Division of Health Service Regulation

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 NOMBER.	A. BUILDING:		JOINI LETED	
		HAL016018	B. WING		R 10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET			
NEWP			Γ, NC 28570			
(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)	BE COMPLETE	
D 000	Initial Comments		D 000			
	conducted an annual complaint investigatio October 23, 2024. Th Department of Social	artment of Social Services and follow-up survey, and on on October 22, 2024 and				
D 194	10A NCAC 13F .0608 With A Census Of 21	3 (a)(b) Staffing for Facilities	D 194			
	10A NCAC 13F .0608 With A Census Of 21					
	residents shall have seneeds of the resident (b) In addition to the (a) of this Rule, each or more residents shart staffing requirements (1) On first shift and duty hours shall be at (A) 16 hours of aide census of 21 to 40 re (B) 20 hours of aide census of 41 to 50 re (C) 24 hours of aide census of 51 to 60 re (D) 28 hours of aide census of 61 to 70 re (E) 32 hours of aide census of 71 to 80 re (F) 36 hours of aide census of 81 to 90 re (G) 40 hours of aide census of 91 to 100 re	requirement in Paragraph facility with a census of 21 all comply with the following : second shift, the total aide t least: duty for facilities with a sidents. duty for facilities with a sesidents. duty for facilities with a				

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

(X6) DATE TITLE

Division of Health Service Regulation

MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570 (X4) ID PREFIX REQUALTORY OR SUPPLIER SUMMANY STATEMENT OF DEFICIENCIES NEWPORT, NC 28570 (X4) ID PREFIX REQUALTORY OR SUPPLIER REQUALTORY OR LISO DESTRIPATION INFORMATION) D 194 Continued From page 1 (I) 48 hours of aided duty for facilities with a census of 121 to 130 residents. (IJ) 52 hours of aided duty for facilities with a census of 121 to 140 residents. (IL) 60 hours of aided duty for facilities with a census of 151 to 140 residents. (IV) 68 hours of aided duty for facilities with a census of 151 to 180 residents. (IV) 68 hours of aided duty for facilities with a census of 151 to 180 residents. (IV) 68 hours of aided duty for facilities with a census of 161 to 170 residents. (IV) 68 hours of aided duty for facilities with a census of 161 to 170 residents. (IV) 68 hours of aided duty for facilities with a census of 171 to 180 residents. (IV) 68 hours of aided duty for facilities with a census of 171 to 180 residents. (IV) 68 hours of aided duty for facilities with a census of 171 to 120 residents. (IV) 68 hours of aided duty for facilities with a census of 171 to 220 residents. (IV) 68 hours of aided duty for facilities with a census of 201 to 210 residents. (IV) 68 hours of aided duty for facilities with a census of 211 to 220 residents. (IV) 68 hours of aided duty for facilities with a census of 211 to 220 residents. (IV) 68 hours of aided duty for facilities with a census of 211 to 220 residents. (IV) 68 hours of aided duty for facilities with a census of 221 to 240 residents. (IV) 68 hours of aided duty for facilities with a census of 221 to 240 residents. (IV) 68 hours of aided duty for facilities with a census of 221 to 240 residents. (IV) 68 hours of aided duty for facilities with a census of 221 to 240 residents. (IV) 68 hours of aided duty for facilities with a census of 221 to 240 residents.	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570 [AND SUMMARY STATEMENT OF DEFICIENCIES REPORT NC 28570 [AND SUMMARY STATEMENT OF DEFICIENCIES REQUILATORY OR LSC IDENTIFYING INFORMATION) D 194 Continued From page 1 (I) 48 hours of aide duty for facilities with a census of 121 to 130 residents. (I) 50 hours of aide duty for facilities with a census of 151 to 160 residents. (I) 60 hours of aide duty for facilities with a census of 151 to 180 residents. (I) 72 hours of aide duty for facilities with a census of 151 to 180 residents. (I) 75 hours of aide duty for facilities with a census of 151 to 180 residents. (I) 76 hours of aide duty for facilities with a census of 151 to 180 residents. (I) 77 hours of aide duty for facilities with a census of 151 to 180 residents. (I) 78 hours of aide duty for facilities with a census of 191 to 200 residents. (I) 80 hours of aide duty for facilities with a census of 191 to 200 residents. (I) 80 hours of aide duty for facilities with a census of 191 to 200 residents. (I) 92 hours of aide duty for facilities with a census of 201 to 210 residents. (I) 98 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 99 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 99 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 90 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 90 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 90 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 90 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 90 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 90 hours of aide duty for facilities with a census of 221 to 240 residents.				A. BUILDING: _				
NAME OF PROVIDER OR SUPPLIER CARTERET HOUSE ((A) ID SUMMARY STATEMENT OF DEFICIENCES NEWPORT, NC 28570 ((A) ID PREFIX TAG ((A) ID REGULATORY OR LSC IDENTIFYING INFORMATION) D 194 ((I) 48 hours of aide duty for facilities with a census of 121 to 130 residents. ((I) 56 hours of aide duty for facilities with a census of 151 to 160 residents. ((I) 60 hours of aide duty for facilities with a census of 151 to 170 residents. ((I) 68 hours of aide duty for facilities with a census of 161 to 170 residents. ((I) 68 hours of aide duty for facilities with a census of 161 to 170 residents. (I) 72 hours of aide duty for facilities with a census of 161 to 170 residents. (I) 86 hours of aide duty for facilities with a census of 161 to 170 residents. (I) 72 hours of aide duty for facilities with a census of 161 to 170 residents. (I) 86 hours of aide duty for facilities with a census of 161 to 170 residents. (I) 86 hours of aide duty for facilities with a census of 161 to 170 residents. (I) 86 hours of aide duty for facilities with a census of 201 to 200 residents. (I) 88 hours of aide duty for facilities with a census of 201 to 210 residents. (I) 98 hours of aide duty for facilities with a census of 201 to 210 residents. (I) 98 hours of aide duty for facilities with a census of 201 to 210 residents. (I) 98 hours of aide duty for facilities with a census of 211 to 220 residents. (I) 98 hours of aide duty for facilities with a census of 211 to 220 residents. (I) 98 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 98 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 98 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 98 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 98 hours of aide duty for facilities with a census of 221 to 240 residents.		HAI 016018 B. WING		1	12024			
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SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETE DATE	CARTERE	T HOUSE						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 194 Continued From page 1 (I) 48 hours of aide duty for facilities with a census of 111 to 120 residents. (J) 52 hours of aide duty for facilities with a census of 121 to 130 residents. (K) 56 hours of aide duty for facilities with a census of 141 to 150 residents. (L) 60 hours of aide duty for facilities with a census of 151 to 160 residents. (N) 68 hours of aide duty for facilities with a census of 151 to 160 residents. (O) 72 hours of aide duty for facilities with a census of 171 to 180 residents. (P) 76 hours of aide duty for facilities with a census of 171 to 180 residents. (Q) 80 hours of aide duty for facilities with a census of 181 to 190 residents. (Q) 80 hours of aide duty for facilities with a census of 191 to 200 residents. (S) 88 hours of aide duty for facilities with a census of 201 to 210 residents. (S) 88 hours of aide duty for facilities with a census of 201 to 210 residents. (I) 92 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 96 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 96 hours of aide duty for facilities with a census of 221 to 230 residents. (I) 96 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 96 hours of aide duty for facilities with a census of 221 to 240 residents. (I) 96 hours of aide duty for facilities with a census of 231 to 240 residents. (I) 96 hours of aide duty hours shall			1, NC 20570					
(I) 48 hours of aide duty for facilities with a census of 111 to 120 residents. (J) 52 hours of aide duty for facilities with a census of 121 to 130 residents. (K) 56 hours of aide duty for facilities with a census of 131 to 140 residents. (L) 60 hours of aide duty for facilities with a census of 141 to 150 residents. (M) 64 hours of aide duty for facilities with a census of 151 to 160 residents. (N) 68 hours of aide duty for facilities with a census of 161 to 170 residents. (O) 72 hours of aide duty for facilities with a census of 161 to 170 residents. (P) 76 hours of aide duty for facilities with a census of 181 to 190 residents. (Q) 80 hours of aide duty for facilities with a census of 181 to 200 residents. (R) 84 hours of aide duty for facilities with a census of 201 to 210 residents. (S) 88 hours of aide duty for facilities with a census of 211 to 220 residents. (I) 92 hours of aide duty for facilities with a census of 211 to 220 residents. (I) 92 hours of aide duty for facilities with a census of 231 to 240 residents. (I) 96 hours of aide duty for facilities with a census of 231 to 240 residents. (I) 97 hours of aide duty for facilities with a census of 231 to 240 residents. (I) 98 hours of aide duty for facilities with a census of 231 to 240 residents. (I) 99 hours of aide duty for facilities with a census of 231 to 240 residents. (I) 90 hours of aide duty for facilities with a census of 231 to 240 residents.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
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(A) 8 hours of aide duty for facilities with a census of 21 to 30 residents. (B) 16 hours of aide duty for facilities with a census of 31 to 60 residents. (C) 24 hours of aide duty for facilities with a census of 61 to 90 residents. (D) 32 hours of aide duty for facilities with a census of 91 to 120 residents. (E) 40 hours of aide duty for facilities with a census of 121 to 150 residents.	D 194	(I) 48 hours of aide census of 111 to 120 (J) 52 hours of aide census of 121 to 130 (K) 56 hours of aide census of 131 to 140 (L) 60 hours of aide census of 141 to 150 (M) 64 hours of aide census of 151 to 160 (N) 68 hours of aide census of 161 to 170 (O) 72 hours of aide census of 171 to 180 (P) 76 hours of aide census of 181 to 190 (Q) 80 hours of aide census of 191 to 200 (R) 84 hours of aide census of 201 to 210 (S) 88 hours of aide census of 211 to 220 (T) 92 hours of aide census of 221 to 230 (U) 96 hours of aide census of 231 to 240 (2) On third shift, the be at least: (A) 8 hours of aide densus of 31 to 60 res (B) 16 hours of aide census of 31 to 60 res (C) 24 hours of aide census of 91 to 120 res (D) 32 hours of aide census of 91 to 120 res (E) 40 hours of aide census of 91 to 120 res (E) 40 hours of aide census of 91 to 120 res (E) 40 hours of aide census of 91 to 120 res (E) 40 hours of aide census of 91 to 120 res (E) 40 hours of aide census of 91 to 120 res (E) 40 hours of aide census of 91 to 120 res (E) 40 hours of aide	duty for facilities with a residents. duty for facilities with a sidents.					

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 2 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE Co			E SURVEY PLETED	
		HAL 04C040	B. WING		4.	R
		HAL016018			10)/23/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
CARTER	ET HOUSE		RKET STREET RT, NC 28570			
0(1) 15	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 194	census of 181 to 210 (H) 64 hours of aide census of 211 to 240 (3) If the Departmen the residents at a faci staffing requirements Rule, the Department	residents. duty for facilities with a residents. duty for facilities with a	D 194			
	reviews, the facility fa staffing hours for the accensus of 38 resident shifts. The findings are: Review of the facility's 01, 2024 revealed the capacity of 64 beds. Observations of the facility was a one	ns, interviews and record iled to ensure the required Assisted Living (AL) with a s for 8 of 21 sampled s license effective January a facility was licensed for a acility on 10/04/24 revealed: e level facility.				
		s census report from 07/24 revealed there were				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 3 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. Boilbillo.		R	
	HAL016018 B. WING			10/23/2	2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET			
	OLIMAN DV OT	NEWPORT		DROWNERIO 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	(X5) COMPLETE DATE
D 194	Continued From page	2 3	D 194			
	38 residents in the fac	cility.				
	dated 10/01/24 revea -Staff time cards had second shift from 3:00 -The second shift staf medication aide (MA) (PCA) assignedThe staff time cards hours plus 4 MA hour hours and 23 minutes shortage of 8 hours a hours.	two staff members on the Opm to 11:00pm. If time card had one and one personal care aide had a total of 3.23 PCA is provided for a total of 7 is of PCA hours for a and 37 minutes of PCA is daily employee timecards				
	-Staff time cards had 2 staff members on first shift from 7:00am to 3:00pm. -The first shift staff time card had one MA assigned and one PCA assigned. -The staff time cards had a total of 7 hours and 29 minutes of PCA hours plus 4 MA hours for a total 11 hours and 49 minutes of PCA hours provided for the first shift for a shortage 4 hours and 11 minutes of PCA hours.					
	shift from 11:00pm to -The third shift staff til assigned and the Adr -The staff time cards 20 minutes of staff ho shift for a shortage of	me card had one MA ninistrator assigned. had a total of 15 hours and ours provided for the third 40 minutes of PCA hours.				
	dated 10/04/24 revea -Staff time cards had shift from 7am to 3pm	2 staff members on the first n. Ird had one MA assigned				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 4 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
				R
	HAL016018	B. WING		10/23/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CARTERET HOUSE	3020 MAF	KET STREET		
CARTERET HOUSE	NEWPOR	T, NC 28570		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 194 Continued From page	4	D 194		
-The staff time cards have a total of 11 hours and for a shortage of the finours and 34 minutes staff time cards had a third shift from 11:00pl hours and 8 hours and 8 hours and 8 hours and 8 hours hift for a shortage of PCA hours. Review of the facility's dated 10/06/24 revealedshift from 11pm to 7:00 hours. Review of the facility's dated 10/06/24 revealedshift from 11pm to 7:00 hours. Review of the facility's dated 10/06/24 revealedshift from 11pm to 7:00 hours. Review of the facility's shift staff time cards had a minutes of PCA hours for the facility's sheet and employee to revealed: -Staff time cards had a shift from 11pm-7amThe third shift staff time assigned and one PC/0-The staff time cards had a shift from 11pm-7amThe third shift staff time assigned and one PC/0-The staff time cards had a shift from 11pm-7amThe staff time cards had a shift from 11pm-7amThe third shift staff time assigned and one PC/0-The staff time cards had a shift from 11pm-7amThe staff time cards had a shift of PCA hours and 6 minutes of MA hours for 15 hours and 6 minutes of MA hours for 15 hours and 6 minutes	and a total of 7 hours and as 4 MA hours provided for 26 minutes of PCA hours rest shift for a shortage of 4 of PCA hours. One staff member on the m to 7:00am. The had a total of 42 minutes of rest of MA hours for the third 7 hours and 18 minutes of daily employee time cards ed: 2 staff members on third Dam. The card had one MA A assigned. The card had one MA A assigned. The card had one MA assigned of 14 hours and 29 or a total of 14 hours and 31 minutes of PCA hours. The cards dated 10/07/2024 as staff members on first the card had one MA	D 194		

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 5 of 78

Division of Health Service Regulation

DIVISION	n nealth Service Negu	ialion			_	
	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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		B WING		R		
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
TVAIVIL OF T	NOVIDER OR GOLT EIER			(IL, ZII OODE		
CARTERE	T HOUSE		RKET STREET			
		NEWPOR	RT, NC 28570			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIAIE	
				52116.211617		
D 194	Continued From page	e 5	D 194			
	revealed:					
	-The MAs usually wor	rked an 8-hour shift from				
	7:00am-3:00pm, 3:00	pm-11:00pm and				
	11:00pm-7:00am.					
	-The PCAs work 8 ho	ours shift from				
	7:00am-3:00pm, 3:00	m-11:00pm and				
	11:00pm-7:00am.	F				
	-The facility had not h	and enough staff for				
		th of October 2024 due to				
	the COVID-19 Outbre					
		one MA and two PCAs to				
	cover all three shifts.	MA 1 BOA				
		vas one MA and one PCA on				
	the floor, due to not h	laving enough staπ to				
	provide coverage.					
		ministrator that there were				
		PCA on the floor today				
	(10/04/24).					
	-The Administrator inf	formed the MA that she had				
	no other staff membe	r to help provide coverage.				
	-Medications had bee	en late due to passing out				
		nole facility and assisting				
	with other personal ca					
		vas an altercation between				
	two residents today in					
	-	unwitnessed by staff due to				
		ents and medication pass.				
	~	A and was unable to assist				
	•	eeds of the residents due to				
	medication rounds.					
		staffing with management				
	` ,	was told they were hiring				
	staff.					
	Telephone interview v					
	10/07/24 at 9:30am re	evealed:				
	-The MAs and PCAs	worked 8-hour shifts				
	-She worked the 11pr	m-7am shift.				
		g by herself on the floor				

Division of Health Service Regulation

11pm-7am (unknown dates)

STATE FORM 8BIK11 If continuation sheet 6 of 78

Division of Health Service Regulation

Division	of Health Service Regu	lation				
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			-		_	
			D MING		R	
		HAL016018	B. WING	-	10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			, ,	,		
CARTERET HOUSE		RKET STREET				
		NEWPOI	RT, NC 28570			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-/	
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	JATE	
				,		
D 194	Continued From page	e 6	D 194			
	Ol +:6: + A -	initaturate and an extension to a d				
		inistrator when staffing had				
		dministrator informed her				
	that there was no other	•				
		-7am shift were responsible				
		ations and assisting the				
	personal care aides (
		omplete the early morning				
		ue to providing personal				
	care for the residents	when working by herself.				
	-Staffing call outs hap	pened frequently and no				
	coverage was provide					
		they would assist if needed,				
		in or worked the floor.				
	-Staffing shortages ha					
	(unknown dates).	., ,				
		ot to tell anyone about the				
	shortage of staffing.	iet te ten anyene abeut ine				
	onortago or otannig.					
	Interview with a PCA	on 10/04/24 at 1:15pm				
	revealed:	on 10/0 //2 r dt 1.10pm				
		rked 8-hour shifts from				
	7:00am-3:00pm, 3:00					
	11:00pm-7:00am.	piii- i i.oopiii aliu				
	-The PCAs worked 8	hours shift from				
	7:00am-3:00pm, 3:00	pm-11.00pm and				
	11:00pm-7:00am.	NAA DOA - 4-				
	, ,	one MA and two PCAs to				
	cover all three shifts.					
		ninistrator that she was the				
		y for 7:00am-3:00pm on				
	10/04/24.					
	-	for showering, assisting				
		ng, transferring and other				
	personal care needs.					
	-She was unable to c	omplete her task or give the				
	additional care need t	today due to an altercation				
	that occurred in the s	moking area on 100 hall.				
		an increase in staffing				
		uld not take care of all the				

Division of Health Service Regulation

residents.

STATE FORM 8BIK11 If continuation sheet 7 of 78

Division c	<u>of Health Service Regu</u>	lation				
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		1141 040040	B. WING		R	
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A!	DDRESS, CITY, STA	TE, ZIP CODE		
		3020 MA	RKET STREET			
CARTERE	T HOUSE		RT, NC 28570			
	CUMMA DV CT		,	PROVIDERIC DI ANI OF CORRECTION	N	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(-/	
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		
				DEFICIENCY)		
D 194	Cantinued From page	- 7	D 194			
רטו ט	Continued From page	<i>3 1</i>	D 184			
	-The staffing shortage	e began this month				
	(unknown date) due t	to COVID-19 Outbreak.				
		acility on 10/04/24 from				
	1:30pm to 2:30pm rev	vealed:				
	-The AL had a total of					
		and one PCA on duty from				
	7:00am-3:00pm.					
		nt, sitting in the door way of				
	l -	r assistance to use the				
	bathroom.					
		I resident asking when they				
	would get their showe					
		sident asking to be changed				
	due to incontinence.					
		ding to another resident in a				
	resident's room.					
		her resident's room giving				
	medications.					
		nember members were on				
		me from 1:30pm to 2:30pm.				
	-The Resident Care C	, , ,				
	Administrator, and the					
		vere in their offices during				
	observations from 1:3	Jupin to 2.30pm.				
	Interview with Admini	istrator on 10/04/24 at 2:45				
	pm revealed:	Strator on 10/04/24 at 2.45				
	! !	nour shifts 7:00am-3:00pm,				
		1 11:00pm-7:00am both				
	weekdays and weeke					
	-The PCAs worked 8					
	7:00am-3:00pm, 3:00					
		h weekdays and weekends.				
	-She made the sched	•				
	assignment sheets.	are aria are daily				
		that the facility was short				
	staffed on any dates.					
		nat there was only one PCA				
,		,			• • • • • • • • • • • • • • • • • • •	

Division of Health Service Regulation

on the floor today (10/04/24), no one reported

STATE FORM 6899 8BIK11 If continuation sheet 8 of 78

Division of Health Service Regulation

DIVISION	n nealth Service Negu	ialion	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			B. WING		R	10004
		HAL016018	B. W		10/23/	/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3020 MAE	KET STREET			
CARTERE	T HOUSE					
NEWPOR		NEWPOR	T, NC 28570			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
D 194	Continued From page	2 8	D 194			
	thay ware abort on the	o floor				
	they were short on the					
	_	he aide hours of needs per				
		xteen hours each shift.				
	,	g new staff; it had been				
		rnover and individuals not				
	showing up for intervi					
		for staff to let her know they				
		tance with providing care to				
	the residents or if the					
	-She would call other	staff members to see if they				
		or she would work the floor.				
	-The RCC and BOC v	were helping assist with				
	coverage when there	was a need.				
	-On 10/04/24, she wa	is unaware there was 1 MA				
	and 1 PCA on the floo	or.				
	Interview with a reside	ent on 10/04/24 at 3:30 pm				
	revealed:	•				
	-All three shifts were	usually short staffed.				
		MA to receive her morning				
	medications at times	S S				
		her resident with their				
	personal needs.					
	•	ays late due to short staff.				
		all bell today (10/04/24) and				
	waited over 30 minute	,				
		nore staff in the building at all				
	times.	iore stair in the building at all				
	umes.					
	Interview with a secon	nd PCA on 10/08/24 at 10:00				
	am revealed:	10.00 10/00/24 at 10.00				
		one MA and two PCAs to				
	cover all three shifts.	OHE WA AND TOAS ID				
		on there were only one MAA				
		en there was only one MA				
	and one PCA.					
		nistrator when there was				
	· ·	floor on 3:00pm-11pm when				
	working that shift.					
		ated that she would help and				
	never showed up on t	the floor to assist.				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 9 of 78

Division of Health Service Regulation

	of Health Service Regu		1 0/0) 1 =	CONCEDUCTION	(vo) pate out: (=) (
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
1 1 1 1 1 1			A. BUILDING: _			
					R	
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE. ZIP CODE		
			RKET STREET	,		
CARTERE	T HOUSE		T, NC 28570			
			·			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()	
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		
				DEFICIENCY)		
D 194	Continued From page	2 0	D 194			
2 101						
	· ·	for showering, assisting with				
		ansferring, helping to assist				
		bed and other personal care				
	needs.					
		mplete all tasks when				
		n the floor with meeting all				
	the residents needs.	- i b				
	_	e increased, because one are of all these residents				
	and meet their needs					
		ffing issues happened				
		tober, 2024 due to the				
		and everyone getting sick.				
	O TID TO GUIDIGAN	and everyone getting cletti				
	Interview with a MA o	n 10/14/24 at 4:00pm				
	revealed:	·				
	-The facility assigned	one MA and two PCAs to				
	cover all three shifts.					
		en there would be only one				
	MA and one PCA.					
	-He notified the Admir	•				
		00pm-7:00am) to inform of				
	a PCA callouts or stat					
	-PCAs on the evening	-				
	for bed or getting dres	ers, assisting with preparing				
		hygiene and other personal				
	care needs for 38 res					
		mplete evening medications				
	pass on time due to the					
	[· · · ·	around the first of October				
	2024 when the COVI					
		cover some of the days, but				
		left shifts with only 1 MA and				
	1 PCA.	-				
		NCAC 13F .0901(b)				
	Personal Care and S	upervision]				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 10 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL016018	B. WING		R 10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE		KET STREET		
	OLUMBA DV OT		, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 194	Continued From page	÷ 10	D 194		
	staffing hours for the a which included one sh was alone in the facili to care for 38 residen	ity to ensure the required Assisted Living (AL) unit, nift with only one staff, who ty from 11:00pm to 7:00am ts, was detrimental to the lfare of the residents and /iolation.			
	The facility provided a accordance with G.S. on 10/23/24.	Plan of Protection in 131D-34 on 10/14/24 and			
		DATE FOR THE TYPE B OT EXCEED DECEMBER			
D 270	10A NCAC 13F .0901 Supervision	(b) Personal Care and	D 270		
		e supervision of residents in resident's assessed needs,			
	facility failed to provid sampled residents (#3	as evidenced by: and record reviews, the e supervision for 2 of 6 3, #6), which resulted in an dent with a known history of			
	behaviors (#3) and ar diagnosis of dementia assessed to smoke in	nother resident with a a (#6) who was not			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 11 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL016018	B. WING		R 10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE	
0407505	T. 110110E	3020 MAF	KET STREET		
CARTERE	ET HOUSE	NEWPOR	T, NC 28570		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
D 270	Continued From page	e 11	D 270		
	The findings are:				
	01/23/24 revealed: -Diagnoses included mellitus type 2, insom hyperlipidemia, ather hypertension, benign gastroesophageal ref -He was intermittently Review of Resident #	osclerotic heart disease, prostatic hypertrophy, and flux disease. y disoriented.			
	Review of Resident #3's Care Plan dated 03/29/24 revealed: -It was documented under the mental health/social history section the Resident had a history of being verbally abusive, disruptive and socially inappropriateHe was sometimes disorientedHe was forgetful and needed reminders.				
	Review of Resident # Assessment dated 10 deemed a safe smok	0/09/24 revealed he was			
	report dated 10/04/24 -The date and time of 9:45amThe location of the I/areaThe type of incident Behavior-Physical As -The incident was not-The incident was wit -Resident #3 was doo playing around with the normally doesResident #3 was not-	f the report was 10/04/24 at 'A was the 100-hall smoking was listed as sault.			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 12 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL016018	B. WING		10/23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
0.4.0==0=		3020 MAF	RKET STREET		
CARTERE	T HOUSE	NEWPOR	T, NC 28570		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 270	Continued From page	÷ 12	D 270		
	10/04/24 at 9:45am re-The resident grabbed the neck and pulled h-The provider and the party were notifiedSupervision of Residevery 30 minutes for 20 Review of the local Concident/Investigation revealed: -The Crime/Incident won a femaleThe incident was rep-How attacked or com "by assaulting victim" -Weapon/Tools were weapons (hands fists -The number of victim -Injury was document -A female resident was -The previous Adminisperson.	d a female resident around er. Resident #3's responsible ent #3 was increased to 24 hours. ity Police Department Report dated 10/04/24 vas documented as assault ented at 10:49am. ented at 10:49am. ented was documented as electronic documented as personal electronic feet, teeth, etc.) es was one person.			
	-In the narrative area,	s identified as a witness. police were dispatched to e to an assault that took			
	-After arriving, the police officer spoke with the previous Administrator, who stated one of the residents had choked another resident and placed the victim's hand on his crotch. -A short time later, the victim who was identified as the female resident was placed in the ambulance. -The police officer attempted to speak with the				
	female resident, but d hearing and having de	lue to her being hard of ementia, he was not			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 13 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED	
			A. BUILDING: _	A. BUILDING:		
		HAL016018	B. WING		10	R 9 /23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE. ZIP CODE		
			RKET STREET	,		
CARTERE	T HOUSE		RT, NC 28570			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
D 270	Continued From page	e 13	D 270			
	receiving any answer	S.				
	-The only areas of re					
	_	ficer observed was her left				
	ear, there were no sig					
	discoloration on her r	neck area.				
		was then transported to the				
		ent (ED) by emergency				
		IS) as requested by her				
	guardian.					
	-The previous Administrator stated the resident that assaulted the female resident was Resident					
		oth residents suffered from				
	dementia.	on residents suffered from				
		oke with two other residents,				
	the resident said the					
		th sitting beside each other				
	in the courtyard.	3				
	-The resident stated t	that he saw Resident #3's				
	hand go between the	female resident's leg as well				
	as the female resider	nt's hand go between				
	Resident #3's legs.					
		Resident #3 was smacking				
	the female resident's					
	hollering at Resident	ated the female resident was				
		s was a normal occurrence				
		first time it had happened.				
		as approached by another				
	I	ed the incident and said she				
		3 put his hands around the				
		k and at that point, she went				
		II at Resident #3 to stop and				
		ied staff and both parties				
	were separated.					
		e police officer spoke with				
		ccompanied by the previous				
	Administrator.	ked Besident #2 what				
		ked Resident #3 what ated that he kissed the				
	female resident, and					

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 14 of 78

Division of Health Service Regulation

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL016018	B. WING		10/23/20	24
NAME OF D	ROVIDER OR SUPPLIER	OTDEET AS	DRESS, CITY, STA	TE 7/D CODE	•	
NAME OF PI	ROVIDER OR SUPPLIER		, ,	ATE, ZIP CODE		
CARTERE	T HOUSE		RKET STREET			
		NEWPOR	T, NC 28570	T		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) DMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
D 270	Continued From page	e 14	D 270			
		then grabbed the female				
	_	her closer, he then used				
	both hands and place					
		then placed his right hand				
		it's forehead and his left on				
	the back of her head.	the nelice officer beauths				
	grabbed the female re	the police officer how he				
	himself.	esident by doing it to				
		ked Resident #3 if at any				
	•	esident say stop, and he				
	stated he doesn't rem	• •				
		Resident #3, the police				
		rious Administrator if they				
		ent #3 out of the facility, and				
	she said she had alre	ady set up a meeting with				
	Resident #3's family a facilities.	about possibly moving				
	-The previous Admini	strator also stated she had				
	contacted the female the incident.	resident's guardian about				
	-Due to Resident #3 b	peing diagnosed with				
		officer was unable to pursue				
	any charges at the tin					
	-The police officer ad					
	Administrator that the	y would need to ensure that				
		the female resident would				
	be separated at all tin	nes.				
	-The case status was	closed.				
	-Prosecution was dec	clined.				
	Interview with Reside	nt #3 on 10/04/24 at				
	1:50pm:	111 #3 011 10/04/24 at				
	•	around the female resident's				
	neck and let it go for a					
	•	wanted a smoke, and he				
	wanted a kiss, and sh					
	 -He and the female resident always kiss each other when they saw each other. 					

Division of Health Service Regulation

-He never touched the female resident's private

STATE FORM 8BIK11 If continuation sheet 15 of 78

Division of Health Service Regulation

DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
						2
		HAL 04C049	B. WING		F 40/6	
		HAL016018			10/2	23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE	3020 MAR	KET STREET			
CARTERE	I HOUSE	NEWPOR'	Γ, NC 28570			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO		COMPLETE DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
				,		
D 270	Continued From page	e 15	D 270			
	parts, he would never	do that to a lady				
	parts, he would hever	do triat to a lady.				
	Interview with the me	dication aide (MA) on				
	10/04/24 at 12:15 pm					
		nt this morning between two				
	residents.	J .				
	-The female resident	and Resident #3 were in the				
	smoking area on 100	hall.				
		witnessed by staff; only one				
		e incident and took the				
	female resident in for	assistance from the				
	Administrator.					
	-The female resident	and Resident #3 were not				
		could smoke anytime they				
	want.					
		required us to give her the				
	cigarette and light it fo					
	allowed to have a ligh					
	•	r from the Administrator that				
		g to get a kiss from the				
		vhen she would not agree,				
	he put her in a choke					
		was yelling and that was				
		nt went over to help and took				
	her to the Administrat					
	-The Administrator ca	•				
	emergency medical s	,				
	female resident to go	oul mouth at times but she				
		nggressive towards any				
	resident or staff.	iggressive towards arry				
		ated at times when things				
	did not go his way.	ated at times when timigs				
	,					
	Interview with a secon	nd MA on 10/23/24 at				
	9:54am revealed:					
	-Resident #3 used rou					
		#3 would bump other				
residents with his walker if they were in his way.						

Division of Health Service Regulation

-Resident #3 and the female resident often

STATE FORM 8BIK11 If continuation sheet 16 of 78

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		_
		HAL016018	B. WING		R 10/23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE	3020 MARF NEWPORT	(ET STREET		
040.15	CHMMADV CT	ATEMENT OF DEFICIENCIES		DDOV/DEDIS DI AN OF CORRECTION	N OF
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 270	Continued From page	e 16	D 270		
	smoked togetherResident #3 would trand staff intervened a "some choice words"The female resident with Resident #3 in the He had never seen in the He had never seed in the He was aware of. Second interview with 2:01pm revealed: -He was not working incident with Resident residentResident #3 and the themselves boyfriend resident #3 often as a kiss and sometimes sometimes she would Resident #3 put his held to the He he had not the held to the h	y to kiss the female resident and Resident #3 would say got upset if she could not sit the smoking area. Resident #3 be violent or towards the female resident so dismoking supervision that at the MA on 10/23/24 at the on the day of the 10/04/24 at #3 and the female female resident considered			
	across from the 100 h -Resident #3 and the	e in the courtyard directly nall smoking area. female resident often			
	resident in the smokir #3 put the female res legs. -He had heard Reside	occasionally kiss the female ng area and saw Resident ident's hand between his ent #3 say "vulgar things' to but he never reported this to			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 17 of 78

Division of Health Service Regulation

DIVISION	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
					R	
		HAL016018 B. WING			1	3/2024
					10/2	0/202-
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		RKET STREET			
		NEWPOR	RT, NC 28570			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
IAG		,	170	DEFICIENCY)		
D 070	0 (; 15	17	D 270			
D 270	Continued From page	2 17	D 270			
		etty certain staff knew about				
	it.					
		saw Resident #3 grab the				
		nd the neck, and the female				
		quit", another resident that				
		d got the female resident				
	and took her inside.	Danidant #2 anting				
	-He never witnessed	nyone else except the				
	female resident.	nyone else except the				
	iciliaic resident.					
	Interview with a seco	nd resident on 10/23/24 at				
	8:55am revealed:					
	-She had witnessed F	Resident #3 "groping" the				
	female resident in the	past.				
		often asked Resident #3 for				
		uld say she "had to give him				
	some" for a cigarette.					
		kiss her and grab her chest				
	could fend for herself	t let him bother her and				
		oke to female residents in a				
	mean way.	oke to lemale residents in a				
	1	she had told any staff about				
	Resident #3.	mo maa tora amy ciam about				
	-She was outside in tl	ne smoking area on				
	10/04/24 and saw Re	sident #3 pulling the female				
	resident in a headlock	k, the female resident was				
		d Resident #3 kept telling				
	Resident #6 to shut u	=				
		present in the smoking area				
		sident #3 assaulted the				
	female resident, so she went over and got the					
	1	from Resident #3 by rolling				
	ner inside the facility and Administrator's office.	and took her to the previous				
		resident was shaking and				
	said she was afraid o					
		happened to the female				
		ious Administrator called				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 18 of 78

Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					_	
			B. WING		R	
		HAL016018	D. WIIVO		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		3020 MA	RKET STREET			
CARTERE	T HOUSE		RT, NC 28570			
1	OLIMANDY OT		·	SSS (SSS) PLAN OF CORRECTION	.	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(-/	
TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
2.070	, <u>-</u>		+			
D 270	Continued From page	e 18	D 270			
	EMS and the police.					
	Interview with the pre	vious Administrator on				
	10/04/24 at 2:45pm re					
		er desk when another				
		en desk when another emale resident into her				
	· •	Resident #3 had attacked				
	the female resident in					
		that a female resident was				
		y Resident #3 and was				
	hitting her on the side					
		s ear was red, so, she called				
	call EMS to be sent to	guardian to get approval to				
) the ED for futurer				
	evaluation.	I site Delice Department				
		ocal city Police Department				
	to come out to speak					
		was sent via ambulance to				
		n time, maybe 45 minutes				
	after the incident occu	•				
		erviewed by herself and the				
	local city Police Depa					
		ne wanted a kiss, and when				
	the female resident w	,				
	grabbed her neck and	O				
		ced on every 30-minute				
		and was to be supervised				
	•	smoking during the 72				
	hours.					
		will be on every 30-minute				
		and be supervised when out				
	on the patio smoking	during the 72 hours.				
	l	10/00/04 1 0 0 1				
		on 10/23/24 at 2:21pm				
	revealed:					
	·	yed at the facility since July				
	2024.					
		shower aide and moved into				
	the PCA position abou	ut a month ago.				
	-Resident #3 could ge	et agitated depending on				

Division of Health Service Regulation

STATE FORM 6899 8BIK11 If continuation sheet 19 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:	
					R
		HAL016018	B. WING	B. WING	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			RKET STREET	•	
CARTERET HOUSE			T, NC 28570		
<u>-</u>	CLIMMADY CT		·	DROVIDEDIS DI ANI OF CORDECT	TON
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 270	Continued From page	e 19	D 270		
	how you approached	him			
	how you approached -Resident #3 was kno				
		•			
	aggressive at times, a promiscuous.	argumentative, and			
	·	female resident had an on			
	again off again relatio				
		female resident had to be			
		occasions for inappropriate			
	behavior.	occasions for mappropriate			
		le resident and Resident #3			
	were not to be in the smoking area at the same				
		ot remember when this was			
		vhen the plan was lifted.			
		d the female resident, liked			
	to smoke after meals.				
	-The facility had been	short staffed and			
	frequently, it was just	herself and one MA for the			
	shift for the entire faci	ility.			
	-On the morning of 10	0/04/24, there was one MA			
		notified that she was the			
		and would be training a new			
	PCA starting her first				
		A were trying to get the			
	_ ·	and dressed and to the			
	dining room for break				
	_	ents to the dining room and			
		neal trays while the MA			
	passed medications.	other resident back to her			
		ok the female resident to			
		the 100 hall and another			
	resident lit her cigaret				
	_	to the 200 hall to help			
		could not stay with the			
	female resident.	The stay will the			
		n the 200 hall, she headed			
		moking area to bring the			
		in and another resident told			
		the female resident from			
		ay from Resident #3 and			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 20 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3020 MAF	RKET STREET			
CARTERE	T HOUSE		T, NC 28570			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	e 20	D 270			
	took her to the Admin	iotrator				
		was flushed and red in the				
		of her head and neck				
	hurting.	of fici ficad and ficek				
		RCC that she needed help				
	but was not given any					
	Interview with the DC	C on 10/22/24 at 2:40nm				
	revealed:	C on 10/23/24 at 3:40pm				
		checked every 2 hours for				
		r assistance and to make				
	sure they were still br					
	_	Il or returned from the				
		vere checked every 30				
	_ ·	by the PCAs and the MAs.				
		r on 10/04/24 that Resident				
	#3 and the female res	sident were in the smoking				
	area and Resident #3	grabbed the female				
	resident around the n					
		orted the incident between				
	Resident #3 and the f					
	previous Administrato					
		erviewed but did not recall				
	with the female reside	ne was being "a little frisky" ent.				
	-She was told Reside	nt #3 could be a little vulgar				
	but nothing else had					
	_	Resident #3's behavioral				
	health provider after t	he 10/04/24 incident and				
		new orders for Resident #3.				
		Resident 3's primary care				
		he 10/04/24 incident and				
	she ordered a urinaly					
		viously not had any major				
	behaviors aside from	cursing and being				
	argumentative.	0.6.99				
		en the facility was short				
		ay have only one MA and				
		to care for the residents and help when they could.				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 21 of 78

Division of Health Service Regulation

DIVISION	n nealth Service Negu	lation				—
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D WING		R	
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
IVAIVIL OI II	NOVIDEN ON GOLT EIEN			iie, zii oobe		
CARTERE	T HOUSE		RKET STREET			
		NEWPOR	T, NC 28570			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLET	E
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE	
				DEFICIENCY)		
D 270	Continued From page	21	D 270			I
D 210	Continued From page	5 2 1	5270			
	Interview with the Inte	erim Administrator on				
	10/23/24 at 5:19pm re	evealed:				
		strator resigned without				
	notice about a week a	•				
		o be checked hourly for				
		assistance needed, and to				
	make sure they were					
	-The residents may re					
	•	ibited abnormal behaviors				
	0.0	ess, increased agitation or if				
	they appeared ill.					
	-The frequency of mo	nitoring for the residents				
	depended on the situa	ation and circumstances.				
	-He expected the resi	idents to be monitored and				
	T	em from harm and injury.				
		,				
	Telephone interview v	vith Resident #3's behavioral				
		/23/24 at 3:10pm revealed:				
		/eral medications including a				
	behavioral health med	•				
	dementia, anxiety and					
		he incident with Resident #3				
	on 10/04/24.	ne incident with Resident #3				
		handanal haadkkanadiaskan				
	•	havioral health medication				
		on Resident #3's behavior,				
	· ·	anxiety and/or agitation.				
		without the behavioral				
	medication could hav	e triggered the 10/04/24				
	incident with Residen	t #3.				
	Telephone interview v	vith Resident #3's PCP on				
	10/23/24 at 3:29pm re					
		en on a behavioral health				
		long time for anxiety and				
	agitation.	ge .o. armory aria				
	-Without the behavior	al health medication				
		come very aggressive and				
	sexually focused.					
	-She was not made a	ware that Resident #3 was				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 22 of 78

Division of Health Service Regulation

DIVISION	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			7 20.125 10.			
					F	₹
		HAL016018	B. WING		10/2	23/2024
NAME OF D		OTDEET AS	DDE00 0ITV 0TA	TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	II E, ZIP CODE		
CARTERE	T HOUSE		RKET STREET			
		NEWPOR	T, NC 28570			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	,	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
				DEFICIENCY)		
D 270	Continued From page	e 22	D 270			
	without his behaviora	I medication until the				
	10/04/24 incident.					
	-It was possible that b	peing without the behavioral				
	health medication cor	ntributed to the incident with				
	Resident #3 on 10/04	1/24				
	1100100111 1/0 011 10/01					
	2 Review of the facili	ity's undated Tobacco Policy				
	revealed:	,				
		nission is assessed for				
		y by means of interview with				
		•				
	_	onsible party and through				
	staff observation.					
	-Assessments are rep					
	admission, readmissi	on from hospital visits and				
	quarterly or as neede	ed to ensure safe smoking				
	practices.					
	-Staff are in-serviced	to provide ongoing				
		ent smoking habits and to				
		isor any change in ability to				
	smoke safely.	ice. any enange in all my te				
	•	to need supervision will be				
	placed on a smoking	•				
		bking by staff, smoking				
		red by Community staff who				
	will supervise materia	3				
		ce safely outside of the				
		ved to access smoking				
	materials during the t	imes they are outside of the				
	building.					
	-Residents who smok	ke may do so only in				
	designated smoking a	areas outside of the building.				
		-				
	Review of Resident #	6's current FL2 dated				
	08/06/24 revealed:					
	-Diagnoses included	dementia, chronic				
	_	y disease (COPD), bi-polar				
	disorder, major depre					
	hypertension, and he					
	-She was intermittent					
	-She was on oxygen	as needed at 2 liters per				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 23 of 78

Division of Health Service Regulation

INVESTIGATION OF DEPICIONICIES AND PLAN OF CORRECTION INDICES THAT INDICES IN THE PROPERTY OF	DIVISION	n nealth Service Negu	iialion	_			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570 CARTERET HOUSE SUMMARY STATEMENT OF DEPOCIENCIES PRÉDIX REACH DEPOCIENCY MUST BE PRECEDED BY VAIL, PREDIX TAG D270 Continued From page 23 minute. Review of Resident #6'S Care Plan dated 03027724 revealed: -Under Social/Mental Health History, bi-polar depression and adjustment disorder were documentedShe had limited range of motion of both upper extremitiesShe was sometimes disorientedShe had limited range of motion of both upper extremitiesShe was forgetful and needed reminders. Review of Resident #6's record on 10/23/24 revealed there was no smoking assessment completed upon admission. Review of Resident #6's incident/Accident (I/A) Report dated 10/04/24 at 94/5am revealed: -The incident was documented as 100 Hall smoking areaThe incident was occumented as 100 Hall smoking areaThe incident was not witnessed by staffThe incident was reported by a residentThe resident was not aloneResident #6's bated that a male resident would not leave her aloneShe was assisted livingResident #6's bated that a male resident would not leave her aloneShe was assisted livingResident #6's bated that a male resident would not leave her aloneShe was aster to the emergency department (ED) on 10/04/24 at 10.40am via emergency medical selected after ED visit was				(X2) MULTIPLE	CONSTRUCTION	1 ' '	
MAIL OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZP CODE 3020 MARKET STREET NEWPORT, NC 28570 MAIL DESCRIPTION SUMMARY STATEMENT OF DEPICIPACES REACH CORRECTIVE ACTION SHOULD BE SECULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 23 minute. Review of Resident #6's Care Plan dated 0327724 revealed: -Under Social/Mental Health History, bi-polar depression and adjustment disorder were documentedShe had limited range of motion of both upper extremitiesShe was sometimes disorientedShe was sometimes disorientedShe was forgetful and needed remindersReview of Resident #6's record on 10/23/24 revealed there was no smoking assessment completed upon admission. Review of Resident was documented as 100 Hall smoking areaThe incident was reported by a residentThe resident was not aloneResident #6 was observed stiting in her wheelchair, visibly shaking and left ear redness notedHer level of care was assisted tivingResident #6 stated that a male resident would not leave her aloneShe was alert and orientedThe resident was not noteplatizedThe resident was not noteplatedThe resident was not sent to the emergency department (ED) on 10/04/24 at 10-40am via emergency medical services (EMS)The resident was not hospitalizedThe resident was not hospitalized.	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
MAIL OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZP CODE 3020 MARKET STREET NEWPORT, NC 28570 MAIL DESCRIPTION SUMMARY STATEMENT OF DEPICIPACES REACH CORRECTIVE ACTION SHOULD BE SECULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 23 minute. Review of Resident #6's Care Plan dated 0327724 revealed: -Under Social/Mental Health History, bi-polar depression and adjustment disorder were documentedShe had limited range of motion of both upper extremitiesShe was sometimes disorientedShe was sometimes disorientedShe was forgetful and needed remindersReview of Resident #6's record on 10/23/24 revealed there was no smoking assessment completed upon admission. Review of Resident was documented as 100 Hall smoking areaThe incident was reported by a residentThe resident was not aloneResident #6 was observed stiting in her wheelchair, visibly shaking and left ear redness notedHer level of care was assisted tivingResident #6 stated that a male resident would not leave her aloneShe was alert and orientedThe resident was not noteplatizedThe resident was not noteplatedThe resident was not sent to the emergency department (ED) on 10/04/24 at 10-40am via emergency medical services (EMS)The resident was not hospitalizedThe resident was not hospitalized.							>
MANE OF PROVIDER OR SUPPLIER 320 MARKET STREET NEWPORT, NC 28570 Major Continued From page 23 D 270 General Provided Health History, bi-polar depression and adjustment disorder were documented. - She was forgeful and needed reminders. - She was forgeful and needed reminders. - Review of Resident #6's core on 10/23/24 revealed there was no smoking assessment completed upon admission. - Review of Resident #6's record on 10/23/24 revealed there was no smoking assessment completed upon admission. - Review of Resident #6's Incident/Accident (I/A) - Representated there was no smoking assessment completed two short date of 100 History and 100 History a			HAI 016018	B. WING		1	
CARTERET HOUSE CARTER AUDIT AUD			IIALUTUUTU			1 10/2	.5/2024
CANTERET HOUSE SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDERS PLAN OF CORRECTION ON OLD BE (EACH CORRECTIVE ACTION OF CASE ACTION ON OLD BE (EACH CORRECTIVE ACTION ON OLD BE (EACH CORRECTIVE ACTION OF CASE ACTION ON OLD BE (EACH CORRECTIVE ACTION OF CASE ACTION ON OLD BE (EACH CORRECTIVE ACTION OF CASE ACTION ON O	NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
NEWPORT, NC 28570 SUMMARY STATEMENT OF DEFICIENCISES PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CREATER'S PLAN OF CREA	CARTERE	T HOUSE	3020 MA	RKET STREET			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D270 Continued From page 23 minute. Review of Resident #6's Care Plan dated 03/27/24 revealed: -Under Social/Mental Health History, bi-polar depression and adjustment disorder were documentedShe had limited range of motion of both upper extremitiesShe was sometimes disorientedShe was sometimes disorientedShe was forgetful and needed reminders. Review of Resident #6's record on 10/23/24 revealed there was no smoking assessment completed upon admission. Review of Resident #6's Incident/Accident (I/A) Report dated 10/04/24 at 9.45am revealed: -The incident was documented as 100 Hall smoking areaThe location of the incident was documented as 100 Hall smoking areaThe incident was propreted by a residentThe resident #6's table that is not winessed by staffThe incident was reported by a residentThe resident flows as observed sitting in her wheelchair, visibly shaking and left ear redness notedHer level of care was assisted livingResident #6 stated that a male resident would not leave her aloneShe complained of left ear painShe was alert and orientedThe resident was sent to the emergency department (ED) on 10/04/24 at 10.40am via emergency medical services (EMS)The resident was not hospitalizedThe status of the resident after the ED visit was	OARTERE		NEWPOR	RT, NC 28570			
D 270 Continued From page 23 minute. Review of Resident #6's Care Plan dated 03/27/24 revealed: -Under Social/Mental Health History, bi-polar depression and adjustment disorder were documentedShe had limited range of motion of both upper extremitiesShe was sometimes disorientedShe was forgetful and needed reminders. Review of Resident #6's record on 10/23/24 revealed there was no smoking assessment completed upon admission. Review of Resident #6's Incident/Accident (II/A) Report dated 10/04/24 at 9.45am revealed: -The incident was documented as 100 Hall smoking areaThe incident was reported by a residentThe resident #6's sobserved stiting in her wheelchair, visibly shaking and left ear redness notedHer level of care was assisted livingResident #6 was observed stiting in her wheelchair, visibly shaking and left ear redness notedHer level of care was assisted livingResident #6 was sent to the emergency department (ED) on 10/04/24 at 10.40am via emergency medical services (EMS), -The resident was not not 10/04/24 at 10.40am via emergency medical services (EMS), -The resident was not not hospitalizedThe resident are resident after the ED visit was	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	
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-The status of the resident after the ED visit was							
follow-up with primary care provider (PCP) in 2-4							

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 24 of 78

Division of Health Service Regulation

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: _	A. BUILDING:		ETED
					R	2
		HAL016018	B. WING		10/2	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3020 MAF	RKET STREET			
CARTERE	T HOUSE	NEWPOR	T, NC 28570			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
D 270	Continued From page	e 24	D 270			
		- -				
	days.					
	at 10:00am.	an was notified on 10/04/24				
		vas notified on 10/04/24 at				
	10:20am.	vas notined on 10/04/24 at				
	10.204111.					
	Review of Resident #	6's progress notes dated				
	10/04/24 revealed:					
		at 10:00am, by the previous				
	•	ooke with the resident's				
		e incident that occurred this				
		d the resident be sent out to				
	the ED for evaluation					
	1	at 10:20am, by the previous at Resident #6's PCP of the				
		I with the resident this				
	morning.	i with the resident this				
	_	at 11:00am, by the Resident				
	Care Coordinator (RC					
	,	spital via EMS, complaining				
	of neck and left ear d	iscomfort, the PCP,				
	guardian and hospice	were notified.				
		0.1				
	Review of Resident #					
	summary dated 10/04 -She was seen for ne					
		s were given for neck				
	sprain/strain.	e were given let neek				
	•	ervical spine x-ray done in				
	the ED today.					
	-There was no acute					
		sue swelling and she had				
	no obvious injury to h					
		rtably in the exam bed and				
		charge from the hospital				
	back to the facility.	aha may haya ara				
	-If she has any pain,					
	needed.	ng tablet every 6 hours as				
		ith her PCP in 2-4 days.				
		ith her PCP in 2-4 days.				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 25 of 78

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	' '		COMPLI	
					R	,
		HAL016018	B. WING	B. WING		3/2024
					1 10/2	3/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		RKET STREET			
		NEWPO	RT, NC 28570			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	25	D 270			
	-The resident smoked -The resident did not areasUnder the heading, r smoking materials, dr matches on the floor, burns fingertips, smol problem" was docume -The resident did not ashtraysThe resident did not cigarettes to othersUnder the heading, r cigarettes from others documentedUnder the heading, r Orientation, including safe smoking policy, ' documentedUnder the heading, r was documentedThe resident needed designated smoking a -Under the heading, F Smoking Policy, "seve documentedThe resident Smokin 16A score of 10-18 was smokerThe Plan of Care act as unsafe smoker, sta during designated sm	ol/09/24 revealed: d cigarettes. ed cigarettes from others. d every few hours. smoke in unauthorized resident was careless with rops cigarettes butts or furniture, self or others, ke near oxygen, "severe rented. smoke cigarette butts from inappropriately provide resident begs or steals s, "severe problem" was general awareness and ability to understand facility revere problem" was mobility, "severe problem" reasistance getting to the rarea. Resident Follows Safe rere problem" was reg Risk Total was scored as responsible to the proposed and the series of th				
	Resident #6's previou	ıs Smoking Risk				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 26 of 78

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_			
		HAL016018	B. WING		R 10/23/20	024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	THOUSE	3020 MAR	ET STREET			
CARTERE	I HOUSE	NEWPORT	, NC 28570			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) COMPLETE DATE
D 270	Continued From page	26	D 270			
	Assessment prior to 10/09/24 was requested on 10/23/24 at 7:33am and was not provided.					
	at 3:50pm revealed: -He was notified by the	nt #6's guardian on 10/23/24 le facility on 10/04/24 about				
	the incident between Resident #3 and Resident #6Resident #6 had recently been placed in another					
	facility for reasons aside from the 10/04/24 incident with Resident #3He was not aware of any previous incidents between Resident #3 and Resident #6.					
	10/04/24 at 2:45pm re- -She was sitting at he resident pushed Resident	vious Administrator on evealed: er desk when another dent #6 into her office and #3 had attacked Resident #6				
	-The resident stated t choke hold by Reside on the side of the hea					
	-Resident #6's ear wa Resident #6's guardia EMS to be sent to the observations.	n to get approval to call				
	to come out to speak	ocal city Police Department with Resident #3. It via ambulance to the				
	hospital (unknown tim the incident occurred)	ne, maybe 45 minutes after l.				
	local city Police Depa -Resident #3 stated h	e wanted a kiss, and when				
	neck and started hittir	ot kiss him, he grabbed her ng her. ced on every 30-minute				
	checks for 72 hours a	nd was to be supervised smoking during the 72				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 27 of 78

Division of Health Service Regulation

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		HAL016018	B. WING		R 10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		(ET STREET , NC 28570			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	27	D 270			
	hoursResident #6 would be on every 30-minute checks for 72 hours and be supervised when out on the patio smoking during the 72 hours.					
	smoke anytime she wange -Resident #6 required and light it for her as a lighter.	revealed: supervised and she could				
	Interview with a PCA on 10/23/24 at 2:21pm revealed she took Resident #6 to the smoking area because Resident #6 was not allowed to have a lighter and staff had to light her cigarette for her.					
	revealed: -Smoking Assessment residents on admission there was a change in -Since 10/04/24, Residents assessment, and it was required supervised supervise	ident #6 had a smoking as determined that she smoking. Item for chart audits which FL2, care plans and s were up to date. In to do chart audits and she build. In the Resident #6 did not have ssessment on file.				
	10/23/24 at 5:19pm re -The previous Admini	evealed: strator resigned about a				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 28 of 78

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL016018	B. WING		10/23/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET , NC 28570			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	28	D 270			
	week ago. -The residents were to incontinence, for any make sure they were. -The residents may remonitoring if they exh such as aggressive they appeared ill. -The frequency of modepended on the situation. -He expected the resist supervised to keep the light of the supervised to keep the light of the sampled residents (#3), and a resident with the suffer and a supervised in an allow a safety of the facility cau (#6) being sent to the light of the residents violation. The facility provided a accordance with G.S. this violation. CORRECTION DATE	o be checked hourly for assistance needed, and to not in distress. equire more frequent libited abnormal behaviors ess, increased agitation or if unitoring for the residents ation and circumstances. Idents to be monitored and em from harm and injury. A NCAC 13F .1004(a) ation] Insure supervision of 2 of 5 a, #6) one with known ral issues and dementia with a known diagnosis of oking assessment (#6) altercation in the smoking using one of the residents ED for a cervical strain. Idetrimental to the health and is and constitutes a Type B				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	10A NCAC 13F .0902	P. Health Care				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 29 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		_
		HAL016018	B. WING	· · · · · · · · · · · · · · · · · · ·	R 10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STAT	E, ZIP CODE	•
			RKET STREET		
CARTERE	T HOUSE		T, NC 28570		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 273	Continued From page	29	D 273		
		assure referral and follow-up nd acute health care needs			
	This Rule is not met TYPE B VIOLATION	as evidenced by:			
	interviews the facility notification for 2 of 5 of related to a resident volumed to treat anxiety of (#3), and a resident w	ns, record reviews, and failed to ensure physician sampled residents (#3, #5) who was out of medications and elevated cholesterol who was out of insulin, a evated blood glucose levels			
	The findings are:				
	doses of medications policyMissed or refused m in the Resident's medications	Policy revealed:			
	party/guardian is notification aide Coordinator (RCC) not provider of the misser immediately using the form after 3 consecut medications are related coumadin or seizure of the RCC evaluates contacts the physician resident is continually	fied and documented. (MA) and or Resident Care otifies the prescribing d or refused medications e Medication notification ive refusals unless the ed to diabetic medications,			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 30 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or dorace more	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL016018	B. WING		R 10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET , NC 28570			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	Ë
D 273	Continued From page	e 30	D 273			
	Coordinator Meeting	progress note.				
	01/23/24 revealed dia dementia, diabetes m anxiety, mixed hyperl	t #3's current FL-2 dated agnoses included vascular sellitus type 2, insomnia, ipidemia, atherosclerotic ension, benign prostatic troesophageal reflux				
	order sheet dated 01/clonazepam 0.5mg (c	t #3's signed physicians /23/24 revealed an order for clonazepam is used to treat orders), take one tablet				
	revealed: -There was an entry for one tablet three times 6:00am, 2:00pm and -Clonazepam 0.5mg vadministered at 6:00a 10/04/24 with the excumulation on pharmacy -Clonazepam 0.5mg vadministered at 2:00pm 10/04/24 with the excumulation on med on 10/02/24, "waiting on med on 10/02/24, "waiting waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm administered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on pharmacy -Clonazepam 0.5mg vadministered at 6:00pm on 10/02/24, "waiting on 1	6:00pm. was documented as not am on 10/01/24 through eption documented as not am on 10/01/24 through eptions documented as 10/01/24, "waiting on drug" on med" on 10/03/24, and "on 10/04/24. was documented as not on on 10/01/24 through eption documented as not on on 10/01/24 through eption documented as				
	notes dated 07/09/24 was no documentatio	3's electronic progress to 10/04/24 revealed there n that Resident #3's primary was notified of medication				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 31 of 78

Division of Health Service Regulation

DIVISION	or riealin Service Negu	iation			1	
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION (X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					1 _	
			B. WING		F	
		HAL016018	B. WING		10/2	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
			, ,	,		
CARTERE	T HOUSE		RKET STREET			
		NEWPOR	T, NC 28570			
(X4) ID	_	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NAIE	DAIL
D 273	Continued From page	e 31	D 273			
	refusals and unavaila	ble medications.				
		3's controlled substance log				
	(CSL) dated 09/26/24	through 10/23/24 revealed:				
	-On 09/26/24 at 7:56a	am, there were 11				
	clonazepam 0.5mg ta	blets available for Resident				
	#3.					
	-On 09/30/24 at 6:35p	om, after 1 tablet of				
		as administered to Resident				
		olets was documented as				
	available for Resident					
		d entry was on 10/04/24 at				
		clonazepam 0.5mg were				
	documented as received					
	tablets.	Vod 101 Balarioo 01 2 1				
	-90 tablets of clonaze	nam 0 5mg were				
		ved on 10/08/24 at 3:30pm				
	for a balance of 99 ta					
	-90 tablets of clonaze					
		ved on 10/15/24 at 4:46pm				
	for a balance of 168 t	·				
		am, the balance remaining				
		for Resident #3 was 143				
	tablets.					
	06					
		ent #3's medications on				
	hand on 10/23/24 at 9					
	-There was a medical					
		pharmacy, labeled with				
		and labeled clonazepam				
	0.5mg, take 1 tablet t					
	dispensed on 10/10/2	24 for a quantity of 90				
	tablets.					
		azepam tablets remaining in				
	the labeled medicatio	n bottle.				
	Telephone interview v	vith a pharmacist from				
		der pharmacy on 10/23/24				
	at 1:33pm revealed:	•				
		ıld be requested via an				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 32 of 78

Division of Health Service Regulation

STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		HAL016018	B. WING		R 10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE	3020 MAR	KET STREET			
NEWPORT		T, NC 28570				
(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 273	Continued From page	e 32	D 273			
	auto-refillClonazepam could n since it was a controll -lt usually took 5-7 da processed and shipper receivedShipping of the medias wellClonazepam 0.5mg with the etimes a day for -Clonazepam 0.5mg with a n 08/12/24 for a control three times per a day -A clonazepam refill with with the etimes per a day -A clonazepam refill with with the control three times per a day -A clonazepam refill with an 09/21/24 througenest system.	lys for medications to be ed after the request was cations could take 5-7 days was dispensed for Resident quantity of 90 tablets to take a 30-day supply. Was dispensed for Resident quantity of 90 tablets to take for a 30-day supply. It was requested for Resident gh the automated voice pam 0.5mg, to take three 0-day supply were				
Telephone interview with a pharmacist from Resident #3's local retail pharmacy on 10/23/24 at 9:48am revealed: -The facility staff or Resident #3's responsible party (RP) picked up his medications from the pharmacy, -Clonazepam 0.5mg was dispensed for Resident #3 on 07/02/24 for a quantity of 21 tablets, to take three times per day for a 7-day supply. -Clonazepam 0.5mg was dispensed for Resident #3 on 09/21/24 for a quantity of 21 tablets, to take three times per day for a 7-day supply. -Clonazepam 0.5mg was dispensed for Resident #3 on 10/02/24 for a quantity of 21 tablets, take three times per day for a 7-day supply. -Clonazepam 0.5mg was dispensed for Resident #3 on 10/02/24 for a quantity of 21 tablets, take three times per day for a 7-day supply. -Clonazepam 0.5mg was dispensed for Resident #3 on 10/08/24 for a quantity of 90 tablets, take						

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 33 of 78

Division of Health Service Regulation

	of Health Service Regu	liation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURV	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	ט
		1141 046049	B. WING		R 10/23/2024	
		HAL016018			10/23/2	024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3020 MAR	KET STREET			
CARTERET HOUSE		T, NC 28570				
			1			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 070	- · · · -		D 070			
D 273	Continued From page	e 33	D 273			
	three times per day for	or a 30-day supply.				
		a class of medications called				
	-	it was used to treat certain				
	types of seizures and					
		nazepam could cause				
		s such as nausea, sweating,				
		f taken for seizures, missed				
	doses could lower the					
		ised for anxiety, missed				
		creased anxiety, agitation,				
	shaking and tremors.					
	onaking and tromoro.					
	Review of a copy of a	a receipt and prescription				
		nt #3's local pharmacy				
	•	0.5mg, take one tablet				
	·	for a quantity of 21 tablets				
	was purchased on 10	•				
	wao paronacea en 1e	70 172 1 dt 2. 10pm.				
	Review of Resident #	3's Incident/Accident (I/A)				
	report dated 10/04/24					
	•	f the report was 10/04/24 at				
	11:21am.	1 110 Topolt Was 10/0 1/2 Tat				
	-The time of the incid	ent was 9:45am				
		'A was the 100-hall smoking				
	area.	, , , , , , , , , , , , , , , , , , ,				
	-The type of incident	was listed as				
	Behavior-Physical As					
	-The incident was not					
		nessed by two residents.				
		cumented as saying he was				
		nother resident like he				
	normally does.					
		sent to the emergency				
		the other resident was sent				
	to the ED.	and a surface of the				
	== 					
	Review of Resident #	3's progress note dated				
	10/04/24 at 9:45am re					
		d a female resident around				
	the neck and pulled h					

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 34 of 78

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			, a Bolebino.		R	
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET			
			Γ, NC 28570			
(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 273	Continued From page	e 34	D 273			
	party were notifiedSupervision of Resid every 30 minutes for					
	Interview with Reside revealed:	nt #3 on 10/22/24 at 3:03pm				
	-He had lived at the fa	acility for about 4 years. being without any of his				
	(RP) on 10/23/24 at 1 -Resident #3 received through a mail order processed to a local retail processed through a medications, sometime local retail pharmacy retail pharmacy processed the factor of t	d most of his medications obarmacy. In such as antibiotics were harmacy. In the mail order nes these were sent to the as well. Illity staff picked up Resident in the local pharmacy when the local pharmacy when e counter medications for some sthere was a delay in the ins. In fany delays of more than esident #3's medications. In any recent delays in				
		evealed:				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 35 of 78

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_	
		HAL016018	B. WING		R 10/23/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T LIQUISE	3020 MAR	KET STREET			
CARTERET HOUSE NEWPORT		, NC 28570				
(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 273	Continued From page	35	D 273			
	ordered the residents advance to ensure tin arrive. -If a resident's medica pharmacy, he ordered -Resident #3 used a relocal retail pharmacy. -Medications from Repharmacy usually too -Medications from the usually ready the folloder -The local retail pharmacy or Resident #3 were ready for pickupulf a medication was relocal retail pharmacy pharmacy within 48 head pharmacy or notified toordinator (RCC). -He contacted Reside for a clonazepam refile. He thought clonazepam physically aggressive resident #3 had record clonazepam from his 30-day supply of clon pharmacy; these bottle.	medications 2 weeks in the for the medications to ation came from a local of them 7 days in advance. In them 8 days in the facility is a contracted ours, when medications is the facility's contracted ours, he called the fine Resident Care for the facility's contracted ours, he called the fine Resident Care for local pharmacy on 09/21/24, am was ordered for local pharmacy on 09/21/24 fixed up on both days, but it I pharmacy ran low on the for the facility is seemed a little more for language while he was in but did not feel he was or agitated. Seived a 30-day supply of local retail pharmacy and a facepam from his mail order fees were combined into one				
	health provider on 10	vith Resident #3's behavioral /23/24 at 3:10pm revealed: nazepam for vascular				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 36 of 78

Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL016018	B. WING		10/23/2024	
		0.70.55.4		TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		RKET STREET			
	Г		RT, NC 28570			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	(- /	
TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		
				DEFICIENCY)		
D 273	Continued From page	- 36	D 273			
2 2.0						
	dementia, anxiety and					
		that Resident #3 was				
	without clonazepam to 2024.	or 11 doses in October				
		he incident with Resident #3				
	on 10/04/24.	The mordent with resident #5				
		onazepam could have an				
		b's behavior, resulting in				
	increased anxiety and					
	-It was possible being	g without the clonazepam				
	could have triggered	the 10/04/24 incident with				
	Resident #3.					
	T-1	with Desident #OL- DOD and				
	10/23/24 at 3:29pm re	with Resident #3's PCP on				
		en on clonazepam for quite a				
	long time for anxiety					
		, Resident #3 could become				
	very aggressive and					
		ware that Resident #3 was				
		until the 10/04/24 incident.				
	_	was out of a medication or				
		a medication, the facility				
		quested a new prescription				
	or a hold order.	ooing without the				
	-It was possible that t	ted to the incident with				
	Resident #3 on 10/04					
		contacted when a resident				
	was out of their medic					
	Refer to second inter	view with the MA on				
	10/23/24 at 9:38am.					
	D-f	h th - DOO 40/00/04				
		h the RCC on 10/23/24 at				
	3:48pm.					
	Refer to interview with	h the Administrator on				
	10/23/24 at 5:19pm.	n alo / tallillionator on				

Division of Health Service Regulation

STATE FORM 6899 8BIK11 If continuation sheet 37 of 78

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B. WING		R
		HAL016018			10/23/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
CARTERET HOUSE			KET STREET , NC 28570		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
D 273	Continued From page	e 37	D 273		
	order sheet dated 01/ an entry for divalproe (divalproex is used to	t #3's signed physicians /23/24 revealed there was x delayed release 250mg treat seizures, anxiety and od stabilizer), take one tablet			
	medication administrative revealed: -There was an entry for release 250mg tablet scheduled for 6:00pm -Divalproex extended documented as not a 08/15/24 through 08/2000	or divalproex delayed , take one tablet at bedtime			
	revealed: -There was an entry frelease 250mg tablet scheduled for 6:00pm -Divalproex extended documented as not a 09/18/24 with the excumulating on pharmacy -Divalproex extended documented as not a 09/19/24 with the excumented as not a 09/19/24 with the excumented as not a 09/20/24 through 09/20/24 through 09/20/24 through 09/20/24 scheduler and sche	, take one tablet at bedtime n. release 250mg tablets was dministered at 6:00pm on eption documented as			
		3's electronic progress to 10/04/24 revealed:			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 38 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		COMI LETED	
		HAL016018	B. WING		R 10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET , NC 28570			
	CHMMADV CT.		1	DDOV/DEDIS DI AN OF CORRECTION	1 000	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	E
D 273	Continued From page	÷ 38	D 273			
	-There was an entry of the MA, "I called in a ezetimibe, the medica 09/17/24 and the RCO -There was no docum	on 09/13/24 at 7:27pm by refill on divalproex and ations will be ready on				
	health provider on 10Resident #3 took dividementia, anxiety, ag stabilizationShe was not notified without divalproex.	itation, and mood that Resident #3 was ralproex, could have an 's behavior, resulting				
	10/23/24 at 3:29pm re-Resident #3 had beel long time for anxiety a -She was not made a without divalproexUsually if a resident had difficulty getting a contacted her and recor a hold orderBeing without the div	en on divalproex for quite a and agitation. ware that Resident #3 was was out of a medication or a medication, the facility quested a new prescription				
	order sheet dated 01/ an entry for ezetimibe	t #3's signed physicians 23/24 revealed there was a 10mg (ezetimibe is used to I levels), take one tablet at				
	Review of Resident #	3's September 2024 eMAR				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 39 of 78

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, JP CODE 3020 MARKET STREET MEMPORT, NC 28570 WEMPORT, NC 28570 REMPORT, NC 28570 REMPORT, NC 28570 PREPIX TAG CRACH EDETICENO'M MUST BE PRECEDED BY PULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAG COMMINED From page 39 revealed: -There was an entry for ezetimibe 10mg, take one tablet at bettime, scheduled for 6:00pmEzetimibe 10mg tablet was documented as not administered at 6:00pm on 09/19/24, with the exception documented as "refused"Ezetimibe 10mg tablet was documented as not administered at 6:00pm on 09/19/24 trivough 09/22/24, with the exception documented as "refused"There was an entry on 09/19/24 at 7:27pm by the MA, "I called in a refill on divalproex and ezetimibe, the medications will be ready 09/17/24 and the Resident Care Coordinator (RCC) was informedThere was no documentation that Resident #3's primary care provider (PCP) was notified that ezetimibe was unavailable for administration. Telephone interview with Resident #3's PCP on 10/23/24 at 3:29pm revealed: -Resident #3 took ezetimibe 10mg for high cholesterolShe was not made aware that Resident #3 was without ezetimibeUsually if a resident was out of a medication or had difficulty getting a medication, the facility contacted her and requested a new prescription or a hold order. Refer to interview with RCS on 10/23/24 at 9:38am. Refer to interview with RCS on 10/23/24 at		OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570 (PACI) DESCRIPTION SUMMARY STATEMENT OF DEPOLIPORIES REACH DEFICIENCY MUST BE PRECEDED BY FULL PREDIX TAG CROSSREFERRATION SHOULD BE EACH DEFICIENCY BE EACH DEFICIENCY BE EACH DEFICIENCY BE EACH DEFICIENCY AND THE RECOLLATORY OR LSG DEMTIFTING BIF CROMMENTON) D 273 Continued From page 39 revealed: -There was an entry for ezetimibe 10mg, take one tablet at bedtime, scheduled for 6:00pm. -Ezetimibe 10mg tablet was documented as not administered at 6:00pm on 09/19/24, with the exception documented as "reflused". -Ezetimibe 10mg tablet was documented as not administered at 6:00pm on 09/19/24 through 09/22/24, with the exception documented as "reflused". Review of Resident #3's electronic progress noles dated 07/09/24 to 100/4/24 revealed: -There was an entry on 09/13/24 at 7.27pm by the MA, "I called in a refill on divalprox and ezetimibe, the medications will be ready 09/17/24 and the Resident Care Coordinator (RCC) was informed. -There was no documentation that Resident #3's primary care provider (PCP) was notified that ezetimibe was unavailable for administration. Telephone interview with Resident #3's PCP on 10/23/24 at 3.29pm revealed: -Resident #3 took ezetimibe 10mg for high cholesterol. -She was not made aware that Resident #3 was without ezetimibe. -Usually if a resident was out of a medication or had difficulty getting a medication, the facility contacted her and requested a new prescription or a hold order. Refer to second interview with the MA on 10/23/24 at 9.38am.				7. BOILDING.		R
CARTERET HOUSE SUMMARY STATEMENT OF DEFICIENCIES TAG			HAL016018	B. WING		
NAME Company Name Name	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
D 273 Continued From page 39 revealed: -There was an entry for ezetimibe 10mg, take one tablet at bedtime, scheduled for 6:00pmEzetimibe 10mg tablet was documented as not administered at 6:00pm on 09/19/24, with the exception documented as "refused"Ezetimibe 10mg tablet was documented as not administered at 6:00pm on 09/19/24, with the exception documented as "refused"Ezetimibe 10mg tablet was documented as "waiting on pharmacy". Review of Resident #3's electronic progress notes dated 07/09/22/4 with young of 9/22/24, with the exception documented as "waiting on pharmacy". Review of Resident #3's electronic progress notes dated 07/09/22/4 to every on 09/17/24 and the Resident Care Coordinator (RCC) was informedThere was an odcumentation that Resident #3's primary care provider (PCC) was informedThere was unavailable for administration. Telephone interview with Resident #3's PCP on 10/23/24 at 3:29pm revealed: -Resident #3 took ezetimibe 10mg for high cholesterolShe was not made aware that Resident #3 was without ezetimibeUsually if a resident was out of a medication or had difficulty getting a medication, the facility contacted her and requested a new prescription or a hold order. Refer to second interview with the MA on 10/23/24 at 9:38am.	CARTERE	T HOUSE				
revealed: -There was an entry for ezetimibe 10mg, take one tablet at bedtime, scheduled for 6:00pm. -Ezetimibe 10mg tablet was documented as not administered at 6:00pm on 09/19/24, with the exception documented as "refused". -Ezetimibe 10mg tablet was documented as not administered at 6:00pm on 09/20/24 through 09/22/24, with the exception documented as "waiting on pharmacy". Review of Resident #3's electronic progress notes dated 07/09/24 to 10/04/24 revealed: -There was an entry on 09/13/24 at 7:27pm by the MA, "I called in a refill on divalproex and ezetimibe, the medications will be ready 09/17/24 and the Resident Care Coordinator (RCC) was informed. -There was no documentation that Resident #3's primary care provider (PCP) was notified that ezetimibe was unavailable for administration. Telephone interview with Resident #3's PCP on 10/23/24 at 3:29pm revealed: -Resident #3 took ezetimibe 10mg for high cholesterol. -She was not made aware that Resident #3 was without ezetimibe. -Usually if a resident was out of a medication or had difficulty getting a medication, the facility contacted her and requested a new prescription or a hold order. Refer to second interview with the MA on 10/23/24 at 9:38am.	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE
3:48pm. Refer to interview with the Administrator on	D 273	revealed: -There was an entry fitablet at bedtime, schezetimibe 10mg table administered at 6:00pexception documented e-Ezetimibe 10mg table administered at 6:00pexception documented e-Ezetimibe 10mg table administered at 6:00pexception documented e-Ezetimibe 10mg table administered at 6:00pexception documented exercised exer	for ezetimibe 10mg, take one eduled for 6:00pm. et was documented as not om on 09/19/24, with the d as "refused". et was documented as not om on 09/20/24 through ception documented as ". 3's electronic progress to 10/04/24 revealed: on 09/13/24 at 7:27pm by refill on divalproex and ations will be ready 09/17/24 e Coordinator (RCC) was mentation that Resident #3's (PCP) was notified that illable for administration. with Resident #3's PCP on evealed: etimibe 10mg for high ware that Resident #3 was was out of a medication or a medication, the facility quested a new prescription wiew with the MA on	D 273		

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 40 of 78

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74101 2741	or connection	IBERTII IOATION NOMBER.	A. BUILDING:		OOM LEVED
		HAL016018	B. WING		R 10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE	3020 MARK	ET STREET		
CARTERE	II HOUSE	NEWPORT	NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	40	D 273		
	10/23/24 at 5:19pm.				
	there was an order fobrand name for sertra obsessive compulsive disorder), take one tale Review of Resident # medication record (eMagnetic and the sertral sertral sertral and the sertral sertral at 6:00a exception documente administered at 6:00a exception documente -Sertraline 25mg table administered at 6:00a exception documente -Sertral sertral sertral administered at 6:00a exception documente -Sertral sertral sertral at 6:00a exception documente -Sertral sertral s	et dated 04/26/24 revealed r Zoloft 25mg (Zoloft is the line and is used to treat e disorder, anxiety and panic blet daily. 3's August 2024 electronic MAR) revealed: or sertraline 25mg, take one eduled at 6:00am. et was documented as not m on 08/16/24, with the d as "waiting on pharmacy". et was documented as not m on 08/17/24, with the d as "reordered". et was documented as not m on 08/18/24 and ception documented as			
	revealed: -There was an entry for tablet once daily, sche-Sertraline 25mg table administered at 6:00a exception documente unavailable".	et was documented as not m on 10/17/24, with the			
	administered at 6:00a 10/22/24, with the exc "drug/item unavailable -Sertraline 25mg table	m on 10/20/24 through seption documented as e". et was documented as not m on 10/23/24, with the			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 41 of 78

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL016018	B. WING		10/2	3/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET			
		NEWPORT	, NC 28570			
(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 273	Continued From page	2 41	D 273			
D 213	Review of Resident # notes dated 07/09/24 was no documentatio was notified that he was not notified without sertraline 25m. She was not notified without sertraline 25m. Being without the seron Resident #3's behavior and or agitatic -Sertraline should not the potential for without nausea, vomiting, instruction Resident #3 was on a serior and the potential for without nausea, vomiting, instruction without sertraline. -Usually if a resident whad difficulty getting a contacted her and record a hold order. -Being without the serior and record in the potential for without sertraline.	3's electronic progress to 10/04/24 revealed there in that Resident #3's PCP ras out of sertraline. with Resident #3's behavioral /23/24 at 3:10pm revealed: traline 25mg for vascular itation, and mood that Resident #3 was ing. itraline could have an effect avior, resulting in increased inc. be stopped suddenly due to rawal symptoms such as iomnia, and fatigue but in very low dose of sertraline. with Resident #3's PCP on evealed: traline for anxiety and ware that Resident #3 was was out of a medication or in medication, the facility quested a new prescription				
	Refer to second interval 10/23/24 at 9:38am.	view with the MA on				
	Refer to interview with 3:48pm.	n the RCC on 10/23/24 at				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 42 of 78

Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	ED
			B WING	P. WING		
		HAL016018	B. WING		10/23/	2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
				,		
CARTERE	T HOUSE		KET STREET			
		NEWPOR	Γ, NC 28570			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	JAIE	DAIL
				,		
D 273	Continued From page	e 42	D 273			
	Refer to telephone int					
	Administrator on 10/2	3/24 at 5:19pm.				
		 :				
		n the MA on 10/23/24 at				
	9:38am revealed:					
		a dose of medication or				
	refused a dose of a m	nedication, it was				
	documented on the e	MAR.				
	-A separate progress	note was made concerning				
	the missed or refused	l medication dose.				
	-He thought the MAs	or the RCC were to notify				
	the PCP after the first	t missed dose of medication				
	but was not sure.					
	-He did not know why	there were no progress				
		g Resident #3's missed				
	doses of medications					
	Interview with the RC	C on 10/23/24 at 3:48pm				
	revealed:	o o 10,20,2 : at o. 10p				
	-She or the MAs orde	red the residents'				
	medications.	rea ine reciaeme				
	-If using a local or the	facility's contracted				
	•	ns were ordered 7 days in				
	advance.	is were ordered r days in				
	-If a resident used a r	nail order pharmacy				
		lered 2-3 weeks in advance.				
		mail order pharmacy and a				
		naii order priarmacy and a				
	local pharmacy.	ent 3's RP picked up his				
	medications from the					
	-	3's medication required a				
		cked them up, otherwise				
	staff would pick up his					
	-She or the MAs shou					
	residents' PCP of any	missed doses of				
	medications.					
		ny Resident #3's PCP was				
	not notified of missed	medications.				
			1			

Division of Health Service Regulation

Telephone interview with the Interim Administrator

STATE FORM 8898 8BIK11 If continuation sheet 43 of 78

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		HAL016018	B. WING		10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	FE, ZIP CODE	-
		3020 MAF	RKET STREET		
CARTERE	ET HOUSE	NEWPOR	T, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 273	on 10/23/24 at 5:19pr -The RCC and the Mordering medication r -The RCC and MA sh Resident #3's medical -Resident #3's PCP safter the first missed of the residents' PCP series doses of med of the missed of the missed doses of med of the missed doses of med of the missed doses of med of the missed of t	As were responsible for efills for the residents. Fould have followed up on all ation refill requests. Thould have been notified dose of each medication. Thould be notified of all ications. It #5's current FL2 dated agnoses included weakness, heart failure, er, aphasia following erebrovascular accident it, bilateral total knee of type 2 diabetes mellitus. #5's signed physician order revealed an order for 0 insulin pen, 62 units to be sly daily. (Toujeo Solostar gracting insulin to used to gar.) 5's current Licensed Health (LHPS) assessment dated medications administration collecting and testing of apples. If from: 93-410 in the past 30 sugars (FSBS) three times has sliding scale (SS) insuling adding.	D 273		
	electronic medication (eMAR) revealed:	administration record			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 44 of 78

Division of Health Service Regulation

Division	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	ED
		1141.040040	B. WING		R	2004
		HAL016018	D: WING		10/23/2	2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	RESS, CITY, STA	TE, ZIP CODE		
		3020 MAR	KET STREET			
CARTERE	T HOUSE		, NC 28570			
		NEWFOR	, NC 205/U			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
D 273	Continued From page	e 44	D 273			
	Tl					
		for Toujeo Solostar U-300,				
		sly once daily at 9am.				
	-Toujeo Solostar U-30					
		nistered from 09/01/24				
	through 09/15/24 at 9					
		0/24,Toujeo Solostar U-300				
		ted as not administered at				
		documented as "Waiting on				
	Pharmacy" or "on hole					
	-There were 15 of 30	doses of Toujeo Solostar				
	U-300 insulin docume	ented as not administered				
	from 09/01/24 - 09/30)/24.				
	-His 7:00am blood su	gars ranged from 106-220				
	from 09/01/24 to 09/1	5/24 with 1 FSBS over 200.				
	-His 7:00am blood su	gars ranged from 141-298				
	from 09/16/24 to 09/3	0/21 with 12 FSBS over				
	200.					
	-His 11:00am blood s	ugars ranged from 103-299				
		5/24 with 3 FSBS over 200.				
	-His 11:00am blood s	ugars ranged from 122-337				
		0/21 with 6 FSBS over 200				
	and 3 FSBS over 300					
		gars ranged from 124-237				
		5/24 with 4 FSBS over 200.				
		gars ranged from 133-283				
		0/21 with 8 FSBS over 200.				
	110111 00/10/21 10 00/0	6,21 Mar 61 626 616, 266.				
	Telephone interview v	vith a pharmacist for				
		/24 at 3:30 pm revealed:				
		Solostar required a new				
	prescription each mor					
		to help control Resident #5's				
	blood sugar.	to help control resident #0 5				
		ved a prescription refill				
		#5's Toujeo Solostar U-300				
		medication was delivered to				
	the facility on 10/01/2					
	- i ne pharmacy last re	eceived a refill request on	1			

U-300.

Division of Health Service Regulation

08/21/24 for a 21-day supply of Toujeo Solostar

STATE FORM 8BIK11 If continuation sheet 45 of 78

Division of Health Service Regulation

DIVISION	n Health Service Negu	ialion				_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						
			B WING		R	
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			KET STREET	,		
CARTERE	T HOUSE					
		NEWPOR	Γ, NC 28570			_
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /	
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
TAG	NEGOLATORT OR L	130 IDENTIF TING IN ONWATION)	TAG	DEFICIENCY)	IAIL	
				·		\dashv
D 273	Continued From page	e 45	D 273			
	. •					
		= = .				
	•	with Resident #5's Primary				
) on 10/22/24 at 3:45pm				
	revealed:					
	-She treated Residen					
	•	oses could cause Resident				
	#5's blood sugar to be					
	-Elevated blood sugar	rs would cause Resident				
	#5's to become hyper	glycemic and potentially be				
	hospitalized.					
	-Blood sugars ranging	g from 141 to 298 from				
	09/16/24 through 09/3	30/24 could cause damage.				
	-The facility sent a ref	fill request for Toujeo				
	Solostar U-300 on 09	/30/24.				
	-The facility did not re	quest any other refill for				
		0 Insulin in the month of				
	September 2024.					
	•	lity of the facility to notify the				
	PCP via fax or phone					
	needed for refills.	p. 555p. 1151.5				
	-It was her responsibi	lity to complete new				
		vithin 48 hours after receipt.				
		Resident #5 was out of				
	Solostar U-300 insulir					
		about the 15 missed doses				
	or roujeo due to ner e	elevated blood sugars.				
	14	-:				
		sident Care Coordinator				
	(RCC) on 10/23/24 at					
		until 10/23/24 that Resident				
	15 days in September					
		A) were responsible for				
	sending prescriptions	to the PCP to be signed				
		ript to the pharmacy to be				
	filled.	•				
		ollow up with the PCP or				
		escriptions have been sent				
	to make sure the pres					

Division of Health Service Regulation

received.

STATE FORM 8BIK11 If continuation sheet 46 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING:		
	HAL016018	B. WING		R 10/23/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADDF	RESS, CITY, STA	TE, ZIP CODE	
CARTERET HOUSE	3020 MARK	ET STREET		
CARTERET HOUSE	NEWPORT,	NC 28570		<u> </u>
PREFIX (EACH DEFICIENCY MUS	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 273 Continued From page 46 -MAs were responsible for to either to the resident's before the medication ran -The MAs were to notify the receiving medications that needed to be ordered. -She was responsible for medication unavailable reshe had not reviewed the unavailable report. -MAs on 11:00pm -7:00an for cart audits and should requests to the resident's insulin or other medication 5 days. [Refer to Tag 358, 10A NO Medication Administration The facility failed to ensure for 2 of 5 sampled resident out of medications. Resided diagnosis of dementia and aggression and anxiety, which could effect the resinglession and anxiety, which could effect the resinglession which caused elevated to the resident #5, who had a diagnosis of dementia and aggression and anxiety and went 15 consecutive days insulin which caused elevated the safety and welfare constitutes a Type B Violation. The facility provided a Pla accordance with G.S. 131 this violation. CORRECTION DATE FOR VIOLATION SHALL NOT 107, 2024.	or sending prescriptions PCP or pharmacy n out. the RCC if they difficulty at were ordered or reviewing the eport daily. e daily medication m shift were responsible be sending any refill PCP or pharmacy when ns are running out within CAC 13F .1004(a) n] re physician notification nts (#3, #5) who were dent #3, who had a d had a known history of was out of 3 medications sident's behavior and diagnosis of diabetes, s without a long-acting vated blood glucose re detrimental to the e of the residents and ation. an of Protection in 1D-34 on 10/23/24 for	D 273		

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 47 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		
		HAL016018	B. WING		R 10/23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE	3020 MARK	ET STREET		
OARTERE	1110002	NEWPORT,	NC 28570		
(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	: 47	D 358		
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358		
	(a) An adult care hon preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures. This Rule is not met a TYPE A2 VIOLATION Based on observation reviews, the facility fawere administered as sampled residents (#2 medications used to the disorders, a medication cholesterol (#3), medicathma and chronic or the staff of the same administer of the	need prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: as, interviews, and record illed to ensure medications ordered for 3 of 5 residents 2, #3, and #5) pertaining to reat anxiety and mood on used to treat elevated ications used to treat			
	The findings are:				
	have current orders in -The facility will devel- residents' medication weekly basis by comp -Staff will check to see	-Hand Review policy sure that residents always the facility. op a schedule so that all orders are checked on a			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 48 of 78

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			EIED	
		HAL016018	B. WING		10/2	3/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	THOUSE	3020 MARI	KET STREET			
CARTERE	I HOUSE	NEWPORT	, NC 28570			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 48	D 358			
D 358	be placed in the Order follow-upStaff will check expiration and remove any expiration as needed and place. System for follow upStaff will date and signification and follow the cart audit is compitive the cart audit is compitive care Coordinator. Review of facility's unpolicy revealed: -All are reviewed by the Coordinator (RCC) or -Orders must be compitive prescriber immediately for the RCC will (medic weekends) fax the order can the order into the -The RCC or designed placed in the electron approval and then approved the control of the	needed and the reorder will or Processing System for ation dates on medications red medications and reorder in the Order Processing on the physician orders once lete and leave for review by dated New Order Process the Resident Care designee. Plete, if incomplete, contact iately for clarification. Ation aide if after hours or der to the pharmacy and electronic scan. The will wait for the order to be ic medication system for proves the order for low the steps in the order As) will review the Facility beginning of each shift for a new order, or change is medication change, the sees the change with the ible party or guardian as ments. Will follow up timely to	D 358			
	01/23/24 revealed dia	#3's current FL-2 dated agnoses included vascular ellitus type 2, insomnia,				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 49 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _			
		HAL016018	B. WING		R 10/23/2024
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	10/20/2024
			ET STREET	,	
CARTERE	T HOUSE		NC 28570		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N (VE)
(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 APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 49	D 358		
		ipidemia, atherosclerotic ension, benign prostatic troesophageal reflux			
	order sheet dated 01/clonazepam 0.5mg (c	t #3's signed physicians /23/24 revealed an order for clonazepam is used to treat orders), take one tablet			
	medication administrative revealed:	, ,			
	-There was an entry for clonazepam 0.5mg, take one tablet three times daily scheduled for 6:00am, 2:00pm and 6:00pm.				
	-Clonazepam 0.5mg v administered at 6:00a 08/31/24.	was documented as am on 08/01/24 through			
	-Clonazepam 0.5mg v administered at 2:00p 08/14/24.	was documented as om on 08/01/24 through			
		was documented as not om on 08/15/24, with the d as "refused".			
	-Clonazepam 0.5mg v administered at 2:00p 08/19/24.	was documented as om on 08/16/24 through			
		was documented as not om on 08/20/24, with the das "refused".			
	-Clonazepam 0.5mg v administered at 2:00p 08/27/24.	was documented as om on 08/21/24 through			
		om on 08/29/24 through			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 50 of 78

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
			D WING			R
		HAL016018	B. WING		10	0/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
0407505	T. 110110E	3020 MA	ARKET STREET			
CARTERE	ET HOUSE	NEWPO	RT, NC 28570			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	e 50	D 358			
	08/31/24.					
	-Clonazepam 0.5mg	was documented as				
		om on 08/01/24 through				
	08/31/24.					
	Review of Resident 3	's September 2024 eMAR				
	revealed:	. c c c c c c c c c c c c c c c c c c c				
	-There was an entry f	for clonazepam 0.5mg, take				
	one tablet three times					
	6:00am, 2:00pm and	6:00pm.				
	-Clonazepam 0.5mg					
		am on 09/01/24 through				
	09/22/24.					
		was documented as not				
		am on 09/23/24, with the ed as "waiting on provider".				
	-Clonazepam 0.5mg					
		am on 09/24/24 through				
	09/30/24.	311 311 30/2 1/2 1 an augn				
	-Clonazepam 0.5mg	was documented as				
	administered at 2:00p	om on 09/01/24 through				
	09/17/24.					
		was documented as not om on 09/18/24, with the				
	exception documente	· · · · · · · · · · · · · · · · · · ·				
	-Clonazepam 0.5mg					
		om on 09/19/24 through				
	09/21/24.	3				
	-Clonazepam 0.5mg	was documented as not				
	-	om on 09/22/24, with the				
		ed as "waiting on family				
	member to drop off".					
	-Clonazepam 0.5mg					
	administered at 2:00p 09/28/24.	om on 09/23/24 through				
		was documented as not				
		om on 09/29/24, with the				
	exception documente					
	-Clonazepam 0.5mg					
	administered at 2:00p	om on 09/30/24.				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 51 of 78

Division of Health Service Regulation

		A. BUILDING		(X3) DATE SURVEY COMPLETED	
н	AL016018	B. WING		R 10/23/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CARTERET HOUSE		KET STREET			
		, NC 28570			
(X4) ID SUMMARY STATEMENT (PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENT	PRECEDED BY FULL	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 51		D 358			
-Clonazepam 0.5mg was doci administered at 6:00pm on 09 09/18/24Clonazepam 0.5mg was doci administered at 6:00pm on 09 exception documented as "ref-Clonazepam 0.5mg was doci administered at 6:00pm on 09 09/21/24Clonazepam 0.5mg was doci administered at 6:00pm on 09 exception documented as "wa-Clonazepam 0.5mg was doci administered at 6:00pm on 09 09/30/24. Review of Resident #3's Octor revealed: -There was an entry for clonation one tablet three times daily so 6:00am, 2:00pm and 6:00pmClonazepam 0.5mg was doci administered at 6:00am on 10 10/04/24 with the exception di "waiting on pharmacy"Clonazepam 0.5mg was doci administered at 6:00am on 10 10/23/24Clonazepam 0.5mg was doci administered at 2:00pm on 10 10/04/24 with the exceptions of "waiting on med" on 10/01/24 on 10/02/24, "waiting on med" on 10/01/24 on 10/02/24, "waiting on med" waiting on pharmacy" on 10/0-Clonazepam 0.5mg was doci administered at 6:00pm on 10 10/03/24 with the exception of "waiting on pharmacy" on 10/0-Clonazepam 0.5mg was doci administered at 6:00pm on 10 10/03/24 with the exception of "waiting on pharmacy" on 10/0-Clonazepam 0.5mg was doci administered at 6:00pm on 10 10/03/24 with the exception of "waiting on pharmacy"Clonazepam 0.5mg was doci administered at 6:00pm on 10 10/03/24 with the exception of "waiting on pharmacy"Clonazepam 0.5mg was doci	umented as not 0/19/24, with the fused". umented as not 0/20/24 and umented as not 0/22/24, with the aiting on pharmacy". umented as 0/23/24 and umented as 0/23/24 and umented as 0/23/24 and umented as 0/23/24 and umented as not 0/01/24 through ocumented as not 0/05/24 through documented as not 0/01/24 through documented as , "waiting on drug" on 10/03/24, and 04/24. umented as not 0/01/24 through ocumented as not 0/01/24 through umented as	D 358			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 52 of 78

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL016018	B. WING		R 10/23/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		RKET STREET			
		NEWPOR	RT, NC 28570			
(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 52	D 358			
	10/22/24.					
	hand on 10/23/24 at 9 -There was a medical resident's mail order president #3's name at 0.5mg, take 1 tablet to dispensed on 10/10/2 tabletsThere were 143 clong the labeled medication. Review of Resident # (CSL) dated 09/26/24 at 7:56a clonazepam 0.5mg to tabletsOn 09/26/24 at 7:56a clonazepam 0.5mg with #3On 09/30/24 at 6:35p clonazepam 0.5mg with with tablets of tablets of documented as received tablets90 tablets of clonazed documented as received tablets of tablets of clonazed documented as received tablets90 tablets of clonazed documented as received tablets of clonazed documented as received tablets90 tablets of clonazed documented as received tablets.	tion bottle from the pharmacy, labeled with and labeled clonazepam hree times per day, 24 for a quantity of 90 azepam tablets remaining in n bottle. 3's controlled substance log through 10/23/24 revealed: am, there were 11 ablets available for Resident orm, after 1 tablet of as administered to Resident plets was documented as the #3. If a clonazepam 0.5mg were wed on 10/08/24 at 3:30pm blets. Expam 0.5mg were wed on 10/15/24 at 4:46pm				
	report dated 10/04/24	3's Incident/Accident (I/A) revealed: the report was 10/04/24 at				

9:45am.

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 53 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B WING		R
		HAL016018	B. WING		10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE	3020 MAR	KET STREET		
		NEWPORT	, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 53	D 358		
	-The location of the I/areaThe type of incident Behavior-Physical As -The incident was not -The incident was with Resident #3 was door playing around with a normally doesResident #3 was not department (ED) but to the ED. Review of Resident #10/04/24 at 9:45am re -The resident grabbed the neck and pulled here the provider and the party were notified.	A was the 100-hall smoking was listed as sault. witnessed by staff. nessed by two residents. cumented as saying he was nother resident like he sent to the emergency the other resident was sent 3's progress note dated evealed: d a female resident around			
	Resident #3's mail or at 1:33pm revealed: -Medication refills coulous automated voice systiauto-refillClonazepam could no since it was a controllelt usually took 5-7 day processed and shipper receivedShipping of the medical as wellClonazepam 0.5mg with the simes a day for the clonazepam 0.5mg with the simes a day for clonazepam 0.5mg with the simes a day	with a pharmacist from der pharmacy on 10/23/24 uld be requested via an em, via text or placed on ot be placed on auto-refill ed substance. Tys for medications to be ed after the request was cations could take 5-7 days was dispensed for Resident quantity of 90 tablets to take			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 54 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1` '			E SURVEY PLETED	
			A. BUILDING:			
		HAL016018	B. WING		10	R 9/ 23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE	, ZIP CODE	-	
		3020 MAF	RKET STREET			
CARTER	ET HOUSE		T, NC 28570			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	three times per a day -A clonazepam refill w #3 on 09/21/24 throug request system on 09 -90 tablets of clonaze times per day, for a 3 dispensed and shippe 10/10/24. Telephone interview w Resident #3's local re at 9:48am revealed: -The facility staff or R party (RP) picked up pharmacy, -Clonazepam 0.5mg w #3 on 07/02/24 for a c three times per day for -Clonazepam 0.5mg w #3 on 09/21/24 for a c three times per day for -Clonazepam 0.5mg w #3 on 10/02/24 for a c three times per day for -Clonazepam 0.5mg w #3 on 10/08/24 for a c three times per day for -Clonazepam 0.5mg w #3 on 10/08/24 for a c three times per day for -Clonazepam was in a benzodiazepines, tha types of seizures and -Missed doses of clor withdrawal symptoms and headaches and if doses could lower the -If clonazepam was u	for a 30-day supply. vas requested for Resident gh the automated voice b/21/24. rpam 0.5mg, to take three 0-day supply were ed for Resident #3 on with a pharmacist from retail pharmacy on 10/23/24 resident #3's responsible his medications from the was dispensed for Resident quantity of 21 tablets, to take for a 7-day supply. was dispensed for Resident quantity of 21 tablets, to take for a 7-day supply. was dispensed for Resident quantity of 21 tablets, to take for a 7-day supply. was dispensed for Resident quantity of 21 tablets, take for a 7-day supply. was dispensed for Resident quantity of 90 tablets, take for a 30-day supply. a class of medications called t was used to treat certain anxiety. for a 30-day supply and class of medications called t was used to treat certain anxiety. for a seizure threshold. sed for anxiety, missed creased anxiety, missed creased anxiety, agitation,	D 358			
		receipt and prescription nt #3's local pharmacy				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 55 of 78

Division of Health Service Regulation

A. BUILDING: R HAL016018	AND PLAN OF CORRECTION	
HAL016018 B. WING 10/23/2024		
NAME OF PROVIDER OR SUPPLIED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	NAME OF PROVIDER OR SUPPLIER	
CARTERET HOUSE 3020 MARKET STREET NEWPORT, NC 28570	CARTERET HOUSE	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX (EACH DEFICIE	
D 358 Continued From page 55 revealed clonazepam 0.5mg, take one tablet three times per day, for a quantity of 21 tablets was purchased on 10/04/24 at 2:18pm. Interview with Resident #3's Responsible Party (RP) on 10/23/24 at 10:38am revealed: -Resident #3 received most of his medications through a mail order pharmacyIf there was a delay in the mail order medications, sometimes these were sent to the local retail pharmacy as wellEither she or the facility staff picked up Resident #3's medications from the local pharmacy when neededShe knew sometimes there was a delay in the mail order prescriptionsShe was not aware of any delays of more than 24 hours for any of Resident #3's medicationsShe was not aware of any recent delays in Resident #3's medicationsShe was not aware of any recent delays in Resident #3's medication. Telephone interview with Resident #3's behavioral health provider on 10/23/24 at 3:10pm revealed: -Resident #3 took clonazepam for vascular dementia, anxiety and agitationShe was not notified that Resident #3 was without clonazepam for 11 doses in October 2024Being without the clonazepam could have an effect on Resident #3's behavior, resulting in increased anxiety and/or agitationIt was possible being without the clonazepam could have an effect on Resident #3's behavior, resulting in increased anxiety and/or agitationIt was possible being without the clonazepam could have triggered the 10/04/24 incident with Resident #3' Telephone interview with Resident #3's primary care provider (PCP) on 10/23/24 at 3:29pm revealed: -Resident #3 had been on clonazepam for quite a long time for anxiety and agitation.	revealed clonazep three times per day was purchased on Interview with Res (RP) on 10/23/24 arguested -Resident #3 recei through a mail order of there was a delay medications, some local retail pharmal -Either she or the foliations from the foliations of the foliat	

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 56 of 78

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
			71. BOILBING.		R
		HAL016018	B. WING		10/23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE	3020 MAR	ET STREET		
		NEWPORT	, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	2 56	D 358		
D 358	-Without clonazepam very aggressive and seasons was not made a without clonazepam u-Usually if a resident whad difficulty getting a contacted her and record a hold orderIt was possible that be clonazepam contributed Resident #3 on 10/04. Refer to interview with on 10/23/24 at 9:13ar. Refer to interview with Coordinator (RCC) or Refer to interview with 10/23/24 at 5:19pm. b. Review of Residen order sheet dated 01/an entry for divalproes (divalproex is used to can be used as a modat bedtime.	Resident #3 could become sexually focused. ware that Resident #3 was until the 10/04/24 incident. was out of a medication or a medication, the facility quested a new prescription being without the ed to the incident with 1/24. In the medication aide (MA) in.	D 358		
	medication administrative revealed: -There was an entry f	ation record (eMAR) or divalproex delayed			
	scheduled for 6:00pm -Divalproex extended documented as admir 08/01/24 through 08/	release 250mg tablet was nistered at 6:00pm on			
	documented as not a	dministered at 6:00pm on 18/24, with the exception			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 57 of 78

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL016018	B. WING		10/23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE		RKET STREET		
	OLUMBA DV OT		T, NC 28570		
(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 COMPLETE
D 358	Continued From page	e 57	D 358		
	dayDivalproex extended documented as admir 08/19/24 through 08/3	release 250mg tablet, was nistered at 6:00pm on 31/24. 3's September 2024 eMAR			
	revealed: -There was an entry for divalproex delayed release 250mg tablet, take one tablet at bedtime scheduled for 6:00pmDivalproex extended release 250mg tablet was documented as administered at 6:00pm on 09/01/24 through 09/17/24Divalproex extended release 250mg tablets was documented as not administered at 6:00pm on 09/18/24 with the exception documented as "waiting on pharmacy"Divalproex extended release 250mg tablets was				
	documented as not a 09/19/24 with the exc "refused"Divalproex extended documented as not a 09/20/24 through 09/2 documented as "waiti dayDivalproex extended	dministered at 6:00pm on eption documented as release 250mg tablets was dministered at 6:00pm on 22/24 with the exception ing on pharmacy" for each release 250mg tablet, was nistered at 6:00pm on			
	revealed: -There was an entry f release 250mg tablet scheduled for 6:00pm -Divalproex extended	, take one tablet at bedtime n. release 250mg tablet was nistered at 6:00pm on			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 58 of 78

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28870 (X4) ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) D 358 Continued From page 58 Observation of Resident #3's medications on hand on 10/23/24 at 9:18am revealed: -There was medication bottle labeled with Resident #3's name for divalproex 250mg delayed release, take one tablet at bedtime from a local retail pharmacy, with a dispense date of 09/14/24 for a quantity of 30 tablets for a 30-day supplyDivalproex delayed release 250mg tablets were dispensed for Resident #3 on 08/10/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. There was no refill request on file for Resident The resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. There was no refill request on file for Resident						
CARTERET HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) D 358 Continued From page 58 Observation of Resident #3's medications on hand on 10/23/24 at 9:18am revealed: -There was medication bottle labeled with Resident #3's name for divalproex 250mg delayed release, take one tablet at bedtime from a local retail pharmacy, with a dispense date of 09/14/24 for a quantity of 30 tabletsThere was no additional divalproex for Resident #3 on the medication bottleThere was no additional divalproex for Resident #3 on 10/23/24 at 10:23am revealed: -Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 07/12/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 08/10/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. There was no refill request on file for Resident			HAL016018	B. WING		10/23/2024
CARTERET HOUSE NEWPORT, NC 28570 NC 28	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SUMMARY STATEMENT OF DEFICIENCIES PREPIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREPIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DATE	CARTERE	T HOUSE				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 58 Observation of Resident #3's medications on hand on 10/23/24 at 9:18am revealed: -There was medication bottle labeled with Resident #3's name for divalproex 250mg delayed release, take one tablet at bedtime from a local retail pharmacy, with a dispense date of 09/14/24 for a quantity of 30 tabletsThere was no additional divalproex for Resident #3 on the medication bottleThere was no additional divalproex for Resident #3 on the medication cart. Telephone interview with a pharmacy on 10/23/24 at 10:23am revealed: -Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 07/12/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 08/10/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. There was no refill request on file for Resident		OLUMBA DV OT		1		
Observation of Resident #3's medications on hand on 10/23/24 at 9:18am revealed: -There was medication bottle labeled with Resident #3's name for divalproex 250mg delayed release, take one tablet at bedtime from a local retail pharmacy, with a dispense date of 09/14/24 for a quantity of 30 tablets. -There were no divalproex tablets in the medication bottle. -There was no additional divalproex for Resident #3 on the medication cart. Telephone interview with a pharmacist from Resident #3's local retail pharmacy on 10/23/24 at 10:23am revealed: -Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 07/12/24, to take one daily for a quantity of 30 tablets for a 30-day supply. -Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 08/10/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. -There was no refill request on file for Resident	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE
hand on 10/23/24 at 9:18am revealed: -There was medication bottle labeled with Resident #3's name for divalproex 250mg delayed release, take one tablet at bedtime from a local retail pharmacy, with a dispense date of 09/14/24 for a quantity of 30 tablets. -There were no divalproex tablets in the medication bottle. -There was no additional divalproex for Resident #3 on the medication cart. Telephone interview with a pharmacist from Resident #3's local retail pharmacy on 10/23/24 at 10:23am revealed: -Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 07/12/24, to take one daily for a quantity of 30 tablets for a 30-day supply. -Divalproex delayed release 250mg tablets were dispensed for Resident #3 on 08/10/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. Divalproex delayed release 250mg tablets were last dispensed for Resident #3 on 09/14/24, to take one daily for a quantity of 30 tablets for a 30-day supply. -There was no refill request on file for Resident	D 358	Continued From page	e 58	D 358		
#3's divalproex extended release 250mg tablets. Telephone interview with a pharmacist from Resident #3's mail order pharmacy on 10/23/24 at 1:33pm revealed divalproex delayed release 250mg tablets were last dispensed on 01/19/24, to take one daily for a quantity of 90 for a 90 day-supply. Telephone interview with Resident #3's behavioral health provider on 10/23/24 at 3:10pm revealed:	D 358	Observation of Reside hand on 10/23/24 at 9 -There was medication Resident #3's name for delayed release, take a local retail pharmaco 09/14/24 for a quantity of the comparison of the comparis	ent #3's medications on 0:18am revealed: on bottle labeled with or divalproex 250mg one tablet at bedtime from ey, with a dispense date of y of 30 tablets. Or oex tablets in the onal divalproex for Resident cart. With a pharmacist from stail pharmacy on 10/23/24 telease 250mg tablets were not #3 on 07/12/24, to take the of 30 tablets for a 30-day telease 250mg tablets were not #3 on 08/10/24, to take the of 30 tablets for a 30-day telease 250mg tablets were sident #3 on 09/14/24, to take the of 30 tablets for a 30-day telease 250mg tablets were sident #3 on 09/14/24, to take the of 30 tablets for a sequest on file for Resident ded release 250mg tablets. With a pharmacist from der pharmacy on 10/23/24 ivalproex delayed release ast dispensed on 01/19/24, a quantity of 90 for a 90 with Resident #3's behavioral	D 358		

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 59 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ` `		(X3) DATE SURVEY COMPLETED	
		-	A. BUILDING: _		
		HAL016018	B. WING		R 10/23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE		RKET STREET		
			T, NC 28570		
(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 59	D 358		
	without divalproexBeing without the diverged on Resident #3 increased anxiety and 10/23/24 at 3:29pm re-Resident #3 had beel long time for anxiety a-She was not made a without divalproexUsually if a resident had difficulty getting a contacted her and recor a hold orderBeing without the diverged resident without divalproex.	that Resident #3 was valproex, could have an 's behavior, resulting d or agitation. with Resident #3's PCP on evealed: en on divalproex for quite a and agitation. ware that Resident #3 was was out of a medication or a medication, the facility quested a new prescription			
	Refer to interview with the medication aide (MA) on 10/23/24 at 9:13am.				
	Refer to interview with the RCC on 10/23/24 at 3:48pm.				
	Refer to interview with the Administrator on 10/23/24 at 5:19pm.				
	order sheet dated 01/ an entry for ezetimibe	t #3's signed physicians '23/24 revealed there was e 10mg (ezetimibe is used to I levels), take one tablet at			
	revealed:	3's September 2024 eMAR for ezetimibe 10mg, take one			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 60 of 78

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			71. 201221110.		R
		HAL016018	B. WING		10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE		RKET STREET		
			T, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 60	D 358		
	administered at 6:00p 09/18/24Ezetimibe 10mg tabl administered at 6:00p exception documente -Ezetimibe 10mg tabl administered at 6:00p 09/22/24, with the exc "waiting on pharmacy -Ezetimibe 10mg tabl	et was documented as om on 09/01/24 through et was documented as not om on 09/19/24, with the d as "refused". et was documented as not om on 09/20/24 through ception documented as			
	Review of Resident #3's October 2024 eMAR revealed: -There was an entry for ezetimibe 10mg, take one tablet at bedtime, scheduled for 6:00pm. -Ezetimibe 10mg tablet was documented as administered at 6:00pm on 10/01/24 through 10/22/24.				
	hand on 10/23/24 at 9 -There was medication Resident #3's name for tablet at bedtime from with a dispense date 30 tabletsThere were no ezetim medication bottleThere were no additifor Resident #3 on the Telephone interview was resident #3's local re at 10:23am revealed: -Ezetimibe 10mg table	on bottle labeled with or ezetimibe 10mg, take one in a local retail pharmacy, of 09/14/24 for a quantity of mibe 10mg tablets in the conal ezetimibe 10mg tablets in medication cart.			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 61 of 78

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	L COM		(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL016018	B. WING		R 10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE		KET STREET		
			Γ, NC 28570		
(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 358	Resident #3 on 08/10 quantity of 30 tablets -Ezetimibe 10mg table. Resident #3 on 09/14 quantity of 30 tablets -There was no refill reference was no refill reference was no refill reference was no order of at 1:33pm revealed: -There was no order of the reference was no order of the mail order pharm ezetimibe 10mg for Reference was not made at without ezetimibeUsually if a resident whad difficulty getting a contacted her and reference or a hold order. Refer to interview with coordinator (RCC) or server with coordinator (RCC) or server with the coordinator (for a 30-day supply. ets were dispensed for /24, to take one daily for a for a 30-day supply. ets were last dispensed for /24, to take one daily for a for a 30-day supply. equest on file for Resident tablets. with a pharmacist from der pharmacy on 10/23/24 on file for ezetimibe 10mg. macy had never dispensed esident #3. with Resident #3's primary on 10/23/24 at 3:29pm etimibe 10mg for high ware that Resident #3 was was out of a medication or a medication, the facility quested a new prescription in the medication aide (MA) in. the the Resident Care	D 358	DETIGINATION OF THE PROPERTY O	
	d. Review of Residen physicians order sheet	t #3's subsequent et dated 04/26/24 revealed			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 62 of 78

Division of Health Service Regulation

STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		HAL016018	B. WING		10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CAPTER	ET HOUSE	3020 MAR	KET STREET		
CARTERE	IT HOUSE	NEWPORT	T, NC 28570		
(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 62	D 358		
	brand name for sertra	r Zoloft 25mg (Zoloft is the aline and is used to treat e disorder, anxiety and panic blet daily.			
	Review of Resident #3's August 2024 electronic medication record (eMAR) revealed: -There was an entry for sertraline 25mg, take one tablet once daily, scheduled at 6:00am. -Sertraline 25mg tablet was documented as administered at 6:00am on 08/01/24 through 08/15/24. -Sertraline 25mg tablet was documented as not administered at 6:00am on 08/16/24, with the exception documented as "waiting on pharmacy". -Sertraline 25mg tablet was documented as not administered at 6:00am on 08/17/24, with the exception documented as "reordered". -Sertraline 25mg tablet was documented as not				
	administered at 6:00am on 08/18/24 and 08/19/24, with the exception documented as "waiting on pharmacy". -Sertraline 25mg tablet was documented as administered at 6:00am on 08/20/24 through 08/31/24.				
	revealed: -There was an entry f tablet once daily, sch- -Sertraline 25mg table administered at 6:00a 09/21/24Sertraline 25mg table administered at 6:00a 09/23/24, with the exc "waiting on pharmacy -Sertraline 25mg was	et was documented as am on 09/01/24 through et was documented as not am on 09/22/24 and ception documented as ".			

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 63 of 78

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.			R	
		HAL016018	B. WING		10/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CARTER	T HOUSE	3020 MAF	RKET STREET			
OAKTEKE	THOUSE	NEWPOR	T, NC 28570			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 63	D 358			
	revealed: -There was an entry fitablet once daily, schiSertraline 25mg table administered at 6:00a 10/11/24Sertraline 25mg table administered at 6:00a exception documenters administered at 6:00a 10/16/24Sertraline 25mg table administered at 6:00a 10/16/24Sertraline 25mg table administered at 6:00a exception documenter unavailableSertraline 25mg table administered at 6:00a 10/19/24Sertraline 25mg table administered at 6:00a 10/19/24Sertraline 25mg table administered at 6:00a 10/22/24, with the excent of the exception documenter of the exception cart for Resident #3's mail or at 1:33pm revealed: -Sertraline 25mg table exception exception documenter of the exception documente	et was documented as am on 10/01/24 through et was documented as not am on 10/12/24, with the ed as "waiting on pharmacy". et was documented as am on 10/13/24 through et was documented as not am on 10/17/24, with the ed as "drug/item et was documented as am on 10/18/24 and et was documented as not am on 10/20/24 through ception documented as ee". et was documented as not am on 10/23/24, with the ed as "reordered". ent #3's medications on 0:18am revealed there were blets available on the				

Division of Health Service Regulation

a 30 day-supply.

STATE FORM 88IK11 If continuation sheet 64 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I LAN OF CONNECTION	IDENTIFICATION NOWIDEN.	A. BUILDING: _		COMIL	LILD
	HAL016018	B. WING		10/2	? 23/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CARTERET HOUSE		KET STREET F, NC 28570			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)) BE	(X5) COMPLETE DATE
08/10/24, to take one provider a 30-day supply. -There was no refill receptor as the second to the	ts were last dispensed on per day for a quantity of 30 quest on file for sertraline lent #3. ith a pharmacist from er pharmacy on 10/23/24 In file for sertraline 25mg. acy had never dispensed sident #3. ith Resident #3's behavioral 23/24 at 3:10pm revealed: raline 25mg for vascular tation, and mood that Resident #3 was g. traline could have an effect twor, resulting in increased in. be stopped suddenly due to awal symptoms such as imnia, and fatigue but very low dose of sertraline. ith Resident #3's primary in 10/23/24 at 3:29pm raline for anxiety and vare that Resident #3 was vas out of a medication or medication, the facility uested a new prescription	D 358			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 65 of 78

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL016018	B. WING		10	R 0/ 23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3020 MA	RKET STREET			
CARTER	ET HOUSE	NEWPO	RT, NC 28570			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag	ge 65	D 358			
	Resident #3 to expe agitation.	rience increased anxiety and				
	Refer to interview wi on 10/23/24 at 9:13a	ith the medication aide (MA) am.				
		ith the Resident Care on 10/23/24 at 3:48pm.				
	Refer to interview wi 10/23/24 at 5:19pm.	ith the Administrator on				
	revealed:	A on 10/23/24 at 9:13am				
		C were responsible for				
		on refills for the residents. mail order pharmacy, he				
		s medications 2 weeks in				
		ime for the medications to				
	-If a resident's medic	cation came from a local				
	_ ·	ed them 7 days in advance. mail order pharmacy and a /.				
	-Medications from R	esident #3's mail order				
	-Medications from th	ok two weeks to be delivered. ne local retail pharmacy were				
		rmacy would notify either the				
	were ready for picku	3's RP when medications				
		not received from either the				
		or the facility's contracted				
	pharmacy within 48	•				
	pharmacy or notified					
	-He was not sure wh	ny there was no sertraline,				
	ezetimibe or divalpro	oex available on the				
	medication cart for F	Resident #3.				
		e, ezetimibe and divalproex by the night shift MA but was				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 66 of 78

Division of	of Health Service Regu	ılation				
STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL016018 B. WING			10/23/2024	4
NIAME OF DI	ROVIDER OR SUPPLIER	STPEET A	DDRESS, CITY, STAT	TE ZID CODE	•	
NAIVIE OF LI	KOVIDER OR SUFFLIER			TE, ZIP CODE		
CARTERE	T HOUSE		RKET STREET RT, NC 28570			
,	OUR MARY OF					
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)	,	X5) IPLETE
TAG	NEI IX		TAG	CROSS-REFERENCED TO THE APPROPR		ATE
				DEFICIENCY)		
D 358	Continued From page	e 66	D 358			
		<i>y</i> 00				
	not certain.					
	Interview with the RC	CC on 10/23/24 at 3:48pm				
	revealed:	OH 10/23/24 at 3.40pm				
	-The MAs or herself of	ordered the residents'				
	medications.	7146162 and 10012 and				
	-If using a local or the	e facility's contracted				
	_	ns were ordered 7 days in				
	advance.					
	-If a resident used a r					
		dered 2-3 weeks in advance.				
		mail order pharmacy and a				
	local pharmacy.	COLORD TITLE A LIB BIG				
		ent 3's RP picked up his				
	medications from the	docal pharmacy. #3's medication required a				
		icked them up, otherwise				
	staff would pick up his					
		her know if they had trouble				
	getting medications for					
	-She and the MAs we					
	medication cart audits	=:				
		ts involved making sure				
		ailable, looking for expired				
		packs were compared to the				
	medication ordersMedication cart audit	to ware performed				
	sporadically due to st	•				
		dications unavailable report				
	daily.	diodiono diavanasio reper-				
		available reports were				
		wed daily by the RCC.				
	-She had not reviewe					
	unavailable report da	ily.				
	l					
		with the Interim Administrator				
	on 10/23/24 at 5:19pr					
ļ	, -The RCC and the Mi	As were responsible for				

Division of Health Service Regulation

ordering medication refills for the residents.
-The RCC and MA should have followed up on all

STATE FORM 88IK11 If continuation sheet 67 of 78

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
,	5. GGT	.52	A. BUILDING: _		00 22.25
		HAL016018	B. WING		R 10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE	
			KET STREET	, 2 3332	
CARTERE	T HOUSE		T, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 67	D 358		
	by the MAs or the RC -He expected the resi	s were to be done weekly			
	[Refer to Tag 270 10A Personal Care and Su	()			
	[Refer to Tag 273 10A Care]	NCAC 13F .0902(b) Health			
	10/08/24 revealed dia hemiparesis, muscle v unspecified atrial flutto cerebral infarction, ce (CVA) right side defici arthroplasty (TKA), ar	weakness, heart failure, er, aphasia following rebrovascular accident			
	sheet dated 08/31/24 Toujeo Solostar U-300 injected subcutaneous	revealed an order for 0 insulin pen, 62 units to be sly daily. (Toujeo Solostar g acting insulin to used to			
	62 units subcutaneou -Toujeo Solostar U-30 documented as admir through 09/15/24 at 9 -On 09/16/24 to 09/30 insulin was document	administration record or Toujeo Solostar U-300, sly once daily at 9am. 10, 62 units was nistered from 09/01/24 1:00am. 10/24, Toujeo Solostar U-300 1:00ed as not administered at documented as "Waiting on			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 68 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING		R	
	HAL016018	B. WING	B. WING 10/23/20		
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE		
CARTERET HOUSE	3020 MAF	RKET STREET			
JAKTEKET 11000E	NEWPOR	T, NC 28570			
PREFIX (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 68	D 358			
-There were 15 of 30 U-300 insulin docume from 09/01/24 - 09/30 -His 7:00am blood su from 09/01/24 to 09/1 -His 7:00am blood su from 09/16/24 to 09/3 200His 11:00am blood s from 09/01/24 to 09/1 -His 11:00am blood s from 09/01/24 to 09/3 and 3 FSBS over 300 -His 5:00pm blood su from 09/01/24 to 09/1 -His 5:00pm blood su from 09/01/24 to 09/3 Interview with Reside am revealed: -She did not receive h month but could not receive the medicatio -She did not have any not sent out to the ho -Staff would monitor h "they are good". Telephone interview was request for Resident #5 on 10/22 -Toujeo was ordered sugarThe pharmacy receive request for Resident #6 on 10/01/24 -The pharmacy last resident receive the pharmacy last resident receive the pharmacy last resident receive the medicality on 10/01/24.	doses of Toujeo Solostar ented as not administered b/24. gars ranged from 106-220 5/24 with 1 FSBS over 200. gars ranged from 141-298 b/0/21 with 12 FSBS over 200. ugars ranged from 103-299 5/24 with 3 FSBS over 200. ugars ranged from 122-337 b/0/21 with 6 FSBS over 200 b/1. gars ranged from 124-237 5/24 with 4 FSBS over 200. gars ranged from 133-283 b/0/21 with 8 FSBS over 200. Int #5 on 10/23/24 at 8:30 Inter insulin injections last ecall the days she did not in. If y complications and she was spital. Inter blood sugars and tell her				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 69 of 78

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			/ DOILDING		R	
		HAL016018	B. WING		10/23/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE	3020 MA	RKET STREET			
CARTERE	.1 11003E	NEWPOF	RT, NC 28570		F	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 69	D 358			
	Telephone interview of care physician (PCP) revealed: -She treated Residen - Missing the Toujeo d #5's blood sugar to be - Elevated blood sugar to become hyperglycohospitalizedElevated blood sugar - The facility sent a ref Solostar U-300 on 09 - The facility had not resolostar U-300 in the - It was the responsibil PCP via fax or phone needed for refills It was the responsibil new prescription requireceipt She was not aware F Solostar U-300 insulireshe was concerned of Toujeo due to her before the was not aware up to the was not aware to the was not aware up to the wa	with Resident #5's primary on 10/22/24 at 3:45pm t #5 for diabetes. ose could cause Resident e elevated. rs would cause Resident #5 emic and potentially be rs could cause damage. fill request for Toujeo /30/24. equested a refill for Toujeo month of September 2024. lity of the facility to notify the if prescriptions were lity of the PCP to complete lest within 48 hours after Resident #5 out of Toujeo in for 15 days. about the 15 missed dosage blood sugars and Resident with her diet. sident Care Coordinator a 3:20pm revealed: until 10/23/24 that Resident b Solostar U-300 insulin for r. A) were responsible for to the PCP to be signed ript to the pharmacy to be follow up with the PCP or rescriptions have been sent				

Division of Health Service Regulation

-MAs were responsible for sending prescriptions

STATE FORM 88IK11 If continuation sheet 70 of 78

Division of Health Service Regulation

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 70 to either to the resident's PCP or pharmacy before the medication has run out. -MAs were to report to the RCC if there was any difficulty receiving medications that were ordered or needed to be ordered. -She was responsible for reviewing the medication unavailable report daily. -She had not reviewed the medication unavailable report daily.	STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 70 to either to the resident's PCP or pharmacy before the medication has run outMAs were to report to the RCC if there was any difficulty receiving medications that were ordered or needed to be orderedShe was responsible for reviewing the medication unavailable report dailyShe had not reviewed the medication unavailable report daily.							
CARTERET HOUSE SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG C(A4) ID PREFIX TAG C(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 70 to either to the resident's PCP or pharmacy before the medication has run outMAs were to report to the RCC if there was any difficulty receiving medications that were ordered or needed to be orderedShe was responsible for reviewing the medication unavailable report dailyShe had not reviewed the medication unavailable report daily.			HAL016018	B. WING	^G 10/23/20		3/2024
CARTERET HOUSE NEWPORT, NC 28570 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 70 to either to the resident's PCP or pharmacy before the medication has run out. -MAs were to report to the RCC if there was any difficulty receiving medications that were ordered or needed to be ordered. -She was responsible for reviewing the medication unavailable report daily. -She had not reviewed the medication unavailable report daily.	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NEWPORT, NC 28570 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 70 D 358 Continued From page 70 D 358 Continued From page 70 D 358 D 358 Continued From page 70 D 358 D 358	CARTERE	T HOUSE					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 70 to either to the resident's PCP or pharmacy before the medication has run out. -MAs were to report to the RCC if there was any difficulty receiving medications that were ordered or needed to be ordered. -She was responsible for reviewing the medication unavailable report daily. -She had not reviewed the medication unavailable report daily.			NEWPOR	Γ, NC 28570			
to either to the resident's PCP or pharmacy before the medication has run out. -MAs were to report to the RCC if there was any difficulty receiving medications that were ordered or needed to be ordered. -She was responsible for reviewing the medication unavailable report daily. -She had not reviewed the medication unavailable report daily.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
before the medication has run out. -MAs were to report to the RCC if there was any difficulty receiving medications that were ordered or needed to be ordered. -She was responsible for reviewing the medication unavailable report daily. -She had not reviewed the medication unavailable report daily.	D 358	Continued From page	e 70	D 358			
-MAs on 11:00pm -7:00am shift were responsible for cart audits and should be sending any refill requests to the resident's PCP or pharmacy when insulin or other medications are running out within 5 days. 3. Review of Resident #2's current FL-2 dated 07/15/24 revealed: -Diagnoses included acute hypoxic respiratory failure, chronic obstructive pulmonary disease (COPD), and diabetesThere was an order for Trelegy Ellipta 100-625-25mcg, 1 puff to be administered via inhalation daily. (Trelegy Ellipta is used for the long-term treatment of breathing disorders such as COPD.) -There was an order for metformin extended release 500mg to be administered daily. (Metformin is used to control blood glucose levels.) Review of Resident #2's hospital discharge summary for hospitalization from 06/28/24 to 07/16/24 revealed Resident #2 was admitted for respiratory failure with hypoxia and hypercapnia. (Hypoxia occurs when there is too little oxygen in the blood to oxygenate tissue and sustain body functions. Hypercapnia occurs when carbon	D 358	to either to the reside before the medication -MAs were to report to difficulty receiving me or needed to be order -She was responsible medication unavailab -She had not reviewer report daily. -MAs on 11:00pm -7:1 for cart audits and shrequests to the reside insulin or other medications of the substitution of the medication of the substitution	ant's PCP or pharmacy has run out. o the RCC if there was any edications that were ordered red. of for reviewing the le report daily. of the medication unavailable 00am shift were responsible ould be sending any refill ent's PCP or pharmacy when eations are running out within at #2's current FL-2 dated acute hypoxic respiratory active pulmonary disease s. for Trelegy Ellipta aff to be administered via egy Ellipta is used for the of breathing disorders such for metformin extended administered daily. control blood glucose #2's hospital discharge ization from 06/28/24 to esident #2 was admitted for th hypoxia and hypercapnia. In there is too little oxygen in te tissue and sustain body	J 358			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 71 of 78

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL016018	B. WING		R 10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	,
		3020 MAR	KET STREET		
CARTERE	ET HOUSE	NEWPOR'	Γ, NC 28570		
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D 358	Continued From page		D 358		
D 358	a. Review of Resident dated 01/23/24 reveal propion-salmeterol 25 administered twice da propion-salmeterol 25 name for Advair and in Review of Resident assummary for hospital 07/16/24 revealed the fluticasone/umeclid/v to be administered via (Fluticasone/umeclid/generic name for Treil Review of Resident # clarification form date	th 2's physician's orders alled fluticasone 50-50mcg, 1 puff was to be aily. (Fluticasone 50-50mcg is the generic is used to treat COPD.) #2's hospital discharge ization from 06/28/24 to be was an order for illan 100-62.5-25mcg, 1 puff in inhalation daily. Evilan 100-62.5-25mcg is the legy Ellipta 100-625-25mcg.)	D 358		
	100-62.5-25mcg, 1 pi Review of Resident # administration record revealed:	nue fluticasone/umeclid/vilan uff via inhalation daily. 2's electronic medication (eMAR) for August 2024 erized entry for fluticasone			
	inhalation to be admirulation to be admirulation was documen propion-salmeterol 25 inhalation was admirulation was admirulation was admirulation was admirulation was documen propion-salmeterol 25 inhalation was admirulation was	nistered twice daily. tation fluticasone 50-50mcg, 1 puff by istered twice daily at 6:00am y on 08/01/24 to 08/02/24, on and on 08/17/24 through tation fluticasone 50-50mcg, 1 puff by istered at 6:00pm on y4. tation fluticasone 50-50mcg, 1 puff by ministered at 6:00am on			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 72 of 78

Division of Health Service Regulation

Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION I		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
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HAL016018		B. WING		10/23/2024				
		070557.0	DD500 0171/ 074	TE 710 0005				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	I E, ZIP CODE				
CARTERE	T HOUSE	3020 MAR	KET STREET					
OAKTEKE	.1 11000L	NEWPOR	T, NC 28570					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(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 050	0 " 15	70	D 050					
D 358	Continued From page	e /2	D 358					
	hospital and was not	administered at 6:00am on						
		livery had not arrived.						
		<u> </u>						
	1	for fluticasone/umeclid/vilan						
		uff to be administered via						
	inhalation daily.							
	Review of Resident #	2's eMAR for September						
	2024 revealed:							
	-There was a comput	erized entry for fluticasone						
	propion-salmeterol 25							
	inhalation to be administered twice daily.							
	-There was documen	•						
	propion-salmeterol 250-50mcg, 1 puff by							
	inhalation was administered twice daily at 6:00am							
	and 6:00pm each day on 09/01/24 through							
		on 09/01/24 through						
	09/30/24.							
	-There was no entry for fluticasone/umeclid/vilan							
	100-62.5-25mcg, 1 pt	uff to be administered via						
	inhalation daily.							
	Review of Resident #	2's eMAR for October 2024						
	revealed:							
		erized entry for fluticasone						
	propion-salmeterol 25							
	inhalation to be admir							
		•						
	-There was documen							
	propion-salmeterol 25							
		istered twice daily at 6:00am						
	and 6:00pm each day	on 10/01/24 through						
	10/21/24 and at 6:00a	am on 10/22/24.						
	-There was no entry f	or fluticasone/umeclid/vilan						
		uff to be administered via						
	inhalation daily.							
	aaaan aany.							
	Observation of modic	ations on hand for Resident						
	#2 on 10/23/24 at 10:							
	-There was no flutica							
	_	lable for administration.						
	-There was fluticason							
	250-50mcg labeled w	ith instructions to administer						

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 73 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ´com		(X3) DATE SURVEY COMPLETED
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HAL016018		B. WING		R 10/23/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CARTERE	T HOUSE	3020 MAR	KET STREET		
OARTERE		NEWPORT	T, NC 28570		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 73	D 358		
	1 puff by mouth twice daily with a dispensing date of 09/21/24.				
	the facility's contracte 8:14am revealed: -They did not have an fluticasone/umeclid/vi Resident #2 and none -There was an order f propion-salmeterol 25 inhalation was admini 01/23/24 and was lass -There had been no of fluticasone/umeclid/vi fluticasone propion-sa Resident #2 received -The pharmacy had n 07/15/24 or the clarific 08/13/24 for Resident Telephone interview w care provider on 09/2 -Fluticasone/umeclid/fluticasone propion-sa the same class of me used to treat COPDFluticasone/umeclid/ ordered when Reside she was unsure why i fluticasone propion-sa -She thought fluticaso 100-62.5-25mcg may	lan 100-62.5-25mcg for had been dispensed. or fluticasone i0-50mcg, 1 puff by stered twice daily dated to dispensed on 09/21/24. Independent of the pharmacy of the pharmacy. On the pharmacy of the pharmacy. On the pharmacy of the pharmacy. On the pharmacy of the pharmacy of the pharmacy. On the pharmacy of the pharmacy of the pharmacy. On the pharmacy of the pharmacy of the pharmacy of the pharmacy. On the pharmacy of the phar			
	· · · · · · · · · · · · · · · · · · ·	erview with Resident #2's (PCP) on 10/23/24 at			

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 74 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
HAL016018		B. WING		10/23/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET			
040.15	SHIMMADV ST.	ATEMENT OF DEFICIENCIES	, NC 28570	PROVIDER'S PLAN OF CORRECTION	1	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	2 74	D 358			
	Refer to interview with the Resident Care Coordinator (RCC) on 10/23/24 at 9:36am.					
	Refer to telephone interview with the Administrator on 10/23/24 at 5:25pm.					
	b. Review of Resident #2's hospital discharge summary for hospitalization from 06/28/24 to 07/16/24 revealed there was an order for metformin ER 500mg 1 tablet to be administered each day.					
	Review of Resident #2's medication order clarification form dated 08/13/24 revealed there was an order to continue metformin ER 500mg 1 tablet each day.					
	Review of Resident #2's eMAR for August 2024 revealed: -There was a computerized entry for metformin ER 500mg, 2 tablets to be administered each day.					
	-There was documen 2 tablets was adminis on 08/01/24 to 08/02/08/31/24.	tation metformin ER 500mg, tered each day at 6:00am 24 and on 08/04/24 through or metformin ER 500mg, 1 red each day.				
	Review of Resident # 2024 revealed: -There was a comput ER 500mg, 2 tablets dayThere was documen 2 tablets was adminis on 09/01/24 to 09/30/	2's eMAR for September erized entry for metformin to be administered each tation metformin ER 500mg, tered each day at 6:00am 24. or metformin ER 500mg, 1				

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 75 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
HAL016018 B. WING			R 10/23/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CARTERET HOUSE				
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
Review of Resident # revealed: -There was a compute ER 500mg, 2 tablets of dayThere was document 2 tablets was administed on 10/01/24 to 10/22/-There was no entry for tablet to be administed. Observation of medice #2 on 10/23/24 at 10: multidose pack that we 500mg, 2 tablets to be dispense date of 10/11. Interview with a medical 10/23/24 at 10:24am administered metform each day per the multiperceived from the phase to the facility's contracted with a revealed: -Multidose packs were a 7 day supply of medical to be administered to the phase of 10/13/24 for Resident #2 was ord 2 tablets to be administered to telephone interview or 08/13/24 for Resident #2 was ord 2 tablets to be administered to telephone interview or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the administered to telephone interview with the facility or 08/13/24 for Resident #2 was ord 2 tablets to the facility or 08/13/24 for Resident #2 was ord 2 tablets to the facility or 08/13/24 for Resident #2 was ord 2 tablets to the facility or 08/13/24 for Resident #2 was ord 2 tablets to the facility or 08/13/24 for Resident #2 was ord 2 tablets with the facility or 08/13/24 for Resident #2 was ord 2 tablets with the facility	PROVIDER OR SUPPLIER STREET ADDRES 3020 MARKET NEWPORT, NO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 8 Continued From page 75 Review of Resident #2's eMAR for October 2024 revealed: -There was a computerized entry for metformin ER 500mg, 2 tablets to be administered each dayThere was documentation metformin ER 500mg, 2 tablets was administered each day at 6:00am on 10/01/24 to 10/22/24There was no entry for metformin ER 500mg, 1 tablet to be administered each day. Observation of medications on hand for Resident #2 on 10/23/24 at 10:24am revealed there was a multidose pack that was labeled metformin ER 500mg, 2 tablets to be administered daily with a dispense date of 10/11/24. Interview with a medication aide (MA) on 10/23/24 at 10:24am revealed Resident #2 was administered metformin ER 500mg, 2 tablets each day per the multidose packs that were received from the pharmacy each week. Telephone interview with pharmacy technician for the facility's contracted pharmacy on 10/23/24 at 8:14am revealed: -Multidose packs were dispensed each week with a 7 day supply of medicationsResident #2 was ordered metformin ER 500mg, 2 tablets to be administered daily on 01/23/24They had not received the orders dated 07/15/24 or 08/13/24 for Resident #2. Refer to telephone interview with Resident #2's primary care provider (PCP) on 10/23/24 at		DETICIENCY)	

Division of Health Service Regulation

STATE FORM 88IK11 If continuation sheet 76 of 78

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND LEAR OF GOTTLESTICK			A. BUILDING:			
HAL016018		B. WING		R 10/23/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARTERE	T HOUSE		KET STREET , NC 28570			
	CLIMMA DV CT		1	DDOVIDEDIS DI AN OF CODDECTIO		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	2 76	D 358			
	Refer to telephone interview with the Administrator on 10/23/24 at 5:25pm. Telephone interview with Resident #2's primary care provider (PCP) on 10/23/24 at 3:03pm					
	revealed: -New orders should be sent to pharmacy including medications that are prescribed while a resident was in the hospital and clarification orders.					
	-The pharmacy could call if there was a question about medication changes but they had to receive new orders.					
	Interview with the Resident Care Coordinator (RCC) on 10/23/24 at 9:36am revealed: -Resident #2 was in the hospital in July 2024 and					
	his FL-2 was updated and medications clarified when he returned to the facility. -She thought she faxed the updated FL-2 and the					
	clarification orders to the pharmacy. -The pharmacy sends an email confirmation when they received a fax but she was unable to					
	locate the fax confirm					
	eMAR.	ders were correct on the				
	the faxes of the order	ified the pharmacy received s and she should have armacy the following day.				
	I	vith the Administrator on				
	10/23/24 at 5:25pm re					
	I	nd clarification of orders 's orders and should have				
	been sent to the phar					
		nsible for ensuring the				
	pharmacy received pl	nysician orders.				
		re followed up on the new e medication was received				

Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 77 of 78

Division of Health Service Regulation

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE S				
		A. BUILDING.				
HAL016018		B. WING		10/23/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
T HOUSE						
SLIMMADV ST.			DROVIDER'S DI AN CE CORRECTIO	N.	(VE)	
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Continued From page	e 77	D 358				
in the facility and on t	he eMAR as it was ordered.					
in the facility and on the eMAR as it was ordered. The failure of the facility to ensure medications were available and administered as ordered for a resident with a diagnosis of dementia and known to have aggressive behaviors who was not administered 10 consecutive doses of a medication used to prevent aggression and anxiety prior to a physical alteration with a female resident which resulted in her having to be seen in the emergency department. A second resident did not receive an injectable medication used to stabilize blood sugars for 15 consecutive days which resulted in elevated blood sugars. This failure resulted in substantial risk of serious physical harm and constitutes a Type A2 Violation. The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 10/08/24 and on 10/23/24 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED NOVEMBER						
VIOLATION SHALL N 22, 2024.	IOT EXCEED NOVEMBER					
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Division of Health Service Regulation

STATE FORM 8BIK11 If continuation sheet 78 of 78