)	
D 392	Continued From page	÷ 38	D 392		
	-She was told by the l	Resident Care Coordinator			
	-	#3 would not be returning to			
	, ,	after the resident was			
	admitted to the hospit				
		no pulled Resident #3's			
	medications from the	•			
		peen pulled because she			
	•	cation room on the counter.			
	-She had not noticed				
		ophen 5/325mg medication			
	was on the counter as				
		eturned she was informed by			
		-			
		that it was okay for the			
		er prescribed medications;			
		ere in the facility except for			
	the Oxycodone/Aceta				
		d directly about the missing			
	Oxycodone/Acetamin				
		passing about two weeks			
	later.				
	-The night Resident #				
	•	as in pain, asked for pain			
	medication, but there	was nothing to give her.			
	Interview with a secon	ad MA on 05/07/24 at			
	9:30am revealed:	IG WA OH 03/01/24 at			
	***************************************	ed substance counts and			
	the end of each shift.	ed Substance counts and			
		a include all controlled			
	substances in the me	o include all controlled			
		=::=:::=::			
	for Resident #3.	ssing pills a few months ago			
	-She was not at the fa	acility when the pills were			
		ot administered any of the			
	~	ophen to the resident.			
	-She was not aware o				
	controlled substances	,			
		•			
	Interview with a third	MA on 05/07/24 at 10:15am			

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revealed:

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S COMPLI	
			_		R-	C
		HAL047015	B. WING		1	08/2 024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MICKSHIE	RE CREEKS CROSSING	8398 FAYE	TTEVILLE ROA	AD		
WIOKOIIII	LE GREEKO GROOOMO	RAEFORD	, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page	÷ 39	D 392			
D 392	-The MAs did controll shiftResident #3's Oxyco on hand and available administered it but sh-She could not recall it Oxycodone/Acetamin medication cart and be counts while the resident with the Ass Coordinator (ARCC) or revealed: -A couple of days after the ER on 03/12/24 as she was informed that hospital the resident with skilled nursing facility. She was not sure with discharged to a skilled. The RCC asked a for Resident #3's medica cartShe was not sure if the There was nothing to had been taken off the sent back to the phant resident #3's mainter still on the counter in however, the Oxycodo 5/325mg was not the She had no knowled Oxycodone/Acetamin -No one in the facility "being off "with the Ot 5/325mg until Resident Reside	done/Acetaminophen was e when she last he could not recall the date. if Resident #3's hophen was in the being counted during shift dent was in the hospital. Sistant Resident Care on 05/08/24 at 8:35am er Resident #3 was sent to and admitted to the hospital, at after discharge from the would be discharged to a hy Resident #3 had to be d nursing facility. rmer MA to take all of attions from the medication hat had been done. To show if the medications he cart or if they had been macy. The enance medications were the medication room, one/Acetaminophen re. ge of who handled the	D 392			
	facility on 03/26/24. -A supervisor should	have checked behind the				

Division of Health Service Regulation

been pulled and properly disposed of.

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DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
						•
			B WING		R-	
		HAL047015	B. WING		05/0	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			TTEVILLE RO	,		
WICKSHIE	RE CREEKS CROSSING), NC 28376	AD		
			, NC 20370	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		DATE
iAO		,	IAG	DEFICIENCY)		
D 392	Continued From page	e 40	D 392			
	Interview with the RC	C on 05/08/24 at 11:10am				
	revealed:	O 011 00/00/24 at 11.10am				
		as in the hospital in March				
		•				
	2024, she had taken	•				
		e medication cart but left the				
	_	ophen 5/325mg in the				
	locked box in the med					
	-The regular medicati	•				
	medication storage ro					
		ding the medications back to				
		e never got around to it.				
		e timeframe in which the				
	medications should h	ave been sent back to the				
	pharmacy.					
	-MAs could send med	dications back to the				
	pharmacy but none of	f the MAs were instructed to				
	send Resident #3's m	nedications back.				
	-She felt the Oxycodo	ne/Acetaminophen				
	5/325mg would be sa	fe in the medication cart as				
	they were in the contr	rolled substance locked box.				
	-The CSR for Resider	nt #3's				
	Oxycodone/Acetamin	ophen was still in the CS				
	book on the medication	on cart.				
	-The MAs were respo	ensible for doing controlled				
	substance counts price	or to changing shifts and				
	exchanging the medic					
	-The MAs should hav	<u>-</u>				
		but none were reported.				
	-The MAs should hav	e continued to count the				
	Oxycodone/Acetamin	ophen 5/325mg at the				
		even though the resident				
	was out of the facility.	<u>-</u>				
	-If the MAs were cour					
		ophen 5/325mg at each				
		sing medication should have				
	been identified soone	· ·				
		Oxycodone/Acetaminophen				
		until Resident #3 returned				
	to the facility on 03/26					
			1	1		

Division of Health Service Regulation

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			B WING		R-	
		HAL047015	B. WING		05/0	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
	1011211 011 001 1 21211		, ,	,		
WICKSHIE	RE CREEKS CROSSING		TTEVILLE RO	AD		
		RAEFORD), NC 28376			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	NEGOLATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL]
				,		
D 392	92 Continued From page 41		D 392			
	. •					
	-She thought Resident #3 was just out of the					
	-	ophen 5/325mg or that they				
	had been sent back to					
		Resident #3 received any				
	medication for pain w	hile she was waiting for the				
	Oxycodone/Acetamin	ophen 5/325mg to be				
	delivered.					
	-On Wednesday, 03/2	27/24, she requested a refill				
	of the Oxycodone/Ace	etaminophen 5/325mg				
	through the PCP's tel	emed system.				
	-She was notified on	Thursday, 03/28/24, by a MA				
		ycodone/Acetaminophen				
		n delivered to the facility.				
		vrote a prescription for				
		ophen 5/325mg on Friday,				
	03/29/24.					
		done/Acetaminophen				
	<u> </u>	delivered on Saturday,				
	03/30/24.	delivered on Galdiday,				
		nacy to find out why the				
	· · · · · · · · · · · · · · · · · · ·					
	been delivered.	ophen 5/325mg had not				
		, the contract of the contract of				
		the pharmacy it was too				
	•	ne/Acetaminophen 5/325mg				
	,	st it could be filled would be				
	03/31/24.					
		the pharmacy that none of				
	Resident #3's medica	S .				
		ophen 5/325mg had been				
	sent back to the phar	macy.				
	Interview with Adminis	strator on 05/08/24 at				
	4:03pm revealed:					
	-She was made awar	e on 04/01/24 by the RCC				
		xycodone/Acetaminophen				
	5/325mg could not be	•				
		Resident #3 had missed				
		medications until the RCC				

Division of Health Service Regulation

made her aware on 04/01/24.

-The RCC had taken Resident #3's regular

STATE FORM 6899 JOHE11 If continuation sheet 42 of 51

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL047015	B. WING		R-C 05/08/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WICKOLU	DE ODEEKS ODGOODING	8398 FAYE	TTEVILLE ROA	AD	
WICKSHIP	RE CREEKS CROSSING	RAEFORD,	NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 392	Oxycodone/Acetamin were left in the locked where the RCC felt the The RCC ordered Refoxycodone/Acetamin day after she returned hospital but they nevershe could not answer counting the Oxycodo 5/325mg every shift soxycodone/Acetamin the medication cart. The MAs should hav Oxycodone/Acetamin CSR was still on the control of the control	redication cart, however, the sophen 5/325mg tablets of box in the medication cart bey would be safe. Resident #3 more sophen 5/325mg the next of to the facility from the er came. For why the MAs were not still been counting the sophen 5/325mg were still on the still been counting the sophen 5/325mg since the cart. With Resident #3's PCP on the everaled: The shealth visit with Resident #3 med of pain in her back, segs. The sophen 5/325mg. The still been counting the sophen 5/325mg tablets. The still been counting to sophen 5/325mg tablets. The still been cart.	D 392		
	Oxycodone/Acetamin substance used to tre				

Division of Health Service Regulation

STATE FORM 6899 JOHE11 If continuation sheet 43 of 51

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		UAI 047045	B. WING	B. WING		C
		HAL047015			05/0	8/2024
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
WICKSHIP	RE CREEKS CROSSING		TTEVILLE ROA , NC 28376	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page	÷ 43	D 392			
	scheduled every 6 hor returned from a hospito remove her gall blawere 108 Oxycodone missing and unavailar resulting in multiple more resident having severemergency room visit knee pain. The failur account for and reconsubstance resulted in neglect and constitute. The facility provided a accordance with G.S. this violation. CORRECTION DATE VIOLATION SHALL N. 2024.	nissed doses and the re pain and requiring an r on 03/29/24 for leg and re of the facility to accurately ricile the controlled reserious physical harm and reserious a Type A1 Violation. The plan of protection in The plan of protection in The plan of the Type A1				
D 399	10A NCAC 13F .1008 (h) The facility shall ediversions are reported enforcement agency are Registry as required by suspected drug diversions.	8 (h) Controlled Substance 8 Controlled Substance ensure that all known drug ed to the pharmacy, local law and Health Care Personnel by state law, and that all sions are reported to the all be documentation of the ken.	D 399			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		R-C
		HAL047015	B. WING		05/08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WICKSHIE	RE CREEKS CROSSING		TTEVILLE ROA	AD	
	OLUMBA DV OT	RAEFORD,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 399	Continued From page 44		D 399		
	facility failed to ensure diversion of 108 table	and record reviews, the e a suspected drug ts of a controlled substance e to severe pain for 1 of 1 orted to the facility's			
	The findings are:				
	policies and procedur -The facility would endiversions were reported agents -The facility would endiversions were reported to the pharm	HCPR) as required by state ected drug diversions were			
	O3/06/24 revealed: -Diagnoses included of shoulder, fracture of the syndrome, and morbits an order of the company of the compa	d obesity.			
	04/02/24 at 10:06am -The resident was ser (ER) on 03/12/24 and supposed to return to -The resident returned	nt to the emergency room initially, she was not the facility.			

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Division c	<u>of Health Service Regu</u>	ılation			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL047015	B. WING		05/08/2024
					1
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
WICKSHIF	RE CREEKS CROSSING		ETTEVILLE ROA	AD	
		RAEFORE	D, NC 28376		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
			1	DEFICIENCY)	
D 399	Continued From page		D 399		
	-The resident did not				
	_	nophen 5/325mg tablets			
	available for administ				
	5/325mg tablets shou	odone/Acetaminophen			
	controlled substance				
	medication cart becau				
	medications were still				
		out to the primary care			
		gh telemed and requested a			
	1	on Wednesday, 03/27/24,			
		ed there was none in the			
	facility.	a there was hone in the			
		rder for a 3-day supply to the			
		over until the PCP came to			
	the facility on Friday,				
	,	(MA) reported on Thursday,			
		edication was still not in the			
	facility.				
	1	get the PCP to write a full			
	-	y, 03/29/24, once the PCP			
	was in the facility.				
	-The PCP wrote a ne	w prescription on Friday,			
	03/29/24, and on Sati	urday, 03/30/24, the			
	medication was still n	•			
		contacted and pharmacy			
		could not get the medication			
	filled until 03/31/24.				
		delivered on 04/01/24.			
		orted no medications had			
	been sent back to the				
	_	codone/Acetaminophen			
	5/325mg tablets deliv	rered to the facility on			
	03/08/24.	identification and an incomplication of			
		sident had 110 pills remaining			
	when a cart audit was	•			
		about the missing pills and			
	-	what happened to the			
ļ	medication.				

-The Administrator and the corporate office were

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLET A. BUILDING:					
		HAL047015	B. WING			R-C 5/ 08/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MICKELII	DE CDEEKS CDOSSING	8398 FA	YETTEVILLE ROAD)		
WICKSHI	RE CREEKS CROSSING	RAEFO	RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 399	police were contacted. No injuries were obsincident. -No witnesses were for the rewas no document on tracted pharmacy suspected drug diver. The person who prewas documented as Review of a 24-hour Report dated 04/01/2. The allegation was contracted of the incition of of the incition of	done and the provider and d. served at the time of the found. Inentation that the facility's was notified of the sion. Inpared the incident report the Administrator. HCPR Initial Allegation 124 revealed: Idiversion of resident drugs. Ident was documented as unal information was blank inted as accused. Initial included there were exycodone/Acetaminophen ising for Resident #3. Inhere was reasonable and the incident was police department on inentation that the suspected exported to the facility's intentation that the suspected exported to the facility's intentation.	D 399			

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Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL047015	B. WING		05/08/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
W// O// O/ / I	- ADEEKA ADAAANA	8398 FAYE	TTEVILLE ROA	AD	
WICKSHIE	RE CREEKS CROSSING	RAEFORD	NC 28376		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL	
TAG	REGULATORT OR I	LOCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	TIME
D 399	Continued From page	e 47	D 399		
	approximately 108 Ox	xycodone/Acetaminophen			
	5/325mg tablets miss				
	-There were no witne				
	-The allegation was d	locumented as substantiated			
	by the Administrator,	but the facility was unsure			
	who took the medicat				
		oorted to the local county			
		Services (DSS) on 04/03/24			
	and local law enforce				
		nentation the suspected drug			
	pharmacy.	ed to the facility's contracted			
		ed by the Administrator and			
	dated 04/05/24.	ed by the Administrator and			
	dated 04/00/24.				
	Interview with the Re	sident Care Coordinator			
	(RCC) on 05/08/24 at				
	-When Resident #3 w	as in the hospital in March			
	2024, she had taken	Resident #3's regular			
		e medication cart but left the			
	•	ophen 5/325mg in the			
	locked box in the med				
	•	ding the medications back,			
		ever, she never got around			
	to it.	Oxycodone/Acetaminophen			
		e missing until Resident #3			
	returned to the facility				
		Resident #3 was just out of			
		minophen 5/325mg or that			
		ack to the pharmacy by a			
	MA.				
		27/24, she requested a refill			
	•	etaminophen 5/325mg			
	through the PCP's tel				
		Thursday, 03/28/24, by a MA			
		kycodone/Acetaminophen			
		n delivered to the facility.			
		vrote a prescription for			
	Oxycodone/Acetamin	ophen 5/325mg on Friday,			

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DIVISION	n nealth Service Regu	ialion						
` '		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED			
		D. WING		R-C				
		HAL047015	B. WING		05/08	/2024		
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	ORESS CITY STA	TE ZIP CODE				
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
WICKSHIRE CREEKS CROSSING 8398 FAYETTEVILLE ROAD								
		RAEFORE	, NC 28376					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE		
TAG			TAG	DEFICIENCY)	NATE	DATE		
				,				
D 399	Continued From page	e 48	D 399					
	03/29/24.							
	-Resident #3's Oxyco							
	_	delivered on Saturday,						
	03/30/24.							
	-	nacy to find out why the						
	Oxycodone/Acetamin	ophen 5/325mg had not						
	been delivered.							
	-She was informed by	the facility's contracted						
	pharmacy that it was too early for Resident #3's							
	Oxycodone/Acetamin	ophen 5/325mg to be filled;						
	the earliest it could be filled was 03/31/24. -She was informed by the facility's contracted pharmacy that none of Resident #3's medications including the Oxycodone/Acetaminophen 5/325mg had been sent back to the pharmacy. -She did not notified the pharmacy of the missing and suspected drug diversion of Resident #3's Oxycodone/Acetaminophen 5/325mg tablets							
	because she did not know it needed to be							
	reported to the pharmacy.							
	reported to the pharmacy.							
	Interview with Administrator on 05/08/24 at 4:03pm revealed: -She was made aware on 04/01/24 by the RCC							
		•						
		ycodone/Acetaminophen						
	5/325mg could not be							
		Resident #3 had missed						
		medications until the RCC						
	made her aware on 0							
		at happened Resident #3's						
		ophen 5/325mg tablets.						
		sident #3's PCP of the drug						
	diversion.							
	-She called local law							
	facility's corporate office and made them aware of							
	the drug diversion.							
	-She thought she had	called the facility's						
contracted pharmacy and notified the of the drug								
		not documentation of the						

Division of Health Service Regulation

notice to the pharmacy.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
					R-C			
на		HAL047015	B. WING		05/08/2024			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MICKSHII	RE CREEKS CROSSING	8398 FAYE	ETTEVILLE ROA	AD				
WICKSIII	NE CREEKS CROSSING	RAEFORD	, NC 28376					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE			
D 399	Continued From page 49		D 399					
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
HAL047015		B. WING			R-C 05/08/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
WICKSHIRE CREEKS CROSSING 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
D 399	5/325mg tabletsThe only call the pha suspected drug divers 05/08/24Someone from the fa 05/08/24, and wanted facility had called the suspected drug divers Oxycodone/Acetamin -There was no docum	rmacy received about the sion was that morning, acility called that morning, I documentation that the pharmacy about the	D 399					

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