PRINTED: 09/04/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R
		HAL09214	B. WING		08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E, ZIP CODE	
CADENCE	NORTH RALEIGH		D WAKE FOREST	RD	
	OLIMANA DV OT		H, NC 27609	DDOWNERIO DI AN OF CORRECTIO	
(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 000	0 000 Initial Comments		D 000		
	The Adult Care Licens annual and follow-up 08/14/24.	sure Section conducted an survey on 08/13/24 -			
D 269	10A NCAC 13F .0901 Supervision	(a) Personal Care and	D 269		
	care to residents according plans and attend to a	Personal Care and staff shall provide personal ording to the residents' care ny other personal care be unable to attend to for			
	reviews, the facility fa and assistance for 1 c who required assistan call bell or the bathroo 19 times, and the resp	as evidenced by: as, interviews and record iled to ensure personal care of 5 sampled residents (#2) ace with toileting care. The om push alert was activated ponse time was 29 minutes ait time of 107 minutes.			
	The findings are:				
	stage 3, history of dee permanent pacemake -The resident was ser assistance with bathir - The resident was co bowel.	nypertension, multiple on, chronic kidney disease ep vein thrombosis, and er. mi-ambulatory and required			

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		_
		HAL09214	B. WING		R 08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-
O A D E N O	NODTH DATE SOL	5219 OLD	WAKE FORES	T RD	
CADENCE NORTH RALEIGH RALEIGH			NC 27609		
(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 APPROPI DEFICIENCY)	BE COMPLETE
D 269	Continued From page	e 1	D 269		
	revealed an admissio	2's Resident Register n date of 09/13/23. 2's current care plan dated			
	-She required assista living such as toileting	nce with activities of daily g and bathing. y incontinent of bladder.			
	Review of Resident #2's call bell and bathroom push alert history log dated 07-01-24 to 08-14-24 revealed: -On 07-02-24, the bathroom push alert was pushed 1 time at 8:32pm and staff responded at 9:24pm, 51 minutes later. -On 07-03-24, the call bell was pushed 14 times beginning at 6:44am and staff responded at 8:32am, 107 minutes later. -On 07-05-24, the bathroom push alert was pushed 2 times beginning at 7:38pm and staff				
	beginning at 9:22am 10:04am, 42 minutes -On 07-07-24, the cal beginning at 2:42pm 3:11pm, 29 minutes la -On 07-08-24, the cal beginning at 10:46am 11:20am, 33 minutes -On 07-08-24, the cal beginning at 4:48pm 5:27pm, 39 minutes la -On 07-13-24, the cal beginning at 10:49am 11:26am, 36 minutes -On 07-13-24, the cal	Il bell was pushed 2 times and staff responded at ater. Il bell was pushed 3 times and staff responded at later. Il bell was pushed 4 times and staff responded at ater. Il bell was pushed 4 times and staff responded at later. Il bell was pushed 4 times and staff responded at later. Il bell was pushed 3 times and staff responded at			

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
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		HAL09214	B. WING		08/14	4/2024
NAME OF D	ROVIDER OR SUPPLIER	STREET AS	DRESS, CITY, STA	TE 710 CODE		
NAME OF PI	ROVIDER OR SUPPLIER					
CADENCE	NORTH RALEIGH	5219 OLD	WAKE FORES	T RD		
0.12		RALEIGH	, NC 27609			
(X4) ID	SUMMARY STA	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) BE	COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
D 269	Continued From page	. ?	D 269			
D 209	Continued From page	. 2	D 209			
	-On 07-18-24, the cal	l bell was pushed 5 times				
	beginning at 12:03pm	n and staff responded at				
	12:34pm, 30 minutes					
		ll bell was pushed 7 times				
		and staff responded at				
	1:58pm, 29 minutes la					
		I bell was pushed 1 time at				
		sponded at 11:33am, 40				
	minutes later.					
	-On 07-20-24, the bat	throom push alert was				
	pushed 16 times begi	inning at 7:52pm and staff				
	responded at 8:24pm	, 31 minutes later.				
	-On 07-23-24, the cal	I bell was pushed 7 times				
		and staff responded at				
	3:17pm, 41 minutes la	•				
	-	l bell was pushed 4 times				
		and staff responded at				
	7:48am, 45 minutes la					
		throom push alert was				
		ining at 6:34pm and staff				
	responded at 7:45pm					
		I bell was pushed 3 times				
	beginning at 6:30pm	and staff responded at				
	7:25pm, 54 minutes la	ater.				
	-On 07-30-24, the cal	ll bell was pushed 5 times				
		and staff responded at	1			
	2:48pm, 29 minutes la					
	• '	ll bell was pushed 12 times				
		and staff responded at				
	7:55am, 51 minutes la		1			
	r.JJam, JT minutes R	alGi.				
	Observation of a resis	dent who pushed his sell hall				
		dent who pushed his call bell				
	on 08/14/24 at 4:27pr					
		ne call bell at 4:35pm, 8	1			
	minutes later.					
	-A medication aide (M	/IA) and a personal care aide				
	(PCA) came into the r	room and helped him out of				
		Ichair to give him medication				
		e dining hall for dinner.				

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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		
		HAL09214	B. WING	B. WING		4/2024
		HAL09214			08/14	4/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
CADENCE NORTH RALEIGH			WAKE FORES	T RD		
			, NC 27609			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 269	Continued From page	3	D 269			
	Interview with Resided 2:15pm revealed: -She waited in the bathaving a bowl movem to assist her for about clean herself the bestone came to assist hereShe pushed the embathroom because not pushed the call bell to a compushed the call bell to the emergency bell in the tot assist hereShe often pushed here times requesting assist hereShe often pushed here times requesting assist hereShe often pushed here times requesting assist hereResident #2 called here exact date, crying movement and could clean her for about 48-On 08/12/24, she specified about the issue of state her family member pushed the take staff at least 20 needs such as needing restroom.	throom one day in July after nent and could not get staff t 48 minutes and she had to that she could because noter. The green call bell in the cone would come after she coasist her. The sys she had to wait at least ning the call bell and the coall bell and the coall bell at least 5 to 6 stance. The throom for staff to come come would come after she coasist her. The property call bell and the coall bell at least 5 to 6 stance. The throom for staff to come come come are call bell at least 5 to 6 stance. The throom for staff to come come come are call bell at least 5 to 6 stance. The throom for staff to come come come are call bell at least 5 to 6 stance. The throom for staff to come come come come come come come com				
	Interview with a third	Resident residing on the Al				

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hall on 08/14/24 at 4:25pm revealed:

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
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			B WING		F	
		HAL09214	B. WING		08/1	4/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
		5219 OLD	WAKE FORES	T RD		
CADENCE	NORTH RALEIGH		NC 27609			
		<u> </u>	140 27009			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
		,	,,,,,	DEFICIENCY)		
D 269	Continued From page	e 4	D 269			
	-When he pushed the	call bell for assistance it did				
		to 30 minutes to respond to				
		eding his adult underwear				
		move from the bed to sit in				
	his wheelchair.	o move from the bed to sit in				
		to respond to his call bell				
	was daily.	to respond to his can ben				
	-	er say what took so long to				
	come when he asked					
		the late response to his call				
	bell request to anyone	e at the facility.				
	Interview with a PCA	on 08/14/24 at 3:45pm				
	revealed:	on 00/14/24 at 3.43pm				
		esident #2 call bell when it				
	•	e needed, and would assist				
	with personal care su					
	•	would page the other PCAs				
	•	to see what Resident #2				
	needed.	o to see what Resident #2				
		vent to all DCAs nagara				
		vent to all PCAs pagers.				
		all bells as soon as possible				
		utes when her pager went				
	off.					
		nd PCA on 08/14/24 at				
	4:40pm revealed:					
	~	the resident who pushed				
	the call bell at 4:27pm					
		another resident in the hall				
	when her pager soun					
		oes to other care givers,				
	•	eone else would find out				
	what the resident nee					
		get up once she heard her				
	pager go off but did n					
		to respond to the call bell.				
	Interview with a medi	cation aide (MA) on				
	08/14/24 at 4:50pm re	evealed:				
	-The PCA had 10 min	utes to respond to call bell				

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request.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL09214	B. WING		R 08/14/2024	
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STAT	TE, ZIP CODE	1 00/14/2024	
CADENCE NORTH RALEIGH		WAKE FOREST I, NC 27609	Γ RD		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
resident needed and coresponded. -If the PCA was busy were to use their walkinumber and ask if ano assist the resident. Interview with the Resi (RSD) on 08/14/24 at 3-She was aware that Resident or staff to respond to the staff to respond to the she expected staff to quickly as possible" to personal care needs be that staff should resport the PCA was busy were to use their walking they needed help and assist the resident. -They had "daily stand reported the call bell had the longest wait time encouraged staff to de During regular staff me wait time response with personal care and encouraged staff to de Interview with the Adme 6:40pm revealed: Interview with the Adme 6:40pm revealed: -He had a care confere family member on 08/2-On 08/12/24, he becaused waited for staff to call bell. -There are things going	with another resident, they ie talkies give the room other PCA could go and dident Service Director 5:50pm revealed: Resident #2 had waited for activated call bell. respond to the call bell "as assist residents with their out there was no set time and to a call bell. with another resident, they ie talkies and express that another PCA would go to did up" with the staff and distory of which resident's me response and excrease the wait time. The entire the talkies to assist with couraged the staff to use the way during a vation. Thin istrator on 08/14/24 at the ence with Resident #2	D 269			

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resident's call bell.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE	SURVEY	
		HAL09214	B. WING		08	R / 14/2024
	OVIDER OR SUPPLIER	5219 OL	DDRESS, CITY, STATE D WAKE FOREST I			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
	had been some long whow manyDuring a meeting wit 08/08/24, he instructe response time on thei wait was long go and the residentHis expectation was	e within reason but there wait times and did not recall the MAs on last Thursday, and them to pull the call bell ir laptops and if notice the help or call a PCA to assist staff were to respond to a soon as possible to assist	D 269			
	following in the reside (3) written procedures a physician or other li and (4) implementation of orders specified in SuRule. This Rule is not met a Based on observation reviews, the facility fa orders were implemented in the facility factories (#5) with ordeterrent hose (TED). The findings are: Review of Resident # 04/03/24 revealed: -Diagnoses included li	Health Care ssure documentation of the ent's record: s, treatments or orders from censed health professional; procedures, treatments or abparagraph (c)(3) of this as evidenced by: as, interviews, and record illed to ensure physicians' inted for 1 of 5 sampled ders for thrombo-embolic	D 276			

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DIVISION	of Fleatill Service Regu	ialion			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		HAL09214	B. WING		08/14/2024
NAME OF D	DOMBED OD OUDDINED	OTDEET AD	DDEGG OITY OTA	TE 710 000E	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•	
CADENCE NORTH RALEIGH 5219 OLD			WAKE FORES	T RD	
0,152,102		RALEIGH,	NC 27609		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	RIATE DATE
				DEFICIENCY)	
D 276	Continued From page	. 7	D 276		
22.0	Continued From page	, i	52.0		
	Review of Resident #	5's physician orders dated			
	04/03/24 revealed thre	ombo-embolic deterrent			
		e high were to be applied			
	every morning and re				
	overy morning and re	moved at bodimo.			
	Review of Resident #	5's licensed health			
	professional services				
	07/18/24 revealed do	,			
	resident wore TED ho				
	Tesident wore TED no	ose.			
	Review of Resident #	5's August medication			
	administration record				
		` ,			
		for TED hose to be applied			
	at 8:00am and remov				
		ımented as applied and			
	removed daily from 08	8/01/24 to 08/14/24.			
	Observation of Reside				
		n 12:00pm-4:00pm revealed			
	she was not wearing	TED hose.			
	Observation of Reside				
		revealed she was not			
	wearing TED hose.				
		nt #5 on 08/13/24 at 4:15pm			
	revealed she did not v	wear TED hose.			
		(; ; ; , /AAA)			
	Interview with a medic	, ,			
	08/14/24 at 10:40am				
	I	onsible for applying and			
	removing TED hose to				
	** -	nave had her TED hose			
	applied at 8:00am and	d removed at 8:00pm daily.			
	-There were times the	e MAs put Resident #5's			
	TED hose on in the at				
	-She signed the eMAI	R that morning at 8:00am			
	that she applied Resid	_			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL09214	B. WING		08/1	4/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH	5219 OLD V	WAKE FORES	T RD		
		RALEIGH, I	NC 27609		Т	
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	e 8	D 276			
D 276	Interview with a secon 08/14/24 at 10:50am -The MAs were responsibleThe MAs were responsibleStaff members took in the afternoon if sheet in the afternoon if sheetThe put Resident #5' on 08/13/24She did not know who were not on the afternoon of 08/14/24 at 3:00pm responsibleThe American second of 18 in the mass of 18 in	nd medication aide (MA) on revealed: onsible to put on Resident morning and remove them Resident #5's TED hose off e complained about them. 's TED hose on at 8:00am by Resident #5's TED hose moon of 08/13/24. sident Services Director on evealed: As to apply Resident #5's ming at 8:00am and remove :00pm. As to sign the eMAR for one after they had been that a resident refused to she attempts to get the se discontinued. ministrator on 08/14/24 at the set of	D 276			
	thrombo-embolic detention hose.					
	wore their TED hose of the expected the MA: medication administrated TED hose after they have resident. The managers checkers	daily. s to sign the electronic ation record (eMAR) for the				

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Attempted telephone interview with Resident #5's

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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
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		HAL09214	B. WING		08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	
			VAKE FORES		
CADENCE NORTH RALEIGH			NC 27609	. 1.5	
(V4) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	1 (75)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 276	Continued From page	9	D 276		
	family member on 08, unsuccessful.	/14/24 at 2:00pm was			
	Attempted telephone interview with Resident #5's primary care provider (PCP) on 08/14/24 at 2:00pm was unsuccessful.				
D 358	D 358 10A NCAC 13F .1004(a) Medication Administration		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 as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 4 residents (#6 and #7) observed during the medication pass including errors with a topical antifungal cream (#6), a steroidal eye drop solution and a laxative (#7); and for 2 of 3 sampled residents (#1 and #2) including errors with eye pressure reducing eye drops and topical pain relief patches (#1) and eye drop was discontinued without a doctor's order (#2).				
	The findings are:				
		rate was 9% as evidenced opportunities during the eass on 08/14/24.			

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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	
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		HAL09214	B. WING		08/14/2024	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
CADENCE	CADENCE NORTH RALEIGH 5219 OLI			T RD		
CADENCE	NORTH KALEIGH	RALEIGI	H, NC 27609			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	\neg
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		<u>:</u>
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIAIE	
				,		\dashv
D 358	Continued From page	e 10	D 358			
	1. Review of Residen	it #7's current FL-2 dated				
	08/06/24 revealed dia	agnoses included chronic				
	obstructive pulmonar	y disease, hypoxia, and				
	respiratory failure.					
	Observation during th	ne morning medication pass				
	on 08/14/24 at 8:54ar					
		(MA) prepared Resident				
		tions which included 9 and ½				
		inhaler and eye drops.				
		she was requesting refills				
	electronically from the	· ·				
		e not on the medication cart				
	for Resident #7The MA administered	d the medications to				
	Resident#/ III fils for	om with water (no additive).				
		on 08/14/24 at 8:56am				
	revealed:					
	-She did not know ho	•				
	had been off for 2 day	n out of stock because she				
		c refill requests did not				
	always go through to	•				
	aiwayo go tili ougii to	the pharmacy.				
	a. Review of Residen	it #7's current FL-2 dated				
		order for prednisolone 1%				
		drop in the right eye 4 times				
	daily. (Prednisolone o	ophthalmic solution is used				
	to treat mild to moder	ate eye inflammation and				
	allergies.)					
	Observation during the	oo marning madication need				
	•	ne morning medication pass m revealed Resident #7 did				J
	not receive prednisolo					
	not receive preunison	one eye urops.				
	Review of Resident #	7's June, July, and August				J
		cation administration records				
	(eMARs) revealed:					
		for prednisolone 1% one				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL09214	B. WING			R / 14/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	= ZIP CODE	1 00	714/2024
NAME OF T	NOVIDEN ON SOLT EIEN		D WAKE FOREST			
CADENCI	E NORTH RALEIGH		H, NC 27609			
(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 358			D 358			
	12:00pm, 4:00pm and	tation prednisolone 1% eye red from 8:00am on				
	revealed:	nt #7 on 08/14/24 at 2:55pm en eye drops 4 times daily k.				
	eye drops were and v ordered.	ation aide (MA) where his was told they had to be and his eye doctor ordered the				
	drops which had help					
	facility's contracted pl 11:32am revealed: -The pharmacy had a	vith a pharmacist at the narmacy on 08/14/24 at n order dated 07/19/23 for				
	times daily for Reside -The pharmacy dispe prednisolone eye dro	nsed a 10ml bottle of				
	15-20 drops per ml or	4. prednisolone contained 150-200 drops per bottle ident #4 between 37 and 50				
		ot received a refill request esident #7's prednisolone				
	08/06/24 revealed an	t #7's current FL-2 dated order for Miralax 17 grams daily with breakfast. (Miralax pation.)				
		e morning medication pass n revealed Miralax was not				

Division of Health Service Regulation

STATE FORM 6899 EZWO11 If continuation sheet 12 of 48

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_	
		HAL09214	B. WING		R 08/14/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH	5219 OLD	WAKE FORES	T RD		
CADLING	NORTH NALLIGH	RALEIGH	, NC 27609			
(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	e 12	D 358			
	administered to Resid	dent #7.				
	2024 electronic media (eMARs) revealed: -There was an entry founces of liquid daily -There was documen administered from 8:0 08/14/24 at 8:00am. Interview with Reside revealed: -He did not have any because he got Mirals -The Miralax was a po	nt #7 on 08/14/24 at 2:55pm problems with constipation				
	- ·					

Division of Health Service Regulation

since February 2024, for Resident #7's Miralax

STATE FORM 6899 EZWO11 If continuation sheet 13 of 48

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 BOILBING.		R	
		HAL09214	B. WING		08/14/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH	5219 OLD	WAKE FORES	T RD		
OADLING	NORTHRALLION	RALEIGH	I, NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	: 13	D 358			
	until today.					
	Interview with the Res (RSD) on 08/14/24 at -MAs might have bee Resident #7MAs should not have -MAs were responsib residents' medication Attempted telephone Primary Care Provide was unsuccessful. Refer to interview with Director (RSD) on 08.	borrowing Miralax for borrowed medications. le for requesting refills for from the pharmacy. interview with Resident #7's on 08/14/24 at 5:01pm the Resident Service				
	c. Review of Resident #6's current FL-2 dated 05/20/24 revealed: -Diagnoses included dementia and diabetes mellitusMedication orders included Nystatin 100,000 grams/unit 1 application externally twice daily. (Nystatin is used to treat yeast or fungal infections.)					
	Observation during the on 08/14/24 at 8:31ar - The medication aide #6's morning medicat which were crushed a - The MA assisted Reapplesauce and medication administration administration of the MA documented medication administration administration administratio	(MA) prepared Resident ions which included 7 pills and mixed in applesauce. sident #6 with eating the				

Division of Health Service Regulation

mixture.

STATE FORM 6899 EZWO11 If continuation sheet 14 of 48

Division o	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					1 _	_
			D WING		F	
		HAL09214	B. WING		08/1	4/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TVAINE OF T	TO VIDER OR GOLT LIER					
CADENCE	NORTH RALEIGH		WAKE FORES	TRD		
		RALEIGH	, NC 27609			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEI ICIENCI)		
D 358	Continued From page	- 14	D 358			
2 000	Continued From page	, IT	2 000			
	-The MA did not remo	ove Nystatin cream from the				
	medication cart nor a	pply Nystatin cream to				
	Resident #6.	,				
	Review of Resident #	6's June, July and August				
	2024 eMARs reveale					
	-There was an entry f					
	-	affected area twice daily at				
	•	anected area twice daily at				
	8:00am and 8:00pm.	4-4:				
		tation doses of Nystatin				
		rice daily from 8:00am on				
	06/06/24 through 8:00	0am on 08/14/24.				
	Interview with the me	dication aide (MA) on				
	08/14/24 at 3:21pm re	evealed:				
	-She could not find R	esident #6's Nystatin.				
	-She thought the orde	er for Resident #6's Nystatin				
	_	ontinued and that was why				
	there was none on the	•				
		was being applied under				
	Resident #6's breasts	- · · ·				
	-She thought the last					
	•	resident #6's breasts was				
	-					
	yesterday (08/13/24).	nacv for a refill on Resident				
		,				
	•	and was told there were no				
	refills available.					
		y she did not document the				
	-	not administered today on				
	the eMAR.					
	-The new eMAR syste	em required a note when a				
	medication was not a	dministered.				
	-She thought she clic	ked administered to save				
	time and avoid blank					
	Observation of Resid	ent #6 on 08/14/24 at				
	3:30pm revealed ther					
	irritation under the res	Sident's Dieasts.				

Division of Health Service Regulation

Telephone interview with a pharmacist at the

STATE FORM 6899 EZWO11 If continuation sheet 15 of 48

DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
					F	₹
		HAL09214	B. WING		08/	14/2024
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE ZIP CODE		
NAME OF T	TOVIDEIT OIT SOI I EIEIT		WAKE FORES			
CADENCE	NORTH RALEIGH		NC 27609	1 KD		
	OUR MAR DV OT		1			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR		DATE
				DEFICIENCY)		
D 358	Continued From page	e 15	D 358			
	facility's contracted pl 11:32am revealed:	harmacy on 08/14/24 at				
	-The pharmacy had a	n order dated 06/04/24 for				
	Nystatin cream 100,0	00 units/gm 1 application				
	twice daily for Reside					
		was ordered for Resident #6				
		tis, and the application site				
	was not specified.	nsed one 30am tube on				
	-The pharmacy dispensed one 30gm tube on 06/05/24.					
		e the Nystatin cream was				
	most a 30gm tube wa	one 30gm tube would last; at				
		is a 50-day supply. ot dispensed Nystatin				
	cream for Resident #6	•				
		0 011100 0070072 11				
	Interview with the Res	sident Service Director				
		4:00pm revealed MAs were				
		sting refills for residents'				
	medications from the	pharmacy.				
	Attempted telephone	interview with Resident #6's				
		er on 08/14/24 at 5:03pm				
	was unsuccessful.	·				
		ns, interviews and record				
	•	nined Resident #6 was not				
	interviewable.					
	Refer to interview with	h the Resident Service				
	Director (RSD) on 08					
	5515. (. 155) 511 66	<u>_</u>				
	Refer to interview with	h the Administrator on				
	08/14/24 at 4:45pm.					
		t #1's current FL-2 dated				
	02/21/24 revealed dia	agnoses included dementia.				
	a. Review of Residen	t #1's current FL-2 dated				

Division of Health Service Regulation

02/21/24 revealed an order for lidocaine 4% apply

STATE FORM 6899 EZWO11 If continuation sheet 16 of 48

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:	
		HAL09214	B. WING		R 08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	·
			WAKE FORES		
CADENCE	NORTH RALEIGH		, NC 27609		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D 358	Continued From page	e 16	D 358		
		r back every morning and r. (Lidocaine is used to treat			
	2024 electronic medic (eMAR) revealed: -There was an entry f patches to the lower I remove 12 hours late 9:00pm. -There was documen application and remove through 08/11/24 exco	box of 5 lidocaine 4% acy label which had			
	patches applied to the	e lower back daily and			
	removed 12 hours lat -The pharmacy label lidocaine patches dis	indicated there were 10			
	08/14/24 at 3:00pm re why Resident #1 had	dication aide (MA) on evealed she did not know a box of lidocaine patches 024 because the resident ery day.			
	facility's contracted pl 3:20pm revealed: -The pharmacy begand February 2023. -Resident #1 had an a patches topical to low remove every evening	with a pharmacist from the harmacy on 08/13/24 at an servicing the facility in existing order for lidocaine 2 wer back every morning and g. nsed 10 lidocaine patches			

Division of Health Service Regulation

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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	
	HAL09214	B. WING		R 08/14/2024	
NAME OF PROVIDER OR SUPPLIER CADENCE NORTH RALEIGH	STREET ADI	DRESS, CITY, STA WAKE FORES' NC 27609		,	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	
-The pharmacy dispersupply of lidocaine part 03/24/24Lidocaine was not on to be requested by state Telephone interview was care provider (PCP) or revealed: -Lidocaine patches we chronic arthritis painResident #1 had advated had not noticed any paresidentShe had not thought to lidocaine patches on reshe expected staff to orderedShe expected staff to orderedShe expected staff to was not administered the medication and/or estaff had not contacted patches for Resident #1 Interview with the Men on 08/14/24 at 3:35pm ends stocked lidocain by placing loose patch the boxThe Supervisor and Ferrific (RSD) checked for me expired when they conducted and the stocked for me expired when they conducted the stocked for me expired the sto	/23/24 and 30 on 05/24/24. Insed a total of 20 days' Itches for Resident #1 since Itcycle fill orders; a refill had aff. //ith Resident #1's primary In 08/14/24 at 11:32am ere for Resident #1's anced dementia; the PCP ain on examination of the Itc check for placement of resident #1. In administer medications as In talk to her if a medication Iso that she could review Idiscontinue the medication. In the defendence with the regarding lidocaine In the store that the series of the series	D 358			

Division of Health Service Regulation

reduce high eye pressure due to glaucoma or

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Division of	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						2
		1141 00244	B. WING		R 08/14/2024	
		HAL09214	1 2:		08/1	4/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5219 OLD	WAKE FORES	T RD		
CADENCE	NORTH RALEIGH		NC 27609			
	CLIMMADY CT			DROVIDEDIC DI ANI OF CORDECTIO		
(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	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 358	Continued From page	- 18	D 358			
D 000	Continued From page	5 10	5 000			
	ocular hypertension.)					
		1's June, July, and August				
		cation administration record				
	(eMAR) revealed:					
	-	for Rocklatan 0.02%-0.006%				
	one drop into each ey					
	scheduled at 9:00pm					
	-There was documen					
	administered daily fro	om 06/01/24 through				
	08/11/24.					
	01 (* 15 :1					
	-	ent #1's medications on				
		3:00pm revealed there were				
	•	ps on the medication cart for				
	Resident #7.					
	Cocond chaonyotion	of Resident #1's medications				
	on hand on 08/14/24					
		stored in the medication				
		sisted living (AL) side.				
		acturer's boxes of Rocklatan				
		vith pharmacy labels that had				
	-	and instructions for 1 drop				
	into both eyes daily b					
	, ,	indicated the 3 remaining				
	boxes were part of 5					
	dispensed on 06/29/2					
	-There was a 3rd mai					
	Rocklatan eye drops	on the medication cart on				
	the special care unit ((SCU).				
		nad a pharmacy label with				
	Resident #1's name a	and indicated it was 1 of 5				
	dispensed on 06/29/2	23.				
		itten date of "8/13" (no year)				
	on the pharmacy labe	el.				
		dication aide (MA) on				
	08/14/24 at 3:00pm re					
	-There were Rocklata	an eye drops on the				

Division of Health Service Regulation

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DIVISION	n rieaitii Service Regu		1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
					F	>
		HAL09214	B. WING		1	4/2024
		TIALU3214			1 00/1	4/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5219 OLD	WAKE FORES	T RD		
CADENCE	NORTH RALEIGH	RALEIGH	, NC 27609			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	10	D 358			
D 330	Continued From page	: 19	D 330			
	medication cart that n	norning (08/14/24).				
	-The pharmacist audi	ting the medication cart took				
	the bottle of Rocklata	n because Resident #1's				
	family member had p	rovided the medication.				
	, ,					
	Telephone interview v	vith a pharmacist from the				
		harmacy on 08/13/24 at				
	3:20pm revealed:	,				
	-Rocklatan eye drops	were not covered by				
	Resident #1's insuran					
		message with Resident #1's				
		faxed a notification to the				
	facility on 05/24/24.	axed a fielinoation to the				
	140mity 011 00/2 1/2 1.					
	Telephone interview v	vith Resident #1's mail order				
		4 at 10:55am revealed:				
		lled Rocklatan eye drops for				
	•	/23 and 06/28/23 with				
	12.5ml which was a 9					
		ot dispensed Rocklatan for				
	Resident #1 since 06					
	Resident #1 Since 00/	120/23.				
	Intonvious with the Me	mony Cara Director (MCD)				
	on 08/13/24 at 4:01pr	mory Care Director (MCD)				
	•	atan eye drops were in the				
		atan eye drops were in the				
	facility.	aved the open battle of				
	•	oved the open bottle of				
		dication cart because she				
		e was for (2) February 2024,				
	but it was for (7) July					
		of Rocklatan eye drops in				
		erator on the assisted living				
	(AL) side.					
	-	drops were placed on the				
	medication cart today					
	-He did not know why					
		an was dispensed over one				
	year ago.					
		ps for Resident #1 based on				
	what the family memb	per provided.				

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			B WING		R	
		HAL09214	b. WING		08/1	4/2024
NAME OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA			
CADENCE	NORTH RALEIGH	5219 OLD RALEIGH,	WAKE FORES	T RD		
040.45	CLIMMADY CT	ATEMENT OF DEFICIENCIES		DROVIDER'S DI AN OF CORRECTION	N	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC	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	Continued From page	e 20	D 358			
		n the MA on 08/13/24 at administered Rocklatan eye today.				
	c. Review of Resident #1's current FL-2 dated 02/21/24 revealed an order for Simbrinza 1%-0.2% one drop into each eye every morning.					
	pressure due to glaud	are used to reduce high eye coma.)				
	Review of Resident #1's June, July, and August 2024 electronic medication administration record (eMAR) revealed:					
	-	or Simbrinza 1%-0.2% one very morning scheduled at				
	-There was documen administered daily fro 08/11/24 except on 0	m 06/01/24 through				
	hand on 08/14/24 at 3	ent #1's medications on 3:00pm revealed there were ps on the medication cart for				
	Interview with the me 08/14/24 at 3:00pm re-There were Simbrinz	evealed:				
	medication cart that number -The pharmacist audi					
		rovided the medication.				
	facility's contracted pl 3:20pm revealed: -Simbrinza eye drops					
	Resident #1's insurar -The pharmacy left a	nce. message with Resident #1's				

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	5. GG.W.EG.WG.		A. BUILDING: _			
		HAL09214	B. WING		08/1	R 4/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH	5219 OLD V	WAKE FORES	T RD		
CADENCE	NORTH RALEIGH	RALEIGH,	NC 27609			
(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 358	Continued From page	e 21	D 358			
	ophthalmologist and t facility on 05/24/24.	faxed a notification to the				
	pharmacy on 08/14/2 -The pharmacy last fi Resident #1 on 04/01 day supplyThe pharmacy had n Resident #1 since 07. Second interview with 4:17pm revealed: -She administered Sin Resident #1The Simbrinza eye of -She was waiting for member to bring a ne drops for Resident #1 Interview with the Me on 08/13/24 at 4:01pr	n the MA on 08/13/24 at mbrinza eye drops to lrops ran out today. Resident #1's family ew bottle of Simbrinza eye				
	08/14/24 at 9:03am re- He called Resident # after the staff called a out of her eye dropsHe was on his way to Resident #1's eye dro ordered from lastThe copayment for F too high when the face pharmacy (February 2 -He gave a staff (did information for Reside plan for mail order ba	th's ophthalmologist today and told him the resident ran to the facility to figure out why ops ran out and where it was Resident #1's eye drops was stillty contracted with the new 2023). The facility to figure out why ops ran out and where it was remarkable to the facility to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out why ops ran out and where it was remarkable to figure out which it				

Division of Health Service Regulation

STATE FORM 6899 EZWO11 If continuation sheet 22 of 48

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	•		A. BUILDING: _	A. BUILDING:		
		HAL09214	B. WING		R 08/14/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5219 OLD	WAKE FORES	T RD		
CADENCE	NORTH RALEIGH		, NC 27609			
(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 COMPLETE	
D 358	Continued From page	e 22	D 358			
	from the ophthalmolo orderHe had not provided ophthalmologist's offi -Resident #1 was leg. -The eye drops were					
	Telephone interview with Resident #1's primary care provider (PCP) on 08/14/24 at 11:32am revealed: -Resident #1's family member took the resident to her ophthalmologist's appointments. -The Rocklatan and Simbrinza were used to treat glaucoma; the eye drops prevented eye pressure. -Increased eye pressure from glaucoma could lead to headaches, eye pain, vision changes and vision loss. -She expected staff to talk to her if a medication was not administered so that she could review the medication and/or discontinue the medication. -Staff had not contacted her with any concerns related to Resident #1's eye drops.					
	on 08/13/24 at 4:01pr -Resident #1's family drops to the facility; h drops today (08/13/24 -New orders went to t Director (RSD) and si pharmacyThe pharmacy entered	member brought her eye e was supposed to bring the 4). the Resident Service he faxed the orders to the ed provider orders on the ble to enter orders on the				

Division of Health Service Regulation

discontinue orders on the MAR.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 BOILBING.				
		HAL09214	B. WING		08/1	4/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
CADENCE	NORTH RALEIGH	5219 OLD	WAKE FORES	T RD			
		RALEIGH	, NC 27609				
(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	Continued From page	23	D 358				
D 358	-The Supervisor and medication cart audits -A medication cart wa (08/12/24) and the ph medication cart today Interview with the MC revealed: -It was part of the me process to make sure medication cart and a -Resident #1's family for supplying the resident #1's family for supplying the resident #1's eye dro-MAs should have do drops were not admir delivery from the family-He never ordered ey order pharmacy for R-The MA called Reside when eye drop refills -The MA did not docu #1's family member a Interview with the Resident Was were responsib #1's family member of medication would run-MAs were responsib with the family member notes.	the RSD completed s. as completed yesterday tarmacy audited the (08/13/24). Don 08/14/24 at 3:35pm dication administration medications were on the available for administration. In member was responsible dent's eye drops. It else MAs could have been imber did not supply aps. It cumented Resident #1's eye asistered due to waiting for all yemember. It ent #1's family member were needed. In member were needed. In member were needed. In member week before a out to request a refill. It for documenting contact for in the resident's progress were (MAs), the Memory Care	D 358				
	Coordinator (RCC) we	ere responsible for the cess from new orders to					

Division of Health Service Regulation

-The staff member that retrieved the medication

STATE FORM 6899 EZWO11 If continuation sheet 24 of 48

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	=1ED
					R	•
		HAL09214	B. WING		1	4/2024
					1 00/1	7/202-1
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	ΓE, ZIP CODE		
CADENCE	NORTH RALEIGH	5219 OLI	WAKE FOREST	T RD		
OADLINOL	NONTHINALLION	RALEIGH	I, NC 27609			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	NAIE	BALL
D 358	Continued From page	e 24	D 358			
	order from the fax ma	chine was responsible for				
	faxing the order to the					
	_	ed to the pharmacy went to				
		view and approval on the				
		administration record				
	(eMAR) system.					
		ed medication orders on the				
		ved and approved the orders				
	on the eMAR.					
	-She and the MCD co	ompleted medication cart				
	audits once weekly.	•				
	_	le for completing medication				
	cart audits up until Ma					
	-A medication cart au	dit in May/June 2024				
	showed non-oral med	lications were not stocked,				
	outdated or dispense	d months prior.				
	-MAs were retrained	on medication administration				
	and the medication ca	art audit process was				
	changed.					
	-Checking dispense of	•				
	medication cart audit					
	-MAs were responsib					
	medications as ordered	• •				
	•	rvations of medications				
		and July 2024 to ensure				
	-	nedication administration				
	process.					
	linka mila vyvikla klas Aslu					
	4:45pm revealed:	ministrator on 08/14/24 at				
	•	le for contacting the family				
		refills for Resident #1.				
		le for documenting contact				
		er in the resident's progress				
	notes.	or in the resident's progress				
	-MAs were responsib	le for administering				
	medications to reside					
	nrovider's order	a soor aming to tho				

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-MAs, the RCC, and the RSD were responsible for ensuring medications were on hand and

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DUILDING: _		_	
		HAL09214	B. WING		08/1	4/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH		WAKE FORES	T RD		
		RALEIGH,	NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	25	D 358			
	medication administra- The RSD monitored electronic charting syn- Report monitoring was information entered in -The RSD was responded medication cart audits -The medication cart screen for discontinuous old dispense datesMedications not on hicked up by the medication provement reports administration proces -He developed initiative whenever an area of the second medication administration proces -He developed initiative.	nsible for oversight of the ation process. reports generated by the stem. as only as accurate as the not the system. nsible for completing weekly is. audit tool did not currently ed medications and months and should have been ication cart audit tool. for monitoring quality related to the medication is. wes for improvement concern was identified.				
	Attempted telephone interview with Resident #1's ophthalmologist on 08/14/24 at 10:46am was unsuccessful. Based on observations, interviews and record					
	reviews, it was detern interviewable.	nined Resident #1 was not				
D 367	10A NCAC 13F .1004 Administration	l(j) Medication	D 367			
	(j) The resident's med record (MAR) shall be following:(1) resident's name;(2) name of the medical	Medication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication				

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administered;

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STATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				R	
		HAL09214	B. WING		08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CADENCE	NORTH RALEIGH		WAKE FORES , NC 27609	T RD	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	I
D 367	Continued From page	26	D 367		
	(4) instructions for ad or treatment;	ministering the medication			
		tion for the administration of nents as needed (PRN) and			
	documenting the resu	ılting effect on the resident;			
	(6) date and time of a (7) documentation of	any omission of			
	medications or treatm omission, including re	ents and the reason for the fusals; and,			
	(8) name or initials of	the person administering atment. If initials are used, a			
	signature equivalent t	to those initials is to be			
	documented and mail administration record	ntained with the medication (MAR).			
	This Rule is not met Based on observation	as evidenced by: ns, interviews and record			
	reviews, the facility fa administration or non-				
	medications was doc	umented on the medication			
	(#1, #2, #6 and #7).	for 4 of 7 sampled residents			
	The findings are:				
		t #7's current FL-2 dated			
		ngnoses included chronic y disease, hypoxia, and			
	respiratory failure.				
	a. Review of Resident #7's current FL-2 dated 08/06/24 revealed an order for prednisolone 1%				
		drop in the right eye 4 times			
		opthalomic solution is used ate eye inflammation and			
	allergies.)				
		7's June, July, and August cation administration records			

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(eMARs) revealed:

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HAL09214 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE F340 OLD WAKE FOREST RD.)24
CADENCE NORTH RALEIGH 5219 OLD WAKE FOREST RD RALEIGH, NC 27609	
	(X5) OMPLETE DATE
D 367 Continued From page 27 D 367	
-There was an entry for prednisolone 1% one drop into the right eye 4 times daily at 8:00am, 12:00pm, 4:00pm and 8:00pm. -There was documentation prednisolone 1% eye drops were administered from 8:00am on 08/01/24 through 08/14/24 at 8:00am. -There was no documentation doses of prednisolone that were not administered. Observation during the morning medication pass on 08/14/24 at 8:54am revealed there were no prednisolone eye drops available to administer to Resident #7. Interview with Resident #7 on 08/14/24 at 2:55pm revealed: -He had not been given eye drops 4 times daily for 3-4 days or a week. -He asked the medication aide (MA) where his eye drops were and was told they had to be ordered. -He had cataracts, and his eye doctor ordered the drops which had helped him a lot. Telephone interview with a pharmacist at the facility's contracted pharmacy on 08/14/24 at 11:32am revealed: -The pharmacy had an order dated 07/19/23 for prednisolone 1% one eye drop to the right eye 4 times daily for Resident #7. -The pharmacy dispensed a 10ml bottle of prednisolone eye drops for Resident #7 on 04/30/24 and 06/30/24. -Each 10ml bottle of prednisolone contained 15-20 drops per mil or 150-200 drops per bottle which would last Resident #4 between 37 and 50 days. -The pharmacy had not received a refill request	

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until today.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL09214	B. WING		R 08/14/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH	5219 OLD \ RALEIGH,	NAKE FORES NC 27609	T RD		
(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 COMPLET	E
D 367	Continued From page	e 28	D 367			
	08/06/24 revealed an	at #7's current FL-2 dated order for Miralax 17 grams daily with breakfast. (Miralax ipation.)				
	2024 electronic medic (eMARs) revealed: -There was an entry for liquid daily with bree- -There was documen administered from 8:0 08/14/24 at 8:00am.	tation Miralax was 00am on 06/01/24 through nentation of doses of Miralax				
	on 08/14/24 at 8:54ar	ne morning medication pass m revealed there was no administration to Resident				
	revealed: -He did not have any because he got Miral -The Miralax was a p	ent #7 on 08/14/24 at 2:55pm problems with constipation ax every day. owder that was mixed into he water grayish so he could				
	08/14/24 at 3:04pm re-Resident #7 had his medication cart when administering the Minand 08/07/24 through -Resident #7's Mirala ordered a refill today.	bottle of Miralax on the she documented alax on 08/04/24, 08/05/24, n 08/12/24. x just ran out and she				
	Telephone interview \	with a pharmacist at the				

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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	
	HAL09214	B. WING		R	4/2024
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STA		1 00/12	4/2024
		WAKE FORES			
CADENCE NORTH RALEIGH	RALEIGH,	NC 27609			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367 Continued From page 29		D 367			
facility's contracted pharm 11:32am revealed: -The pharmacy had an ord Miralax 17gm daily with br #7The pharmacy dispensed Resident #7 on 02/06/24 a -One bottle of Miralax cont which was a 30-day supply -The pharmacy had not resince February 2024, for Funtil today. Interview with the Residen (RSD) on 08/14/24 at 4:00 might have been borrowing #7. Refer to interview with the Director (RSD) on 08/14/2 Refer to interview with the 08/14/24 at 4:45pm. 2. Review of Resident #6's 05/20/24 revealed: -Diagnoses included demendent mellitusMedication orders included grams/unit 1 application ex (Nystatin is used to treat y infections.) Review of Resident #6's Ju 2024 electronic medication (eMARs) revealed: -There was an entry for Ny grams/unit topical to affect 8:00am and 8:00pm.	der dated 07/19/23 for eakfast for Resident 1 bottle of Miralax for and today. tained 510 gm and y. ceived a refill request Resident #7's Miralax at Service Director apm revealed MAs g Miralax for Resident Resident Service 4 at 4:00pm. Administrator on a current FL-2 dated and diabetes ad Nystatin 100,000 externally twice daily. east or fungal une, July and August an administration records ystatin 100,000	D 367			

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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:	A. BUILDING:		COMPLETED	
					,		
		HAL09214	B. WING		F 00/4		
		HAL09214			08/1	4/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
		5219 OL	D WAKE FORES	T RD			
CADENCE	NORTH RALEIGH		H, NC 27609				
			·				
(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 APPROPR		DATE	
				DEFICIENCY)			
D 007	0 " 15	00	D 007				
D 367	Continued From page	2 30	D 367				
	were administered tw	ice daily from 8:00am on					
	06/06/24 through 8:00						
	•	nentation that doses of					
	Nystatin were not adr						
	. iyotaa iroro irot aa.						
	Interview with the me	dication aide (MA) on					
	08/14/24 at 3:21pm re	, ,					
	-She could not find Re						
		er for Resident #6's Nystatin					
		ontinued and that was why					
	there was none on the						
		was being applied under					
	Resident #6's breasts	- · · ·					
	-She thought the last						
	_	resident #6's breasts was					
	yesterday (08/13/24).						
	,	nacy for a refill on Resident					
	•	and was told there were no					
	refills available.						
		y she did not document the					
	Nystatin cream was n	-					
	eMAR.	g,					
		em required a note when a					
	medication was not a	•					
		ked administered to save					
	time and avoid blank						
	Telephone interview v	vith a pharmacist at the					
		harmacy on 08/14/24 at					
	11:32am revealed:	•					
	-The pharmacy had a	in order dated 06/04/24 for					
		00 units/gm 1 application					
	twice daily for Reside	- · · · · · · · · · · · · · · · · · · ·					
		was ordered for Resident #1					
		tis, and the application site					
	was not specified.	••					
		nsed one 30gm tube on					
	06/05/24.	S					
		e the Nystatin cream was					
		one 30gm tube would last; at					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			71. BOILBING			R
		HAL09214	B. WING		08	K 3/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
5219 OLD WAKE FOREST RD						
CADENCE	E NORTH RALEIGH	RALEIG	H, NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	cream for Resident # Based on observation reviews, it was detern interviewable. Refer to interview wit Director (RSD) on 08 Refer to interview wit 08/14/24 at 4:45pm. 3. Review of Residen 02/21/24 revealed dia a. Review of Residen 02/21/24 revealed an 2 patches to the lower remove 12 hours late pain.) Review of Resident # 2024 electronic medic (eMAR) revealed: -There was an entry for patches to the lower remove 12 hours late 9:00pmThere was document.	as a 30-day supply. not dispensed Nystatin 6 since 06/05/24. as, interviews and record mined Resident #6 was not the Hermit He	D 367			
	through 08/11/24 exc -There was no docun patches were not adr Observation of Resid hand on 08/13/24 at 3	ent #1's medications on 3:00pm revealed: box of 5 lidocaine 4%				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
		HAL09214	B. WING		R 08/14/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH	5219 OLD	WAKE FORES	T RD		
CADLING	NORTH RALLIGH	RALEIGH,	NC 27609			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 367	Continued From page	e 32	D 367			
	Resident #1's name a patches applied to the removed 12 hours lat -The pharmacy label lidocaine patches dis	and instructions for 2 e lower back daily and er. indicated there were 10				
	08/14/24 at 3:00pm re why Resident #1 had	evealed she did not know a box of lidocaine patches				
		2024 on the medication cart used the patches every day.				
	facility's contracted p 3:20pm revealed: -The pharmacy began February 2023. -Resident #1 had an patches topical to low remove every evenin -The pharmacy dispe	with a pharmacist from the harmacy on 08/13/24 at n servicing the facility in existing order for lidocaine 2 yer back every morning and g. snsed 10 lidocaine patches 8/23/24 and 30 on 05/24/24.				
	-The pharmacy dispe supply of lidocaine pa 03/24/24.	nsed a total of 20 days' atches for Resident #1 since				
	-Lidocaine was not or to be requested by st	n cycle fill orders; a refill had aff.				
	02/21/24 revealed an 0.02%-0.006% one d bedtime. (Rocklatan o	rop into each eye daily at eye drops are used to sure due to glaucoma or				
	2024 electronic medic (eMAR) revealed:	t1's June, July, and August cation administration record for Rocklatan 0.02%-0.006% ye daily at bedtime				

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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	
		HAL09214	B. WING		R 08/14/2024
	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA NAKE FORES		33/11/2021
(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 367	Observation of Reside hand on 08/14/24 at 3 no Rocklatan eye drokesident #7. Second observation of on hand on 08/14/24 at 3-16 eye drops were refrigerator on the assignation of the pharmacy label boxes were part of 5 dispensed on 06/29/2 and the special care unit (and the special care unit (but a sident #1's name at 3 and man and the special care unit (but a special care unit a special care unit (but a special care unit (but a special care unit (but a special care unit a special care unit (but a special care unit a special care unit (but a special care unit a	tation Rocklatan was m 06/01/24 through mentation doses of Rocklatan d. ent #1's medications on 8:00pm revealed there were ps on the medication cart for of Resident #1's medications at 4:09pm revealed: stored in the medication sisted living (AL) side. acturer's boxes of Rocklatan with pharmacy labels that had and instructions for 1 drop efore bedtime. indicated the 3 remaining (2.5ml each) bottles (3. nufacturer's box of on the medication cart on SCU). ad a pharmacy label with and indicated it was 1 of 5 (3. itten date of "8/13" (no year) el. dication aide (MA) on evealed: un eye drops on the	D 367	DEFICIENCY	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL09214	B. WING		R 08/14/2024	
NAME OF PROVIDER OR SUPPLIER CADENCE NORTH RALEIGH	5219 OLD	DRESS, CITY, STA WAKE FORES NC 27609		,	
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
facility's contracted pha 3:20pm revealed: -Rocklatan eye drops we Resident #1's insurance. The pharmacy left a mophthalmologist and facility on 05/24/24. Telephone interview with pharmacy on 08/14/24. Telephone interview with pharmacy on 08/14/24. The pharmacy last filler Resident #1 on 04/01/212.5ml which was a 90 on The pharmacy had not resident #1 since 06/21. C. Review of Resident #1 on 02/21/24 revealed an on 1%-0.2% one drop into (Simbrinza eye drops a pressure due to glauco ressure due to glauco resident #1 2024 electronic medical (eMAR) revealed: -There was an entry for drop into each eye eve 9:00amThere was documental administered daily from 08/11/24 except on 07/2-There was no docume were not administered. Observation of Resider hand on 08/14/24 at 3:00	th a pharmacist from the armacy on 08/13/24 at were not covered by e. nessage with Resident #1's xed a notification to the th Resident #1's mail order at 10:55am revealed: ed Rocklatan eye drops for 23 and 06/28/23 with day supply. It dispensed Rocklatan for 18/23. #1's current FL-2 dated order for Simbrinza each eye every morning. are used to reduce high eye ima.) Is June, July, and August ation administration record r Simbrinza 1%-0.2% one rry morning scheduled at ation Simbrinza was 1 06/01/24 through 20/24. Entation doses of Simbrinza	D 367			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
		HAL09214	B. WING		08/14/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH		WAKE FORES	T RD		
	OLIMANA DV. OT	RALEIGH,		DDOWNERIO DI ANI OF CORRECTION		
(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 35	D 367			
D 367	Interview with the me 08/14/24 at 3:00pm re -There were Simbrinz medication cart that in -The pharmacist audithe bottle of Simbrinz family member had provided in the bottle of Simbrinz family member had provided in the bottle of Simbrinz family member had provided in the bottle of Simbrinz family member had provided in the bottle of Simbrinz family member had provided in the bottle of Simbrinz family in the pharmacy left and sophthalmologist and for facility on 05/24/24. Telephone interview with the pharmacy on 08/14/2 for the pharmacy last fill resident #1 on 04/01 day supply. The pharmacy had in Resident #1 since 07/2 second interview with 4:17pm revealed: She administered Sin Resident #1. The Simbrinza eye do -She was waiting for the member to bring a ned drops for Resident #1.	dication aide (MA) on evealed: a eye drops on the norning (08/14/24). ting the medication cart took a because Resident #1's rovided the medication. with a pharmacist from the narmacy on 08/13/24 at were not covered by ace. message with Resident #1's faxed a notification to the with Resident #1's mail order 4 at 10:55am revealed: alled Simbrinza eye drops for and 07/04/23 with a 90 ot dispensed Simbrinza for and 07/04/24. In the MA on 08/13/24 at mbrinza eye drops to rops ran out today. Resident #1's family we bottle of Simbrinza eye . mory Care Director (MCD)	D 367			
	-	n revealed he did not know nza eye drops for Resident				

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Telephone interview with a family member on

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Division o	of Health Service Regu	lation					
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED	
						R	
		HAL09214	B. WING			/14/2024	
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AS	ADDECC CITY CTA	ATE ZID CODE	•		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA				
CADENCE	NORTH RALEIGH		WAKE FORES	I RD			
		RALEIGH	I, NC 27609	Т			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 367	Continued From page	∋ 36	D 367				
	08/14/24 at 9:03am re	evealed:					
		‡1's ophthalmologist today					
		and told him the resident ran					
	out of her eye drops.						
		o the facility to figure out why					
	Resident #1's eye dro ordered from last.	ops ran out and where it was					
		Resident #1's eye drops was					
		cility contracted with the new					
	pharmacy (February 2						
	-He gave a staff (did i	not remember her name)					
		ent #1's pharmacy insurance					
	plan for mail order ba						
	-He did not remembe year.	r exactly when that was last					
		staff with sample eye drops					
	from the ophthalmolo order.	gist's office before the mail					
	-He had not provided	samples from the					
	ophthalmologist's offic	•					
	Interview with the MC	CD on 08/14/24 at 3:35pm					
	revealed:						
		cumented Resident #1's eye					
		nistered due to waiting for					
	delivery from the fami	lly member. Iministering the eye drops					
	supplied by Resident						
		supplied many bottles of eye					
	drops that lasted a lo						
	Based on observation	ns, interviews and record					
	·	mined Resident #1 was not					
	interviewable.						
	Refer to interview with	h the Resident Service					
	Director (RSD) on 08						
	Refer to interview with	h the Administrator on					

Division of Health Service Regulation

08/14/24 at 4:45pm.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:	
					R
		HAL09214	B. WING		08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-
		5219 OLD	WAKE FORES	T RD	
CADENCI	E NORTH RALEIGH		NC 27609	. 1.5	
	OU MANA DV OT			PROVIDERIO PLAN OF CORRECTION	
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page 37		D 367		
	06/04/24 revealed: -Diagnoses included strokes, atrial fibrillation stage 3, history of deepermanent pacemakeThe resident was set assistance with bathinThe resident's currer Living (AL). Review of Resident # 07/02/24 revealed an 2% eye drop, 1 drop in Review of Resident # revealed an admission. Review of Resident # 05/22/24 revealed an 2% eye drop to be gived and 2% eye drop t	mi-ambulatory and required ng and dressing. Int level of care was Assisted 2's physician order dated order for Dorzolamide HCL into each eye twice a day. 2's Resident Register n date of 09/13/23. 2's current care plan dated order for Dorzolamide HCL wen two times per day, every 00pm (a medication used to side the eye). 2's August 2024 electronic ation record (eMAR) for Dorzolamide HCL 2% eye ye twice a day scheduled at for Dorzolamide HCL 2% eye 9:00am and 9:00pm on 4. 6 eye drop was documented at 9:00pm on			

Division of Health Service Regulation

2:15pm revealed:

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STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		HAL09214	B. WING		R 08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CADENCE	NORTH RALEIGH	5219 OLD V	WAKE FORES	T RD	
OADLINOL	NORTH NALLION	RALEIGH,	NC 27609		
(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 367	Continued From page	e 38	D 367		
	-On 08/10/24, she red eye drop in each eye -On 08/11/24, she red eye drop in each eye	ceived Dorzolamide HCL 2% at 8:00am. ceived Dorzolamide HCL 2% at 8:00am and at 8:00pm. ceived Dorzolamide HCL 2%			
	Interview with Resident #2's family member on 08/13/24 at 2:15pm revealed: -Resident #2 called her family member on 08/10/24 and stated that she did not receive her 8:00pm eye medicationThe MA stated that the Dorzolamide HCL 2% eye medication was discontinued but the family member had spoken with the pharmacy and confirmed that that the medication was on Resident #2's profile and was activeThe family member called the pharmacy on 08/12/24 and re-ordered the eye medication.				
	Telephone interview with the facility's contracted Pharmacist on 08/14/24 at 2:30pm revealed: -Dorzolamide HCL 2% eye drop was an active new script on for Resident #2 on 07/02/24 and it was filled and sent to the facility on 07/02/24 with 50-day supplyOn 07/02/24, the medication was changed from 1 drop in the right eye twice a day to 1 drop in both eyes twice a dayThere was no D/C order for this medication.				
	Interview with the Res (RSD) on 08/14/24 at	evealed: lamide had been MARs. lop date on the eMARs. sident Service Director			

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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: COMPL		COMPLETED	
		HAL09214	B. WING		R 08/14/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
CADENCE	NORTH RALEIGH	5219 OLD	WAKE FORES	r RD	
CADLING	NORTH NALLIGH	RALEIGH	I, NC 27609		
(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 367	Continued From page	39	D 367		
	that all of Resident #2 to 8:00am and 8:00pr -On 08/03/24, the Res (RCC) changed the mall medication on the Dorzolamide by mistary -She was unaware of brought to her attention had a meeting with the -On 08/12/24, she call confirmed that that the D/C'd, she then added eMARs. -A cart audit was done expiration date of medication, if medicar residents and only usure -She had not checked physician's orders on timeframe. Interview with the Adr 6:40pm revealed: -He was aware that the residents and the same continuation of the same continuation.	c's medications be changed in. sident Care Coordinator inedication administration on MARs and D/C'd the like. this change, and it was on on 08/12/24 when she is resident's family. led the pharmacy, and they is medication had not been in the medication back to the interest of the le by her to look for dication, open dates of the limit of t			
	-A cart audit was done included looking for a	e by the RSD, and it			
		n the Resident Service 114/24 at 4:00pm.			
	Refer to interview with 08/14/24 at 4:45pm.	n the Administrator on			
	(RSD) on 08/14/24 at -She and the Memory	sident Service Director 4:00pm revealed: Care Director (MCD) cart audits once weekly.			

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Division of	of Health Service Regu	liation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_		_	
			D 14/11/0		F	
		HAL09214	B. WING		08/1	4/2024
NAME OF D	ROVIDER OR SUPPLIER	STDEET AD	DRESS, CITY, STA	TE ZID CODE		
NAME OF FI	NOVIDER OR SUFFLIER		, ,	,		
CADENCE	NORTH RALEIGH		WAKE FORES	T RD		
0.12		RALEIGH	, NC 27609			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 367	Continued From page	- 40	D 367			
D 007	Continued From page	- 4 0	5 001			
	-Medication aides (Ma	As) were responsible for				
	completing medicatio					
	May/June 2024.	•				
	-A medication cart au	dit in May/June 2024				
		dications were not stocked,				
	outdated or dispense	-				
	-	on medication administration				
	and the medication ca	art audit process was				
	changed.					
	-Checking dispense of					
	medication cart audit					
	-MAs were responsib					
	medications as order	ed by the provider and				
	documenting medicat	tion administration				
	accurately.					
	-MAs were responsib	le for documentina				
	•	e not administered on the				
		stered and the reason.				
		Alerea ana me reason.				
	Interview with the Adr	ministrator on 08/14/24 at				
	4:45pm revealed:	1111113trator on 00/14/24 at				
	-MAs were responsib	le for decumenting				
		ation accurately on the				
	resident's eMAR.					
	-MAs were responsib	J				
	medications not as a					
	administered on the					
		Care Coordinator (RCC), and				
	the RSD were respon	nsible for ensuring				
	medications were on	hand and available for				
	administration.					
	-The RSD was respon	nsible for oversight of the				
	medication administra					
		reports generated by the				
	electronic charting sy	. •				
		as only as accurate as the				
	information entered in					
	- The Kop was respon	nsible for completing weekly				

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medication cart audits.

-The medication cart audit tool did not currently

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 20.1250.		R
		HAL09214	B. WING		08/14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
			D WAKE FORES	•	
CADENCE	NORTH RALEIGH	RALEIGI	H, NC 27609		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
D 367	Continued From page	2 41	D 367		
	screen for discontinue	ed medications and months			
	old dispense dates.				
	-Medications not on h	and should have been			
	picked up by the med	ication cart audit tool.			
	-He was responsible	- • •			
		related to the medication			
	administration proces				
	-He developed initiative	ves for improvement concern was identified.			
	whethever all area of	concern was identified.			
D 394	10A NCAC 13F .1008	(c & d) Controlled	D 394		
	Substance	, (o a a) controlled			
	104 NCAC 13E 1008	Controlled Substance			
		nces that are expired,			
		nger required for a resident			
		ne pharmacy within 90 days			
	of the expiration or di	scontinuation of the			
		or following the death of the			
	resident. The facility				
		name, strength and dosage			
		substance; and the amount			
		also be documentation by			
	the pharmacy of the r controlled substances	•			
		vill not accept the return of a			
		the administrator or the			
	administrator's design				
	controlled substance	<u>-</u>			
	expiration or discontir	nuation of the controlled			
		g the death of the resident.			
		be witnessed by a licensed			
	_ ·	ng practitioner, or designee			
	of a licensed pharma				
	·	truction shall be conducted			
	-	use, administer, sell or give			
	· ·	ubstance. Records of			

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PRINTED: 09/04/2024 FORM APPROVED

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL09214	B. WING		R 08/14/2024	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00/14/2024	
CADENCE	NORTH RALEIGH	5219 OLD \ RALEIGH,	WAKE FORES [®] NC 27609	T RD		
(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 394	form of the controlled destroyed; the metho signature of the admin administrator's design	name, strength and dosage substance; the amount d of destruction; and, the nistrator or the nee and the signature of the dispensing practitioner or sed pharmacist or	D 394			
	reviews, the facility facontrolled substances returned to the pharm days of being discont residents with provide substances (#1). The findings are: Review of Resident # 02/21/24 revealed diagrams.	ns, interviews and record iiled to ensure discontinued is used to treat pain were nacy or destroyed within 90 inued for 1 of 2 sampled er orders for controlled 1's current FL-2 dated agnoses included dementia.				
	(Morphine is a contro pain.)	lled substance used to treat				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:	
		HAL09214	B. WING		R 08/14/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CARENCE	NODTH DATEION	5219 OLD V	WAKE FORES	T RD	
CADENCE	NORTH RALEIGH	RALEIGH,	NC 27609		
(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 394	Continued From page	e 43	D 394		
	dated 08/05/24 revealed there was no order for morphine.				
	Review of Resident #1's June, July and August 2024 electronic medication administration record (eMAR) revealed there was no entry for morphine.				
	Observation of Resident #1's medications on hand on 08/14/24 at 3:00pm revealed: -There was a plastic bag with a pharmacy label which had Resident #1's name and instructions for morphine 0.5ml (10mg) every 2 hours as needed for pain or shortness of breath. -The pharmacy label indicated 30 morphine 0.5ml prefilled syringes were dispensed on 08/25/23. -There were 30 morphine 0.5ml prefilled syringes remaining.				
	record dated 08/25/23 -There was a pharma name and instructions every 2 hours as need breathThe pharmacy label	cy label with Resident #1's s for morphine 0.5ml (10mg) ded for pain or shortness of indicated 30 morphine 0.5ml e dispensed on 08/25/23. nentation of morphine			
	facility's contracted pl 3:20pm revealed the	vith a pharmacist from the narmacy on 08/13/24 at pharmacy had an order continue morphine for			
		3/24 and 08/14/24, the norphine for Resident #1 review.			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
ANDIEAN	or dortheorion	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL09214	B. WING		08/1	₹ 4/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	JE ZIP CODE	1 00/1	
			WAKE FORES	,		
CADENCE	NORTH RALEIGH	RALEIGH,	NC 27609			
(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 394	Continued From page	e 44	D 394			
D 394	Interview with a medio 8/13/24 at 3:56pm re-She did not know who was discontinuedResident #1's morph medication which migmissed and not remosince 02/21/24. Interview with the Me on 08/13/24 at 4:01pm morphine might have pharmacy return bin to b. Review of Resident revealed there was ne (Tramadol is a contropain.) Review of Resident # dated 08/05/24 reveal tramadol. Review of Resident # 2024 electronic medic (eMAR) revealed there was a bubble which had Resident # for Tramadol 50mg or daily as needed for pe-The pharmacy label	cation aide (MA) on evealed: inen Resident #1's morphine ine was an as needed inth have been why it was ved from the medication cart mory Care Director (MCD) in revealed Resident #1's been missed because the was full. It #1's FL-2 dated 02/21/24 or order for tramadol. Illed substance used to treat It's order summary report Illed there was no order for It's June, July and August cation administration record re was no entry for tramadol. In #1's medications on In It's medications on In It's medications on In It's name and instructions on the half tablet (25mg) twice ain. Indicated 14 Tramadol 50mg doses) were dispensed on	D 394			
	remaining. Review of Resident #	1's controlled substance				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE COMF	SURVEY
			A. BOILDING	7. BOILD/ING.		_
		HAL09214	B. WING			R / 14/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH		WAKE FOREST	T RD		
	OLIMAN DV OT			DDOV/IDEDIO DI ANA	OF CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 394	Continued From page	e 45	D 394			
	record dated 08/25/23 -There was a pharma name and instructions tablet (25mg) twice di -The pharmacy label tablets (28 half tablet 08/25/23 -There was no docum were removed from th Telephone interview of facility's contracted pl 3:20pm revealed the dated 02/21/24 to dis Resident #1. Upon request on 08/1 order to discontinue the	3 revealed: acy label with Resident #1's a for tramadol 50mg one half aily as needed for pain. indicated 14 tramadol 50mg doses) were dispensed on mentation tramadol tablets are count. with a pharmacist from the harmacy on 08/13/24 at pharmacy had an order continue tramadol for				
	was discontinuedResident #1's tramade medication which migmissed and not remosince 02/21/24The Resident Service responsible for procetor-MAs were responsible medications from the them in the pharmacythe Memory Care Dinformation regarding. Interview with the MC revealed:	cation aide (MA) on evealed: een Resident #1's tramadol dol was an as needed th have been why it was eved from the medication cart ee Director (RSD) was essing medication orders. le for removing discontinued medication cart and placing return bin. irector (MCD) would have medication cart audits. ED on 08/13/24 at 4:01pm				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 5 6 1.25 16 1)
		HAL09214	B. WING		08/1	4/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	NORTH RALEIGH		WAKE FORES	T RD		
		RALEIGH,	NC 27609			
(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 394	Continued From page	2 46	D 394			
	pharmacy return bin with the controlled substantaken. -The MAs were respondiscontinued medicate cart and placing them. -The RSD notified the discontinued. Telephone interview with Resident #1's former at 4:38pm revealed:	ions from the medication in the pharmacy return bin. MA when a medication was with the Clinical Manager at hospice agency on 08/14/24				
		nospice. charged from hospice on				
	(RSD) on 08/14/24 at -She, MAs, the MCD, Coordinator (RCC) we medication order proof discontinuing medica -The staff member the order from the fax material faxing the order to the -Orders that were fax her or the RCC for reeMAR system. -The pharmacy entered eMAR and she review on the eMAR. -MAs were responsible medications off the medication reconciliate.	and the Resident Care ere responsible for the cess from new orders to tions. at retrieved the medication achine was responsible for e pharmacy. ed to the pharmacy went to view and approval on the ed medication orders on the ved and approved the orders le for removing discontinued edication cart, completing a tion form for return, and				
	return bin.	medications in the pharmacy				

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audits once weekly.

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	or riealth Service Regu		I		T	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
					R	
		HAI 00244	B. WING		1	1/0004
		HAL09214			08/14	1/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		5219 OLD	WAKE FORES	T PN		
CADENCE	NORTH RALEIGH			I ND		
		RALEIGH,	NC 2/609			
(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
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DATE
				BETTOLENOTY		
D 394	Continued From page	Δ.47	D 394			
	Continuou i rom page	, , , ,				
	-MAs were responsib	le for completing medication				
	cart audits up until Ma	ay/June 2024.				
	-Checking dispense d	-				
	medication cart audit					
		Resident #1's controlled				
	substances.	resident #13 controlled				
		s should have caught the				
		ed substances still on the				
	cart.					
	Interview with the Adr	ninistrator on 08/14/24 at				
	4:45pm revealed:					
	-The RSD was respon	nsible for completing weekly				
	medication cart audits	S.				
	-The medication cart	audit tool did not currently				
		ed medications and months				
	old dispense dates.	ou modications and months				
		le for removing discontinued				
		medication cart the same				
	day the discontinue o					
		trolled substances were to				
		armacy within 90 days of				
	being discontinued.					
	-The RSD was respon	nsible for ensuring				
	discontinued controlle	ed substances were				
	removed from the car	t by following up on the				
		he controlled substance.				
	-He was responsible					
	•	related to the medication				
	administration proces					
	-He developed initiative					
	whenever an area of	concern was identified.				

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