STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R-C
		HAL049036	B. WING		07/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
MEADOW	LAKES OF STATESVILL	E	OLA ROAD ILLE, NC 28677		
(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 000	Initial Comments		D 000		
	follow-up survey and from 07/22/24 through investigation was initial	sure Section conducted a a complaint investigation on 07/24/24. The complaint ated by Iredell County Services on 07/12/24.			
D 276	10A NCAC 13F .0902	(c)(3-4) Health Care	D 276		
	following in the reside (3) written procedures a physician or other li and (4) implementation of	ssure documentation of the ent's record: s, treatments or orders from censed health professional; procedures, treatments or bparagraph (c)(3) of this			
	Based on observation reviews the facility fai	es, interviews and record led to implement physician's oled residents (#2) related to			
	The findings are:				
	Review of Resident # 09/21/23 revealed dia vascular disease, must dementia.	gnoses included peripheral			
	the facility from the ph 2:30pm requesting leg	dated 07/03/24 for s to be applied in the			

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL049036	B. WING		I	R-C 7/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MEADOW	LAKES OF STATESVIL		FOLA ROAD			
		STATES	VILLE, NC 28677			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From pag	e 1	D 276			
	(PCP) progress note -Resident #2 was ex bilateral lower leg ed -Two weeks prior, Remedication to reduce -Due to continued ed be increased and co ordered. Review of Resident amedication administrate revealed: -There was an entry be applied in the mowith a note documer measurements for standard weeksThe rewas no document with a note document for standard with the Resident amendment of the resident with the Resident amendment of the resident with the Resident amendment of the resi	esident #2 started receiving a e edema. Ilema the medication would impression stockings #2's July 2024 electronic ration record (eMAR) for compression stockings to rating and removed at night atting pending confirmation of ockings. Interest in the facility for one conducting chart audits yet				
	contracted Registere	d Nurse (RN) obtain the e compression stockings				
	07/22/24 at 11:18am -She had been hired chart reviewsShe was at the facil -She did not know he	in May 2024 to conduct				

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STATE FORM 6899 7ISH11 If continuation sheet 2 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		COM	E SURVEY PLETED	
		HAL049036	B. WING			R-C 7/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MEADOW	LAKES OF STATESVIL	LE	FOLA ROAD VILLE, NC 28677			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	-She expected the R orders were received leg measurementsShe did not know w worked at the facility order. Interview with the Ad 11:21am and 07/24/2-The current RCC stathe previous RCC re-She expected the R leg measurements we-There had been 2 R conducting chart aud was received and did missedWhen orders were r medication aide (MA the order to the phar RCC about the order -The RCC or RN was order on the eMAR. Attempted telephone PCP on 07/22/24 at a Based on observation.	CC to inform her when a that needed attention like thy the RCC who no longer, did not inform her of the ministrator on 07/22/24 at 24 at 10:18am revealed: arted work a week ago after signed a few weeks ago. CC to inform the RN when were needed. CCs and an RN in the facility lits since the 07/03/24 order d not know how the order was ecceived from the PCP the) was responsible for faxing macy and then informing the	D 276			
D 344	10A NCAC 13F .100 (a) An adult care ho the resident's physic for verification or clar medications and treations.	me shall ensure contact with ian or prescribing practitioner rification of orders for	D 344			

Division of Health Service Regulation

STATE FORM 6899 7ISH11 If continuation sheet 3 of 26

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED		
		HAL049036	B. WING			R-C 7/24/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
MEADOV	V LAKES OF STATESVIL		FOLA ROAD				
WEADOV	V LAKES OF STATESVIL	STATES'	VILLE, NC 28677				
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT 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 344	resident are not date of admission or read (2) if orders are not (3) if multiple admiss admission or readmi forms are not the sail The facility shall ensiclarification is docum record. This Rule is not met TYPE B VIOLATION Based on observation reviews, the facility forders for 1 of 3 samman order for a medical thronic kidney disea (mental illness associations swings from depressions -He was intermittent! Review of Resident and the dated 05/13/24 reveal evetiracetam (a medical to 1000mg 1.5 tablet (1) Review of Resident and Medication Administration (1) tablets (1500mg) -Levetiracetam 1000 -Levetiracetam 1000 -Levetiracetam 1000 -Levetiracetam 1000 - Levetiracetam 1000 -	d and signed within 24 hours mission to the facility; clear or complete; or ion forms are received upon ssion and orders on the me. ure that this verification or iented in the resident's as evidenced by: ns, interviews and record ailed to clarify medications ipled residents (#3) regarding ation to treat seizures. ent FL2 dated 04/05/24 dementia, other seizures, se and bipolar disorder stated with episodes of mood ive lows to manic highs). y disoriented. #3's signed physician orders aled an order for lication to treat seizures) 500mg) two times a day. #3's June 2024 electronic ration Record (eMAR) from revealed: for levetiracetam 1000mg	D 344				

Division of Health Service Regulation

STATE FORM 6899 7ISH11 If continuation sheet 4 of 26

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLET	
B 147110	
<u> </u>	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1372 EUFOLA ROAD	
MEADOW LAKES OF STATESVILLE STATESVILLE, NC 28677	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344 Continued From page 4 06/01/24 to 06/24/24 at 9:00am and 9:00pm. Levetiracetam 1000mg 1.5 tablets (1500mg) twice daily was documented as not administered from 06/25/24 to 06/27/24 at 9:00am and 9:00pm with a reason code of hospitalized. Levetiracetam 1000mg 1.5 tablets (1500mg) was documented as not administered on 06/28/24 at 9:00am with a reason code of hospitalized. Review of Resident #3's hospital discharge summary dated 06/28/24 revealed: -Resident #3' was diagnosed with partial complex saizuresAn order for levetiracetam 750mg one tablet twice daily. Review of Resident #3's June 2024 electronic Medication Administration Record (eMAR) from 06/28/24 to 06/30/24 revealed: -Levetiracetam 1000mg 1.5 tablets (1500mg) twice daily was documented as administered from 06/28/24 at 9:00pm to 06/30/24 at 9:00pmThere was an entry for levetiracetam 750mg one tablet twice daily beginning 06/28/24Levetiracetam 750mg was documented as administered from 06/28/24 at 9:00pm to 06/30/24 at 9:00pm. Review of Resident #3's July 2024 eMAR from 07/01/24 to 07/03/24 revealed: -There was an entry for levetiracetam 1000mg 1.5 tablets (1500mg) twice daily was documented as administered from 06/29/24 to 07/01/24 to 07/03/24 revealed: -There was an entry for levetiracetam 1000mg 1.5 tablets (1500mg) twice daily was documented as administered from 07/01/24 to 07/03/24 revealed: -There was an entry for levetiracetam 1000mg 1.5 tablets (1500mg) twice daily was documented as administered from 07/01/24 to 07/21/24 at 9:00am and 9:00pmLevetiracetam 1000mg 1.5 tablets twice (1500mg) twice daily was documented as administered from 07/01/24 to 07/21/24 at 9:00am and 9:00pmLevetiracetam 1000mg 1.5 tablets twice (1500mg) twice daily was documented as administered on 07/22/24 at 9:00am and 9:00pmThere was entry for levetiracetam 750mg one	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		, , ,	E SURVEY PLETED	
		HAL049036	B. WING		l l	R-C 7/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	·	
		1372 EU	IFOLA ROAD			
MEADOW	LAKES OF STATESVILL	.E STATES	VILLE, NC 28677			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	÷ 5	D 344			
	documented as admir 07/02/24 at 9:00am a -Levetiracetam 750m documented as admir 9:00am.	g 1 tablet twice daily was nistered on 07/03/24 at				
	dated 07/03/24 revea	3 signed physician orders led an order to discontinue g 1.5 tablets (1500mg) twice				
	07/03/24 to 07/22/24 -There was an entry t levetiracetam 750mg beginning 07/03/24 at -There was no docum 750mg one tablet twic from 07/03/24 at 9:00 -Levetiracetam 1000r twice daily was docum	o D/C (discontinue) one tablet twice daily t 9:00am. nentation levetiracetam ce daily was administered pm to 07/22/24 at 9:00am. ng 1.5 tablets (1500mg) nented as administered from 22/24 and not discontinued				
	with new medication of responsible for faxing pharmacy and follows ensure the pharmacy -MAs were responsible are off the cart and di -The Residential Care responsible for sendir medication back to the	ne back from the hospital orders the MA was the new order to the sup with a phone call to received the order. le for ensuring medications scontinued. e Coordinator (RCC) was not the discontinued e pharmacy. eing the discontinued order rd.				

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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	
			A. BOILDING.			2.0
		HAL049036	B. WING			R-C //24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
		_ 1372 EUF	OLA ROAD			
MEADOW	LAKES OF STATESVILL	.E STATESV	ILLE, NC 28677			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 6	D 344			
D 344	regarding Resident #it had been discontinu-She acknowledged thave been given the 07/03/24. If she knew Residen for levetiracetam she primary care provider was correct. She would have give levetiracetam 750mg Administrator. Observation of Residhand on 07/23/24 at There was one bubb 1000mg halved tablet 90 tablets remaining name and a dispense tablets (1500mg) by rotablets remaining name and a dispense tablets (1500mg) by rotablets remaining name and a dispense tablets (1500mg) by rotablets remaining name and a dispense tablets (1500mg) by rotablets remaining name and a dispense tablets (1500mg) by rotablets remaining name and a dispense tablets (1500mg) by rotablets remaining name and a dispense tablets (1500mg) by rotablets (1500mg) by	all levetiracetam order or that used. hat Resident #3 should not Levetiracetam 1500mg after at #3 there were two orders would need to call the (PCP) to clarify which order an Resident #3 the and clarified with the ent #3's medications on 11:13am revealed: le pack of levetiracetam ts (500mg) with 1 tablet of labeled with the resident's adate of 04/23/24 take 1.5 mouth twice daily. le pack of levetiracetam ts (500mg) with 25 tablets of labeled with the resident's adate of 04/23/24 take 1.5 mouth twice daily and ter 05/17/24. le pack of levetiracetam this of 90 tablets remaining ent's name and a dispense 1.5 tablets (1500mg) by the instructions to refill after on the bottom right-hand in cart with a cardboard	D 344			
	date of 06/28/24 take	one tablet by mouth twice to refill after 07/22/24.				

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STATE FORM 6899 7ISH11 If continuation sheet 7 of 26

	or riealth Service Regu				1	
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAI 040036	B. WING		07/24/2024	
		HAL049036			07/24/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1372 FUE	OLA ROAD			
MEADOW	LAKES OF STATESVILL	.E	ILLE, NC 28677	7		
			1222, 140 2007			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPI		
1710		,	,,,,,	DEFICIENCY)		
D 344	Continued From page	e 7	D 344			
	-There was one hubb	le pack of levetiracetam				
		s of 60 tablets remaining				
	_	ent's name and a dispense				
		•				
		1.5 tabs by mouth twice				
	daily and instructions	to refill after 07/22/24.				
		0. 0.7/0.0/0.4 1.4.00				
		C on 07/23/24 at 1:28pm				
	revealed:					
		at the facility on 07/15/24				
	after this error was made.					
	-The expectation was when a resident was					
	discharged from the hospital, the discharge					
		ve been put in the PCP				
	folder by the RCC.					
	-The RCC should ma	ke the PCP aware of the				
	new medication order	rs and clarify if he was				
	agreeable to the new	orders.				
	-The RCC was expec	ted to document the change				
	in medication in the c	ommunication book.				
	-The RCC or MA show	uld fax the new orders to the				
	pharmacy, then call the	he pharmacy and confirm				
	the order.					
	-The RCC and the M/	A should verify the new				
	orders were entered					
	system.	,				
	Interview with the faci	ility's contracted Registered				
		nt on 07/23/24 at 11:22am				
	revealed:	11 017 0772072 1 dt 11.22diii				
		order was changed, added				
		rder should be faxed to the				
		ruel siloulu be laxeu to tile				
	pharmacyStaff who sent the fa	y wore supposed to				
		• •				
		nd time faxed on the order				
	and put in in the 24-h					
	-The RCC was respon	•				
		nacy and follow up to make				
	sure the medications	were entered correctly on				
	the eMAR.					
	-The RCC was responsible for returning					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED		
					R-C		
		HAL049036	B. WING	<u>-</u>	l	R-∪ 7/ 24/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
		_ 1372 EU	FOLA ROAD				
MEADOW	LAKES OF STATESVILL	.E States	VILLE, NC 28677				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
	24-hour report bookShe and the RCC we medication changes with the second changes with the second change of the	municate the change in the ere responsible for ensuring					
	Pharmacist on 07/23/ -The pharmacy had a dated 05/13/24 for lever tablets two times a dated -The pharmacy receive for Resident #3 that we from the hospital for I	with the facility's contracted 24 at 12:49pm revealed: signed physician order vetiracetam 1000mg 1.5					
	discontinue levetirace twice dailyThe pharmacy techn orders into the eMAR the ordersShe did not know wh levetiracetam 750mg continued twice daily. Telephone interview was	with the facility's contracted (PCP) on 07/24/24 at					
	levetiracetam 1500m because when Resid the hospital on 06/28	g twice daily on 07/03/24 ent #3 was discharged from /24 his levetiracetam was etam 750mg twice daily and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			R-C	
HAL049036	B. WING		07/24/2024	
STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
1372 EUF	OLA ROAD			
VILLE STATES\	/ILLE, NC 28677			
RY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
	PREFIX TAG	·	BE COMPLETE	
page 9	D 344			
ication to treat bipolar) was kidney function. uld not have been administered 1500mg twice daily after e resident's hospital discharge of order to discontinue the 100mg twice daily. Evetiracetam 1500mg twice daily of 1750mg twice daily continued. Eveterday (07/23/24) that it ived both doses of levetiracetam ily and the levetiracetam 750mg 01/24, 07/02/24 and the 8:00am of 18:00am o				
	HAL049036 R STREET AG SVILLE	HAL049036 STREET ADDRESS, CITY, STATE 1372 EUFOLA ROAD STATESVILLE, NC 28677 RY STATEMENT OF DEFICIENCIES EIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION) Page 9 Idication to treat bipolar) was skidney function. Indid not have been administered in 1500mg twice daily after the resident's hospital discharge in order to discontinue the 20mg twice daily. Evertiracetam 1500mg twice daily in 750mg twice daily continued. Evertiracetam 1500mg twice daily in 750mg twice daily continued. Evertiracetam 750mg (701/24, 07/02/24 and the 8:00am k. Ose of levetiracetam was be given in higher doses, but he a dose of 4500mg. Sould cause Resident #3 to be, dizziness, memory loss and kidney function. Id as to why the pharmacy would wrong medication some of the order and ensure the end and accurate. Esponsible to fax the new to the pharmacy, save the fax call the pharmacy to ensure the end and accurate. Esponsible for confirmation of the order and ensure the order is MAR. Id communicate any changes to sto the MA and document the	A BUILDING: HAL049036 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677 RY STATEMENT OF DEFICIENCIES STATESVILLE, NC 28677 RY STATEMENT OF DEFICIENCIES PREFIX FIRST OF DEFICIENCIES OF PROVIDER'S PLAN OF CORRECTION PREFIX TAG PREFIX CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) D 344 JOINT OF LOCATION SHOULD CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) D 344 JOINT OF LOCATION SHOULD CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) D 344 JOINT OF LOCATION SHOULD CROSS-REFERENCED TO THE APPROPRI JOINT OF LOCATION SHOULD LOCATION SHOULD	

Division of Health Service Regulation

STATE FORM 6899 7ISH11 If continuation sheet 10 of 26

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE Co		(X3) DATE SURVEY COMPLETED	
		HAL049036	B. WING		R-C 07/24/2024
	ROVIDER OR SUPPLIER I LAKES OF STATESVILI	1372 EU	ADDRESS, CITY, STATE FOLA ROAD VILLE, NC 28677	ZIP CODE	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
D 344	daily on 07/01/24, 07 07/03/24. -She was not aware received the 1500mg discontinued on 07/0 -It was her expectation clarified and confirmed. The facility failed to off a seizure medicated discharged from the resident being adminiseizure medication from and on 07/03/24 when 3000mg continued were receive 1500mg daily risks for kidney problememory loss. This failed health, safety and we constitutes a Type B. The facility provided accordance with G.S. this violation.	of the Levetiracetam and the 750mg 1 tablet twice 1/02/24 and the morning of that Resident #3 had a twice daily after it had been 3/24. On that all orders were ed with the physician. Clarify a new physician order and the istered 4500mg daily of the om 06/30/24 to 07/03/24, and order to discontinue then the resident was to a form of the resident was to a form of the resident and the elfare of the resident and Violation. The plan of protection in a plan of protection in 1.131D-34 on 07/23/24 for	D 344		
D 358	(a) An adult care how preparation and adm	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL049036	B. WING		I	R-C //24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
MEADOW	LAKES OF STATESVILL	.E	FOLA ROAD			
	T	STATES	/ILLE, NC 28677			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 11	D 358			
	which are maintained	sed prescribing practitioner in the resident's record; and on and the facility's policies				
	This Rule is not met FOLLOW-UP TO TY					
	Based on these findir Violation was not aba	ngs, the previous Type B tted.				
	reviews, the facility fa were administered as residents (#1, #3) rela	ns, interviews, and record hilled to ensure medications sordered for 2 of 3 sampled hated to medications used to d a medication to treat				
	The findings are:					
	revealed: -Diagnoses included chronic kidney diseas (mental illness assoc	dementia, other seizures, se and bipolar disorder iated with episodes of mood ve lows to manic highs).				
	dated 05/13/24 reveal levetiracetam (a med	3's signed physician orders led an order for ication to treat seizures) 500mg) two times a day.				
	medication orders da	3's hospital discharge ted 06/28/24 revealed an m 750mg one tablet twice				
	Review of Resident # 07/01/24 to 07/03/24	3's July 2024 eMAR from revealed:				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049036	B. WING		R-C 07/24/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677						
(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	-There was an entry f 1.5 tablets (1500mg) -Levetiracetam 1000r twice daily was docur 07/01/24 to 07/21/24 -Levetiracetam 1000 (1500mg) daily was doon 07/22/24 at 9:00ar -There was entry for Itablet twice dailyLevetiracetam 750m documented as admin 07/02/24 at 9:00am a -Levetiracetam 750m documented as admin 9:00am. Review of Resident # dated 07/03/24 reveal evetiracetam 1000m daily. Review of Resident # 07/03/24 to 07/22/24 -There was an entry to levetiracetam 750mg beginning 07/03/24 a -There was no docum 750mg one tablet twice from 07/03/24 at 9:00 -Levetiracetam 1000r twice daily was docum 07/03/24 through 07/20 per the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the physician order observation of Residhand on 07/23/24 at 1000 complete the phy	for levetiracetam 1000mg twice daily. ng 1.5 tablets (1500mg) nented as administered from at 9:00am and 9:00pm. mg 1.5 tablets twice ocumented as administered m. evetiracetam 750mg one g 1 tablet twice daily was nistered on 07/01/24 and nd 9:00pm. g 1 tablet twice daily was nistered on 07/03/24 at 3 signed physician orders led an order to discontinue g 1.5 tablets (1500mg) twice 3's July 2024 eMAR from revealed: o D/C (discontinue) one tablet twice daily t 9:00am. nentation levetiracetam be daily was administered pm to 07/22/24 at 9:00am. ng 1.5 tablets (1500mg) nented as administered from 22/24 and not discontinued ers dated 07/03/24. ent #3's medications on	D 358			

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90 tablets remaining labeled with the resident's

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		, , ,	E SURVEY PLETED	
		HAL049036	B. WING			R-C // 24/2024
	ROVIDER OR SUPPLIER	1372 EUF	DDRESS, CITY, STATE	E, ZIP CODE		
MEADOW	LAKES OF STATESVILL	.E	ILLE, NC 28677			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	tablets (1500mg) by r -There was one bubb 1000mg halved tablet 90 tablets remaining in name and a dispense tablets (1500mg) by r instructions to refill af -There was one bubb 1000mg with 25 tablet labeled with the resid date of 04/23/24 take mouth twice daily and 05/17/24There was a drawer side of the medication divider titled overstocThere was one bubb 750mg with 21 tablets labeled with the resid date of 06/28/24 take daily and instructionsThere was one bubb 750mg with 30 tablets labeled with the resid date of 06/28/24 take daily and instructions. Interview with a medio 07/23/24 revealed: -When a resident can with new medication or responsible for faxing pharmacy and followiensure the pharmacy -MAs are responsible are off the cart and di	e date of 04/23/24 take 1.5 mouth twice daily. le pack of levetiracetam its (500mg) with 25 tablets of labeled with the resident's e date of 04/23/24 take 1.5 mouth twice daily and iter 05/17/24. le pack of levetiracetam its of 90 tablets remaining ent's name and a dispense 1.5 tablets (1500mg) by its instructions to refill after on the bottom right-hand in cart with a cardboard k. le pack of levetiracetam is of 60 tablets remaining ent's name and a dispense one tablet by mouth twice to refill after 07/22/24. le pack of levetiracetam is of 60 tablets remaining ent's name and a dispense 1.5 tabs by mouth twice to refill after 07/22/24. le pack of levetiracetam is of 60 tablets remaining ent's name and a dispense 1.5 tabs by mouth twice to refill after 07/22/24. cation aide (MA) on the back from the hospital orders the MA was at the new order to the ing up with a phone call to received the order. For ensuring medications scontinued. The coordinator (RCC) was ing the discontinued	D 358			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL049036	B. WING		R-C 07/24/2024
NAME OF D	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZID CODE	1 01/2 11/2021
NAIVIE OF P	ROVIDER OR SUPPLIER	1372 EUFC		ile, zir code	
MEADOW	LAKES OF STATESVILL	.E	LE, NC 28677	,	
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 14	D 358		
	-She did not recall se in Resident #3's recordshe had not been not regarding Resident #1 it had been discontinue. She administered Releight occasions from as documented on the She had followed the showed levetiracetant discontinued and she 1500mg twice daily downward the showed levetiracetant discontinued and she 1500mg twice daily downward the showed levetiracetant discontinued and she 1500mg twice daily downward the showed levetiracetant discontinued and she 1500mg twice daily downward the showed levetiracetant discontinued and she 1500mg twice daily downward folder by the RCC revealed: -She began working a after this error was medication was discharged from the had folder by the RCC. -The RCC was expected the new medication in the confering received the order. -The RCC or MA showed pharmacy, then call the order. -The RCC and the Moorders were entered of system. Interview with the fact Nurse (RN) Consultative revealed:	eing the discontinued order rd. otified of any changes 3 levetiracetam order or that ued. esident #3's levetiracetam on 07/04/24 through 07/22/24 e July eMAR. e order on the eMAR which in 750mg twice daily was administered levetiracetam uring her shift. C on 07/23/24 at 1:28pm at the facility on 07/15/24 ade. Is when a resident was nospital, the discharge we been put in the PCP atted to make the PCP aware in orders and clarify if he was orders. Ited to document the change ommunication book. Ited to document the change ommunication book. Ited fax the new orders to the me pharmacy and confirm A should verify the new correctly in the eMAR illity's contracted Registered int on 07/23/24 at 11:22am			
	-When a medication of discontinued the order	order is changed, added or er should be faxed to the nent the date and the time it			

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was faxed and put the information in the internal

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	DNSTRUCTION		E SURVEY PLETED
		HAL049036	B. WING			R-C 7/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
MEADOW	LAKES OF STATESVIL	LE	FOLA ROAD			
	0,000,000		VILLE, NC 28677	DD0///DDD0 D/ AN/ 05 6	A CONTRACTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	24-hour report bookThe RCC was responsible to the pharm of the least of least of the least of le	ensible for faxing the macy. Evetiracetam 1500mg twice be daily were not clarified. Every were not clarified Resident for 4500mg of levetiracetam for ed what was ordered for a transfer of the facility's contracted for a transfer of the facility of the fa	D 358			
	twice dailyThe pharmacy techrorders into the eMAF the ordersShe did not know while vetiracetam 750 mg twice daily. Telephone interview primary care provide 10:37am revealed: -He wrote an order to levetiracetam 1500 m because when Resid the hospital on 06/28 changed to levetirace	nician entered the medication R, and the pharmacist verified by the resident received both and levetiracetam 1500mg with the facility's contracted r (PCP) on 07/24/24 at o discontinue the g twice daily on 07/03/24 lent #3 was discharged from 1/24 his levetiracetam was etam 750mg twice daily and ion to treat bipolar) was				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL049036	B. WING		07/24/2024
		11/2043030			0772472024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	LAKES OF STATESVILL	1372 EUF	DLA ROAD		
IIILADOII	LARLO OF OTATEOTICE	STATESVI	LLE, NC 28677	7	
(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 16	D 358		
D 358	-Resident #3 should in the levetiracetam 150 07/03/24. -The orders on the redid not include an ordevetiracetam 1500mg. -Both orders for levet and levetiracetam 750. -He was notified yests Resident #3 received 1500mg twice daily a twice daily on 07/01/2 dose on 07/03/24. -The maximum dose 3000mg, it could be gwould not initiate a dogreated and the was confused as have entered the wro (levetiracetam 750mg discontinued on 07/05 been the levetiracetam discontinued. Interview with the Add 1:22pm revealed: -The RCC was respoonedication order to the discontinued of the response of the	not have been administered 20mg twice daily after sident's hospital discharge der to discontinue the g twice daily. If the initial side is the ini	D 358		
	order was received a -The RCC was respo new medication order correct on the eMARThe RCC should cor medication orders to	nsible for confirmation of the rand ensure the order is			
	-She was not aware t				

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received both doses of the Levetiracetam

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL049036	B. WING		R-0 07/24) 1/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MEADOW	LAKES OF STATESVILL	1372 EUFO	LA ROAD			
IVIEADOVV	LAKES OF STATESVILL	STATESVIL	LE, NC 28677	•		
(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	e 17	D 358			
D 358	1500mg twice daily at twice daily on 07/01/2 of 07/03/24. -She was not aware to received the 1500mg discontinued on 07/03-1t was her expectation were clarified and cornadministered correctly. Based on record revied determined Resident. 2. Review of Resident. 2. Review of Resident. 2. Review of Resident. -Diagnoses included disturbance (mental ill and anxiety disorder. -There was an order of the transport of the treat anxiety) 125m. Review of Resident. Review of Resident. -There was an order of capsules daily in the incapsules daily at bedient. Review of Resident. -There was an entry of capsules daily at 8:00. -There was document two capsules were action 07/01/24 through 07/04/24 due to Resident.	and the 750mg one tablet 24, 07/02/24 and the morning what Resident #3 had twice daily after it had been 3/24. In that all medication orders affirmed to ensure they were by the way and observations it was an an an analysis of the service of the s	D 358			
	capsules daily at 8:00 -There was document two capsules were action 07/01/24 through 07/04/24 due to Resident -There was an entry frapsules daily at 8:00	Dam. Itation divalproex 125mg, Iministered daily at 8:00am n 07/22/24 except on Ident #1 being hospitalized. Italiar of toron or divalproex 125mg, four				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL049036	B. WING		R-C 07/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
MEADOW	LAKES OF STATESVILL	1372 EUFC	DLA ROAD		
WEADOW	LAKES OF STATESVILL	STATESVII	LLE, NC 28677	7	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 18	D 358		
	four capsules were a from 07/01/24 throug	dministered daily at 8:00pm h 07/21/24.			
		2/24 at 2:05pm of for Resident #1 revealed nex 125mg available for			
	facility's contracted pi 12:24pm revealed: -Resident #1 had a ci 125mg, two capsules capsules in the eveni -The facility faxed a ron 07/22/24 for Resid- On 05/22/24, divalpr day supply) were last -Divalproex 125mg w Resident #1 in June 2 refills remaining. -Resident #1 could ex deterioration if divalpradministered as orde	efill request to the pharmacy dent #1's divalproex 125mg. oex 125mg, 150 tablets (25 dispensed to the facility. as not dispensed for 2024 because there were no experience mood roex 125mg was not			
	divalproex 125mg on Telephone interview von 07/23/24 at 10:45a -She worked the nigh 07/21/24There was no divalp Resident #1, so she k another resident and on the medication cal -She could not recall borrowed the medica -She told the first shif	with a medication aide (MA) am revealed: at shift on 07/20/24 and aroex 125mg to administer to corrowed medication from wrote it in the notebook kept rt. which resident she tion from. It MA coming on duty on 14 that Resident #1 was out			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL049036	B. WING		R-C 07/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MEADOW	LAKES OF STATESVILL	.E 1372 EUFO			
			LE, NC 28677		1
(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 19	D 358		
	medication was not a reach the pharmacy of	le to contact pharmacy if a vailable but it was hard to on night shift.			
	(RCC) on 07/23/24 at -She started working last Monday (07/15/2	: 1:05pm revealed: at the facility as the RCC			
	medication cartA note was left on he (07/22/24) from the n	er desk yesterday morning ight shift MA informing her			
	-She contacted the pl Resident #1 needed a the pharmacy.	of his divalproex 125mg. narmacy and was told a new order to be faxed to			
	-Resident #1's divalprifacility yesterday ever	roex was delivered to the ning (07/22/24).			
	1:25pm revealed: -The RCC and the MA	ninistrator on 07/24/22 at As were responsible for			
	were seven doses rer	not available to administer,			
	pharmacy and order i -The previous RCC w				
	medications were ava	idits weekly to ensure all ailable for administration. Resident #1 did not receive			
	Attempted telephone	interview on 07/24/24 at t #1's hospice provider was			
	Based on observation	ns, interviews and record			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL049036	B. WING			R-C //24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MEADOW	LAKES OF STATESVILL	.E	FOLA ROAD VILLE, NC 28677			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	The facility failed to a treat seizures properl discharged from the l decrease his seizure 3000mg daily, but the The 4500mg daily do increasing the reside dizziness, fatigue and #1's anxiety medicati pharmacy in June 20 resident to experienc failures were detrime welfare of the resider Unabated B Violation	dminister a medication to y when Resident #3 was nospital with an order to medication dosage to e resident received 4500mg. se was not discontinued, nts' risks for renal issues, it memory loss. Resident ons was not refilled by the 24 which could cause the e mood deterioration. These ntal to the health, safety and its and constitutes a Type	D 358			
D 367	(j) The resident's me record (MAR) shall be following: (1) resident's name; (2) name of the medical (3) strength and dosa administered; (4) instructions for ador treatment; (5) reason or justifical medications or treatm	Medication Administration dication administration e accurate and include the cation or treatment order; age or quantity of medication ministering the medication tion for the administration of nents as needed (PRN) and ulting effect on the resident;	D 367			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL049036	B. WING		R-C 07/24/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
MEADOV	/ LAKES OF STATESVILL	E	FOLA ROAD /ILLE, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 367	(7) documentation of medications or treatmomission, including re (8) name or initials of the medication or treating administration record. This Rule is not met Based on interviews, facility failed to ensure administration record of 3 residents relating documentation of a m (Resident #1). The findings are: Review of Resident #04/10/24 revealed: -Diagnoses included disturbance (mental ill and anxiety disorderThere was an order to treat anxiety) 125m. Review of Resident 1 dated 04/17/24 revealed: -There was an order of capsules daily in the illustration. Review of Resident #Medication Administration revealed: -There was an entry finding and revealed:	any omission of tents and the reason for the efusals; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR). as evidenced by: and record reviews, the efunction the electronic medication (eMAR) was accurate for 1 to inaccurate electronic treat anxiety. 1's current FL2 dated electronic the mind of the electronic the electronic medication (emaccurate electronic treat anxiety). 1's current FL2 dated electronic the electronic treat and electronic the electronic treat and electronic treat electronic the electronic treat electron	D 367		

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL049036	B. WING		R-C 07/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
MEADOW	LAKES OF STATESVILL	1372 EUF	OLA ROAD		
WILADOV	LAKES OF STATESVILL	STATESVI	LLE, NC 28677		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 367	from 07/01/24 through 07/04/24 due to Reside 17/04/24 due to Reside 17/04/24 due to Reside 17/04/24 due to Reside 17/04/24 due to Reside 18/06 17/04/24 due to Reside 18/06 17/04/24 due to Reside 18/06 18/	Iministered daily at 8:00am in 07/22/24 except on ident #1 being hospitalized. For divalproex 125mg, four opm. Itation divalproex 125mg, diministered daily at 8:00pm in 07/21/24. If 24 at 2:05pm of for Resident #1 revealed ex 125mg available for in the marmacy on 07/24/24 at in the morning and four in the morning an	D 367	DEFICIENCY	
	on 07/23/24 at 10:45a -She worked the nigh 07/21/24. -There was no divalpr	with a medication aide (MA) am revealed: t shift on 07/20/24 and roex 125mg to administer to corrowed medication from			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL049036	B. WING		07/24/2024
					1 01124/2024
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
MEADOW	LAKES OF STATESVILL	.E 1372 EUFC		_	
		STATESVIL	LE, NC 28677		
(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 367	Continued From page	e 23	D 367		
	(RCC) on 07/23/24 at -She started working last Monday (07/15/2-A note was left on he (07/22/24) from the n Resident #1 was out -She contacted the pl Resident #1 needed at the pharmacyWhen a medication of medication cart, it was to document on the ewas not given and the -She did not know when the start was to document on the ewas not given and the -She did not know when the start was to document on the ewas not given and the -She did not know when the start was to document on the ewas not given and the -She did not know when the start was t	at the facility as the RCC 4). er desk yesterday morning ight shift MA informing her of his divalproex 125mg. harmacy and was told a new order to be faxed to was not available on the s the responsibility of the MA MAR that the medication ereason. In a medication was nistered when it was not			
D 467	1:25pm revealed: -It was the responsible document in the eMA medication was not a -The corporate Regist cart audits monthly cohand to the eMARThe RCC was responsed audits weekly compart the eMARShe was not aware for 125mg was not available.	dministered. tered Nurse (RN) completed omparing medications on nsible for completing cart ring medications on hand to Resident #1's divalproex able for administration.	D 467		
D 467	Staffing	3 (c) Special Care Unit	D 467		
	10A NCAC 13F .1308	3 Special Care Unit Staffing			
	(c) In units of 16 or n	nore residents and any units			

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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
HAL049036		HAL049036	B. WING		07/24/2024							
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS CITY STA	TE ZIP CODE								
TVAINE OF T	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD											
MEADOW	LAKES OF STATESVILL	.E	LLE, NC 28677	,								
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)							
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE							
D 467	Continued From page	e 24	D 467									
	that are freestanding	facilities, there shall be a equired in Paragraph (b) of o the staff required in										
	facility failed to ensur	and record reviews the e there was a Special Care n duty at least eight hours a										
	The findings are:											
	Review of the facility's census on 07/22/24 revealed there were 30 residents who lived at the facility.											
		ministrator on 07/22/24 at SCC was also the Activity										
	2:45pm revealed: -She started last Mon -Her job duties consis calendar, facilitating r	through Friday from										
	-She applied for the A	ersonnel file revealed: AD position in July 2024. tation she signed the AD job oon hire.										

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R-C O7/24/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677 (X5) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETED (X5) (CAPITAL COMPLETED R-C O7/24/2024		of Health Service Regul	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE 1372 EUFOLA ROAD STATESVILLE, NC 28677 [X4] ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MISS TO EMPECIENCE BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) D 467 Continued From page 25 Interview with the Administrator on 07/22/24 at 2:24pm revealed: -The AD was the back-up to the Resident Care Coordinator (RCC) -The SCC was responsible for monitoring the residents and generally worked Monday through Friday from 9:00am-5:00pm -The SC did not do anything clinicalThe AD only did activities and nothing clinicalThe AD was not her assistant or back-up. Interview with the Administrator on 07/23/24 at 4:10pm revealed: -The AD was not hired to be the SCC but they talked about her fulfilling that role in the futureShe, as the Administrator, did all the duties a SCC would do and was technically the SCCThe RCCs were counted in staffing hours and therefore could not be considered the SCC. Interview with the facility's Vice President of Operations on 07/2/24 at 48:55am revealed: -The facility on 19/20/24 at 8:55am revealed:				(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
MEADOW LAKES OF STATESVILLE MEADOW LAKES OF STATESVILLE (X4) ID SUMMARY STATEMENT OF DEFICIENCY STATESVILLE, NC 28677 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 467 Continued From page 25 Interview with the Administrator on 07/22/24 at 2.24pm revealed: -The AD was the back-up to the Resident Care Coordinator (RCC). -The SCC was responsible for monitoring the residents and eperally worked Monday through Friday from 9:00am-5:00pm. -The SCC did not do anything clinical. Interview with the Administrator on 07/23/24 at 4:105pm revealed: -The AD was not her assistant or back-up. Interview with the Administrator on 07/23/24 at 4:10pm revealed: -The AD was not hired to be the SCC but they talked about her fulfilling that role in the future. -She, as the Administrator, did all the duties a SCC would do and was technically the SCC. -The RCCs were counted in staffing hours and therefore could not be considered the SCC. Interview with the facility's Vice President of Operations on 07/24/24 at 8:55am revealed: -The facility only employed RCCs, not a SCC.			HA1 049036				
MEADOW LAKES OF STATESVILLE 1372 EUFOLA ROAD STATESVILLE, NC 28677						07/24/2024	
(A) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TAG (EACH DEFICIENCIES) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 467 Continued From page 25 Interview with the Administrator on 07/22/24 at 2:24 pm revealed: -The AD was the back-up to the Resident Care Coordinator (RCC). -The SCC was responsible for monitoring the residents and generally worked Monday through Friday from 9:00am-5:00pm. -The SCC did not do anything clinical. Interview with the RCC on 07/23/24 at 1:05pm revealed: -The AD was not her assistant or back-up. Interview with the Administrator on 07/23/24 at 4:10pm revealed: -The AD was not hired to be the SCC but they talked about her fulfilling that role in the future. -She, as the Administrator, did all the duties a SCC would do and was technically the SCC. -The RCCs were counted in staffing hours and therefore could not be considered the SCC. Interview with the facility's Vice President of Operations on 07/24/24 at 8:55am revealed: -The facility only employed RCCs, not a SCC.	NAME OF P	ROVIDER OR SUPPLIER			ΓE, ZIP CODE		
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCE TO THE APPROPRIATE DATA	MEADOW	LAKES OF STATESVILL	.E				
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