STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
744012741	or contraction	BENTI IO/MIGN NOMBER	A. BUILDING: _			
		HAL026068	B. WING		12/2	; 0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA AND, NC 2833			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		sure Section conducted an implaint investigation on				
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings		D 079			
	10A NCAC 13F .0306 Furnishings (a) Adult care homes (5) be maintained in orderly manner, free of hazards; This Rule shall apply facilities.	s shall an uncluttered, clean and of all obstructions and				
	reviews, the facility fa environment free of h care products and a p	ns, interviews, and record illed to maintain an azards including personal pair of metal scissors that e residents living in the				
	The findings are:					
	the special care unit (revealed: -All personal care iter items would be kept it areaResidents would have closet in their rooms would be keptThe items would rem-Facility team members.	ms and potentially harmful n a secured and locked re a locking box, cabinet or where personal products				

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

(X6) DATE TITLE

PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 079 Continued From page 1 items for personal care or by resident requestUpon request, a team member would assist in unlocking and providing supplies to the resident, allow time for grooming, and then resecure the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026068		(X2) MULTIPLE CO			E SURVEY PLETED	
TERRABELLA FAYETTEVILLE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 (X4) ID PREFIX TAG D 079 Continued From page 1 items for personal care or by resident requestUpon request, a team member would assist in unlocking and providing supplies to the resident, allow time for grooming, and then resecure the			B. WING		12	_	
TERRABELLA FAYETTEVILLE CUMBERLAND, NC 28331 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Do 079 Continued From page 1 items for personal care or by resident requestUpon request, a team member would assist in unlocking and providing supplies to the resident, allow time for grooming, and then resecure the	NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
(X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DOT9 Continued From page 1 items for personal care or by resident requestUpon request, a team member would assist in unlocking and providing supplies to the resident, allow time for grooming, and then resecure the ID PREFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE OF COMPLETED TO THE APPROPRIATE	TERRAB	ELLA FAYETTEVILLE					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 079 Continued From page 1 items for personal care or by resident requestUpon request, a team member would assist in unlocking and providing supplies to the resident, allow time for grooming, and then resecure the				RLAND, NC 28331			
items for personal care or by resident requestUpon request, a team member would assist in unlocking and providing supplies to the resident, allow time for grooming, and then resecure the	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Review of the facility's census report received on 12/18/24 revealed there were 22 residents living in the SCU of the facility. Observation of the bathroom in resident room C-11 on 12/18/24 at 9:39am revealed: -There were personal care hygiene products sitting around the edge of a sink in the resident's bathroomThe personal care hygiene products included antibacterial hand soap, antiperspirant deodorant, aloe moisturizing cream, diaper rash cream, and denture cleanser -Warning labels on the products included for external use only; keep out of eyes; keep out of reach of children; and in case of ingestion get medical help right away or contact a poison control center (PCC) right away. Interview with the resident who resided in room C-11 on 12/20/24 at 10:48am revealed she always had her body wash and other personal care products in her room. Interview with family members of the resident who resided in C-11 on 12/20/24 at 10:48am revealed personal care products were always kept in the resident's room until the other day someone came by and said she could not have them in the room. Observation of the bathroom in resident room C-01 on 12/18/24 at 10:20am revealed:	D 079	items for personal carupon request, a tear unlocking and provid allow time for groomi items in the locked at Review of the facility' 12/18/24 revealed the in the SCU of the factory of the SC-11 on 12/18/24 at 9-There were personal sitting around the edge bathroom. The personal care hantibacterial hand so aloe moisturizing credenture cleanser. Warning labels on the external use only; ke reach of children; and medical help right award control center (PCC). Interview with the reschold care products in her interview with family who resided in C-11 revealed personal care kept in the resident's someone came by an them in the room.	ire or by resident request. Im member would assist in ing supplies to the resident, ing, and then resecure the rea. I's census report received on ere were 22 residents living illity. In athroom in resident room 9:39am revealed: It care hygiene products ge of a sink in the resident's eap, antiperspirant deodorant, am, diaper rash cream, and ene products included for ep out of eyes; keep out of et in case of ingestion get evay or contact a poison right away. Isident who resided in room 10:48am revealed she wash and other personal room. In members of the resident on 12/20/24 at 10:48am are products were always room until the other day and said she could not have	D 079			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 2 of 106

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		. ,	(X3) DATE SURVEY COMPLETED	
ANDILAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		LETED	
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HAL026068			B. WING		12/	20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
TERRARE	LLA FAYETTEVILLE	1164 71S	T SCHOOL ROA	D			
CUMBER		RLAND, NC 2833	1				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D 079	Continued From page	e 2	D 079				
D 0/9	hygiene products on the bathroom. -The personal care hymoisturizing hand and conditioners, bar soal antiperspirant deodor scissors. -Warning labels on thout of reach of childres swallowed get medical avoid contact with eyellush with water; don harmful if ingested. Based on observation reviews, the two residence were not interviewable Interview with a medical 12/18/24 at 10:27am. -Personal care hygier	the counter near the sink in ygiene products included d body lotions, shampoos, p, toothpastes, ants and a pair of metal e products included: keep en; for external use only; if al help or contact a PCC; es; in case of eye contact ot drink, not edible; and ns, interviews, and record dents residing in room C-01 e. cation aide (MA) on revealed: ne products for residents in	D 079				
	the SCU were usually kept locked in a closet near the nurses' station in the SCU. -The personal care aides and MAs had a key to access the personal care products. -The PCAs took the personal care products to the residents' rooms and the PCAs were supposed to stay with the residents while they used the products. -Then the PCAs were supposed to take the personal care products back to the closet and lock it. -There should not be any scissors unlocked and available to residents. -There should not be any personal care products in residents' room currently because grooming and bathing was over with for that morning. -The Special Care Coordinator (SCC) usually checked the residents' rooms for personal care products every morning.						

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 3 of 106

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 [K4] ID [K4] ID [K4] ID [K4] ID [K5] ID [K6] I	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEPICIENCIES 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 PROVIDER OR SUPPLIER PROVIDER OR SUPPLIED STATEMENT OF DEPICIENCIES 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 PROVIDER SPLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRE	AND PLAN (OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
CALID CALID CALID CALID COMBERLAND, NC 28331 CALID CALID CALID CALID COMBER CALID			HAL026068	B. WING			
CUMBERLAND, NC 28331 CAMIDID SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMPLETE DAYS	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CUMBERLAND, NC 2831 (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 079 Continued From page 3 Interview with a personal care aide (PCA) on 12/18/24 at 10:38am revealed: -She had put the personal care products in the bathroom of resident room C-01 that morning because she was going to shower one of the residents in that roomShe got busy and forgot she left the personal care products in the bathroom are revealed: -Personal care products should have been locked up. Interview with the SCC on 12/18/24 at 10:40am revealed: -Personal care products in the SCU should be locked in a closet near the nurses' stationThe key to the closet was usually kept behind the nurses' station near the fire extinguisher for staff to access when neededAny staff who assisted the residents with personal care were supposed to take the personal care products back to staff to lock upEach PCA and she did a "sweep" after breakfast each morning to make sure personal care products back to staff to lock upEach PCA and she did a "sweep" after breakfast each morning to make sure personal care products back to staff to lock upThere should not be any scisors left unattended and unlocked in the SCUShe had started checking the rooms that morning but had not completed all the rooms, so	TEDDADE	III A FAVETTEVIII E	1164 71ST	SCHOOL ROA	AD.		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 079 Continued From page 3 Interview with a personal care aide (PCA) on 12/18/24 at 10:38am revealed: -She had put the personal care products in the bathroom of resident room C-01 that morning because she was going to shower one of the residents in that roomThe personal care products she left the personal care products in the bathroomThe personal care products should have been locked up. Interview with the SCC on 12/18/24 at 10:40am revealed: -Personal care products in the SCU should be locked in a closet near the nurses' stationThe key to the closet was usually kept behind the nurses' station near the fire extinguisher for staff to access when neededAny staff who assisted the residents with personal care were supposed to take the personal care were supposed to take the personal care products back to staff to lock upEach PCA and she did a "sweep" after breakfast each morning to make sure personal care products were locked upThere should not be any scissors left unattended and unlocked in the SCUShe had started checking the rooms that morning but had not completed all the rooms, so	CUMBE			AND, NC 2833	31		
Interview with a personal care aide (PCA) on 12/18/24 at 10:38am revealed: -She had put the personal care products in the bathroom of resident room C-01 that morning because she was going to shower one of the residents in that room. -She got busy and forgot she left the personal care products in the bathroom. -The personal care products should have been locked up. Interview with the SCC on 12/18/24 at 10:40am revealed: -Personal care products in the SCU should be locked in a closet near the nurses' stationThe key to the closet was usually kept behind the nurses' station near the fire extinguisher for staff to access when neededAny staff who assisted the residents with personal care were supposed to take the personal care products back to the locked closet when finished with careSome residents were hesitant to give the personal care products back to staff to lock upEach PCA and she did a "sweep" after breakfast each morning to make sure personal care products were locked upThere should not be any scissors left unattended and unlocked in the SCUShe had started checking the rooms that morning but had not completed all the rooms, so	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLE	
12/18/24 at 10:38am revealed: -She had put the personal care products in the bathroom of resident room C-01 that morning because she was going to shower one of the residents in that roomShe got busy and forgot she left the personal care products in the bathroomThe personal care products should have been locked up. Interview with the SCC on 12/18/24 at 10:40am revealed: -Personal care products in the SCU should be locked in a closet near the nurses' stationThe key to the closet was usually kept behind the nurses' station near the fire extinguisher for staff to access when neededAny staff who assisted the residents with personal care were supposed to take the personal care products back to the locked closet when finished with careSome residents were hesitant to give the personal care products back to staff to lock upEach PCA and she did a "sweep" after breakfast each morning to make sure personal care products were locked upThere should not be any scissors left unattended and unlocked in the SCUShe had started checking the rooms that morning but had not completed all the rooms, so	D 079	Continued From page	÷ 3	D 079			
she was not aware personal care products had been left in any resident rooms. Interview with the Administrator on 12/18/24 at 12:00pm revealed: -All personal care products in the SCU should be		12/18/24 at 10:38am -She had put the personal care products in the total care products in the screwaled: -Personal care products of the caces when need access	revealed: sonal care products in the room C-01 that morning ing to shower one of the ingot she left the personal bathroom. roducts should have been C on 12/18/24 at 10:40am cts in the SCU should be ar the nurses' station. It was usually kept behind the the fire extinguisher for staff ed. The did the residents with supposed to take the ts back to the locked closet tire. The hesitant to give the ts back to staff to lock up. Itid a "sweep" after breakfast the sure personal care up. any scissors left unattended SCU. Cking the rooms that completed all the rooms, so personal care products had ent rooms. ministrator on 12/18/24 at				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 4 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
74101244			A. BUILDING:			
HAL026068		B. WING		C 12/20/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRARE	TERRABELLA FAYETTEVILLE 1164 71S			D		
CUMBER			AND, NC 2833	1	<u> </u>	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 079	Continued From page	e 4	D 079			
	-The PCAs took the becare products to the rethey were assisting we-The PCAs were supposed with the personal care closetThe SCC was responsible to the SCUNo personal care producted in the SCU.	paskets with the personal resident's bathrooms when rith care. The products to the locked resible for doing weekly red personal care products of safety. The put things in their mouths response personal care products.				
D 263	D 263 10A NCAC 13F .0802 (e) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment: (1) the resident is under the physician's care; and (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan.		D 263			
	reviews, the facility fa	ns, interviews, and record iled to ensure the plan for 1 of 5 sampled gned by a physician within				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 5 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING				
	HAL026068		B. WING			C / 20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
TEDDADE	LLA FAYETTEVILLE	1164 71S	SCHOOL ROA	D			
IERRADE	LLA FATETTEVILLE	CUMBER	LAND, NC 2833	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 263	Continued From page	e 5	D 263				
	10/08/24 revealed: -Diagnoses included mellitus with chronic hyperlipidemia, acqui open-angle glaucoma deficiency of group B -The resident's level of domiciliary, memory of the resident was downtermittently disorien and verbally abusive the resident was downtermittently disorien and downtermittently dis	red absence of kidney, a, Vitamin D deficiency, and vitamins. of care was documented as care. cumented as being ted and having wandering behavior. cumented as ambulatory. cumented as being					
	revealed there was no Resident Register. Review of Resident #4's Contact Information Form revealed the resident was admitted and moved into the facility on 10/10/24. Review of Resident #4's current assessment and care plan dated 11/03/24 revealed: -The resident had severe cognitive impairment and was frequently disorientedThe resident was unable to remember or use informationThe resident may require repeated verbal prompts and/or directionThe resident was documented as "wanders indiscriminately and frequently; may wander at night"The resident resisted care and was verbally or physically inappropriate and required supervision.						

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 6 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026068		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		B. WING		12	C 2/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	-	
TEDDADE	III A EAVETTEVIII E	1164 718	ST SCHOOL ROAD			
IERRADE	ELLA FAYETTEVILLE	CUMBE	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 263	staff with ambulation, dressing, toileting, an -The resident was incompleted and care plan, she us provider for signature outside providerResident #4 was see Administration (VA) p-She did not rememblassessment and care PCP for signatureShe had no way to cassessment and care VA PCP. Interview with the Administration of the	abulatory. d minimal assistance by transferring, grooming, d eating. lependent with bathing. lependent	D 263			
	the HWD to make sui	no system to check behind re the assessment and care d and signed by the PCP.				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 7 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2.7.2.1.1.0			A. BUILDING:			
	HAL026068		B. WING		C 12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABELLA FAYETTEVILLE			SCHOOL ROA			
CUMBERL			AND, NC 2833			
(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 263	Continued From page	e 7	D 263			
	-	ent #4 on 12/18/24 at resident was in his room				
	Based on observations, interviews, and record reviews, it was determined that Resident #4 was not interviewable.					
		interviews with Resident 0/24 at 10:32am and 5:05pm				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.					
	facility failed to ensur- and follow-up for 3 of #4, #5) including failir physical therapy (#1) gero-psychiatry (#4); follow-up with the prir after a hospitalization	and record reviews, the e health care coordination 5 sampled residents (#1, ng to coordinate referrals for				
	The findings are:					
	10/08/24 revealed:	t #4's current FL-2 dated dementia, type 2 diabetes kidney disease,				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 8 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED	
			7.1. 20122.110. <u></u>			С
HAL026068		B. WING	B. WING		12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TEDDADE		1164 718	T SCHOOL ROAD			
TERRABELLA FAYETTEVILLE CUMBE		CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 8	D 273			
D 273	hyperlipidemia, acqui open-angle glaucoma deficiency of group B - The resident's level of domiciliary, memory of - The resident was do intermittently disorient and verbally abusive. Review of Resident # revealed there was not revealed there was not revealed the removed into the facility. Review of Resident # care plan dated 11/03 - The resident had seven and was frequently disorient and was frequently disorient and was frequently disorient and for direct of the resident was do indiscriminately and for night". -The resident resisted physically inappropriation and flashbacks. -The resident requirement staff with ambulation, dressing, toileting, and - The resident was income. Review of Resident.	red absence of kidney, a, Vitamin D deficiency, and vitamins. of care was documented as care. cumented as being tted and having wandering behavior. 44's admission records o Resident Register. 44's Contact Information sident was admitted and y on 10/10/24. 44's current assessment and a/24 revealed: vere cognitive impairment isoriented. quire repeated verbal tion. cumented as "wanders requently; may wander at d care and was verbally or ate and required supervision. st-traumatic stress disorder d minimal assistance by transferring, grooming, d eating. dependent with bathing. at #4's veteran's ospital discharge summary	D 273			
	-The resident was ad 01/29/24.	mitted to the hospital on ting/primary diagnosis was				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 9 of 106

NAME OF PROVIDER OR SUPPLIER TERRABELIA FAVETTEVILLE 1164 718T SCHOOL ROAD CUMBERLAND, NC 28331 [MAJID] [MAJID] [MAJID] SUMMARY STATEMENT OF DEPICIPIOLISES (LAND AND CUMBERLAND), NC 28331 [MAJID] PREPER (LAND ROAD CUMBERLAND, NC 28331 [MAJID] CONTINUED From page 9 dementia with behavioral disturbances. -The resident was admitted to the hospital from a former memory care facility following assault on staff members. -The resident was consulted to assist with agitation pharmacotherapy -The resident was discharged from the hospital on 10/10/24. -The resident was to follow-up with gero-psychiatry. Telephone interview with Resident #4's family member on 12/20/24 at 11/47am revealed: -She usually took Resident #4 to his medical appointments. -The resident's A gero-psychiatry provider had double booked appointments, so they called her and canceled his appointments. -The resident's Hard became more appointment (could not recall date). -They were supposed to call her back with a new appointment date and time, but she had not heard back from them. -She did not know if the facility had tried to contact the VA to set up any appointments for the resident. Interview with the Health and Wellness Director (HWD) on 12/20/24 at 8.40am revealed: -She was responsible for any referrals for resident. -Resident #4 saw providers through the VA system. -She did not know if the facility had tried to Resident. -Resident #4 saw providers through the VA system. -She did not remember seeing the referrals on Resident #4 shospital discharge papers when he		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER TERRABELIA FAYETTEVILE 1164 71578 SCHOOL ROAD CUMBERLAND, NC 28331 PROVIDERS HAVE OF CORRECTION OF COMMERCIAND, NC 28331 PROVIDERS HAVE OF COMMERCIAND OR COMMERCIAND, NC 28331 D 273 Continued From page 9 dementia with behavioral disturbances. - The resident was admitted to the hospital from a former memory care facility following assault on staff members. - The resident was domitted to the hospital on 10/10/24. - The resident was to follow-up with gero-psychiatry member on 12/20/24 at 11-47am revealed: - She usually took Resident #4 is family member on 12/20/24 at 11-47am revealed: - She usually took Resident #4 is this medical appointments. - The resident was to follow-up with gero-psychiatry provider had double booked appointments, so they called her and canceled his appointment (could not recall date). - They were supposed to call her back with a new appointment (the first had not heard back from them. - She did not know if the facility had tried to contact the VA to set up any appointments for the resident: - Interview with the Health and Weliness Director (HWD) on 12/20/24 at 8-40am revealed: - She was responsible for any referrals on Resident #4 soup providers through the VA system. - She did not throw if the facility had tried to resident: - Resident #4 saw providers through the VA system. - She did not remember seeing the referrals on Resident #4 shospital discharge papers when he				A. BUILDING: _			
CAN ID COMBERLAND, NC 28331 PROVIDER'S PLAN OF CORRECTION CAN IDENTIFY NO. COMPLETE NAME OF CORRECTION CAN IDENTIFY NO. CAN IDENTIFY			HAL026068	B. WING		1	
CAMBERLAND, NC 28331 CAMBER CAMBE	NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET A			TE, ZIP CODE		
CA4) D PRIEFIX SUMMARY STATEMENT OF DEFICIENCES PRIEFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDERS PLAN OF CORRECTION COMPLETE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE CROSS-REFERE	TERRABELLA FAYETTEVILLE						
dementia with behavioral disturbances. -The resident was admitted to the hospital from a former memory care facility following assault on staff members. -The resident became more agitated at about one month into stay so psychiatry was consulted to assist with agitation pharmacotherapy. -The resident was discharged from the hospital on 10/10/24. -The resident was to follow-up with gero-psychiatry. Telephone interview with Resident #4's family member on 12/20/24 at 11:47am revealed: -She usually took Resident #4 to his medical appointments. -The resident's VA gero-psychiatry provider had double booked appointments, so they called her and canceled his appointment, so they called her and canceled his appointment (could not recall date). -They were supposed to call her back with a new appointment date and time, but she had not heard back from them. -She did not know if the facility had tried to contact the VA to set up any appointments for the resident. Interview with the Health and Wellness Director (HWD) on 12/20/24 at 8:40am revealed: -She was responsible for any referrals for residents. -Resident #4's saw providers through the VA system. -She did not know seeing the referrals on Resident #4's hospital discharge papers when he	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
was admitted on 10/10/24. -She was not sure if Resident #4 had been seen by gero-psychiatry. -The resident's family member usually took the resident to his medical appointments.	D 273	dementia with behavirable resident was adiformer memory care if staff members. The resident became month into stay so psub assist with agitation potential that it is a staff member in the resident was disconton 10/10/24. The resident was to it gero-psychiatry. Telephone interview was member on 12/20/24. She usually took Resuppointments. The resident's VA gedouble booked appoint and canceled his appointment date and heard back from them. They were supposed appointment date and heard back from them. She did not know if the contact the VA to set resident. Interview with the Heard (HWD) on 12/20/24 and She was responsible residents. Resident #4 saw prosystem. She did not remember Resident #4's hospital was admitted on 10/1. She was not sure if Feby gero-psychiatry. The resident's family	mitted to the hospital from a facility following assault on emore agitated at about one sychiatry was consulted to obarmacotherapy. Scharged from the hospital follow-up with with Resident #4's family at 11:47am revealed: sident #4 to his medical ero-psychiatry provider had entments, so they called her cointment (could not recall did to call her back with a new did time, but she had not encount and the facility had tried to up any appointments for the lath and Wellness Director at 8:40am revealed: ero for any referrals for eviders through the VA er seeing the referrals on all discharge papers when he 10/24. Resident #4 had been seen	D 273			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 10 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL026068		B. WING		12	C 2/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TERRARE	LLA FAYETTEVILLE	1164 718	ST SCHOOL ROAD			
IERRADE	ELLA PATETTEVILLE	CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 10	D 273			
	Interview with the Administrator on 12/20/24 at 8:45am revealed: -When family members took residents to medical appointments, the family member was supposed to give any paperwork to the Resident Care Coordinator (RCC), the HWD, or the medication aide (MA) on dutyThe RCC or the HWD were responsible for making sure the paperwork was received and for processing and reviewing any paperworkThe HWD was responsible for making sure any referrals were completed as orderedShe did not know if Resident #4 had been seen by a VA gero-psychiatry provider. Attempted telephone interviews with Resident #4's VA providers on 12/20/24 at 10:32am and 5:05pm were unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #4 was not interviewable.					
	dated 10/10/24 revealure. The resident was ad 01/29/24. The resident's admit dementia with behave. The resident had an (blood in the urine) the hospital stay.	ospital discharge summary aled: Imitted to the hospital on tting/primary diagnosis was				
	on 10/10/24. -There was a referral	for the resident to go back cory of nephrectomy (removal renal cell carcinoma				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 11 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
		HAL026068	B. WING		12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		1164 71S	T SCHOOL ROA	AD	
TERRABE	LLA FAYETTEVILLE		LAND, NC 2833		
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE
			 		
D 273	Continued From page	e 11	D 273		
	Telephone interview v	with Resident #4's family			
	member on 12/20/24	at 11:47am revealed:			
	•	sident #4 to his medical			
	appointments.				
		switch the resident to a VA			
	0, 1	ted closer to the resident.			
		the VA to call her back about			
	a urology providerShe did not know if the facility had tried to contact the VA to set up any appointments for the resident.				
	Interview with the Hea	alth and Wellness Director			
	(HWD) on 12/20/24 a				
	-She was responsible	e for any referrals for			
	residents.				
	-	viders through the VA			
	system.	or againg the referrals on			
		er seeing the referrals on Il discharge papers when he			
	was admitted on 10/1				
		Resident #4 had been seen			
	by a urology provider				
		member usually took the			
resident to his medical appointments.					
Interview with the Administrator on 12/20/24 at					
	8:45am revealed:	rs took residents to medical			
		nily member was supposed			
		• • • • • • • • • • • • • • • • • • • •			
	to give any paperwork to the Resident Care Coordinator (RCC), the HWD, or the medication				
	aide (MA) on duty.	,			
		D were responsible for			
		erwork was received and for			
	processing and review				
		onsible for making sure any			
	referrals were comple				
	She did not know if F	Resident #4 had been seen			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 12 of 106

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					С
		HAL026068	B. WING		12/20/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA FAYETTEVILLE		T SCHOOL ROA		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	LAND, NC 2833	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID 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 273	Continued From page	2 12	D 273		
	by a VA urology provi	der.			
		interviews with Resident 12/20/24 at 10:32am and essful.			
	Based on observations, interviews, and record reviews, it was determined that Resident #4 was not interviewable. c. Review of Resident #4's veteran's administration (VA) hospital discharge summary dated 10/10/24 revealed: -The resident was admitted to the hospital on 01/29/24. -The resident's admitting/primary diagnosis was dementia with behavioral disturbances. -The resident was admitted to the hospital from a former memory care facility following assault on staff members. -The resident was discharged from the hospital on 10/10/24. -The resident was to see his VA primary care provider (PCP) within 1 to 5 days.				
	member on 12/20/24 -She usually took ResappointmentsThe resident had not was discharged from -She had asked the VVA PCP located close-She had not heard be-She did not know if the contact the VA to set to resident.	sident #4 to his medical seen a VA PCP since he the VA hospital on 10/10/24. 'A to refer the resident to a er to the resident. ack from the VA.			

Division of Health Service Regulation

(HWD) on 12/20/24 at 8:40am revealed:

STATE FORM 6899 N8QI11 If continuation sheet 13 of 106

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD CUMBERLAN, NC. 28311 (X4) ID PREPIX TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG CONTINUE ACTION FOR LSC IDENTIFYING INFORMATION) D 273 Continued From page 13 -She was responsible for any referrals for residentsResident #4 was seen by a VA PCP, not the facility's contracted PCPShe did not remember seeing the referrals on Resident #4 has plant if member usually took the resident to his medical appointments. Interview with the Administrator on 12/20/24 at 8.45am revealed: -When family member usually took the resident's family member was supposed to give any paperwork to the Resident Care Coordinator (RCC), the HWD) or the medication aide (MA) on dutyThe RCC or the HWD were responsible for making sure the paperwork was received and for processing and reviewing any paperworkThe HWD was responsible for making sure any referrals were completed as orderedShe did not know if Resident #4 had been seen by the VA PCP is not discharge from the hospital on 10/10/24. Altempted telephone interviews with Resident #4 see No 12/20/24 at 10.32am and 5.05pm were unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #4 was not interviewable.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGGED COMBERLAND). NC 28311 PREPRIX TAG COntinued From page 13 -She was responsible for any referrals for residentsResident #4 was seen by a VA PCP, not the facility's contracted PCPShe did not remember seeing the referrals on Resident #4 was seeing the referrals on Resident #4 sheatily member usually took the resident to his medical appointments. Interview with the Administrator on 12/20/24 at 8:45am revealed: -When family member so kresidents to medical appointments, the family member was supposed to give any paperwork to the Resident Care Coordinator (RCC), the HWD, or the medication aide (MA) on dutyThe RCC or the HWD were responsible for making sure the paperwork was received and for processing and reviewing any paperworkThe HWD was responsible for making sure any referrals were completed as orderedShe did not know if Resident #4 had been seen by the VA PCP on 12/20/24 at 10:32am and 5:05pm were unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #4 was not interviewable.			HAL026068	B. WING		12	_
COMBERLAND, NC 28331 SUMMARY STATEMENT OF DEFICIENCIES FREGULATORY OR LSC IDENTIFYING INFORMATION D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MLIST BE PRECEDED BY FULL TAG PROPRIET ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE					, ZIP CODE	·	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 13 -She was responsible for any referrals for residents. -Resident #4 was seen by a VA PCP, not the facility's contracted PCP. -She did not remember seeing the referrals on Resident #4 family member usually took the resident to his medical appointments. Interview with the Administrator on 12/20/24 at 8:45am revealed: -When family members took residents to medical appointments, the family member was supposed to give any paperwork to the Resident Care Coordinator (RCC), the HWD, or the medication aide (MA) on duty. -The RCC or the HWD war responsible for making sure the paperwork was received and for processing and reviewing any paperwork. -The HWD was responsible for making sure the paperwork was received and for processing and reviewing any paperwork. -The HWD was responsible for making sure any referrals were completed as ordered. -She did not know if Resident #4 had been seen by the VA PCP since discharge from the hospital on 10/10/24. Attempted telephone interviews with Resident #4's VA PCP on 12/20/24 at 10:32am and 5:05pm were unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #4 was not interviewable.	TERRABE	ELLA FAYETTEVILLE					
-She was responsible for any referrals for residentsResident #4 was seen by a VA PCP, not the facility's contracted PCPShe did not remember seeing the referrals on Resident #4's hospital discharge papers when he was admitted on 10/10/24The resident's family member usually took the resident to his medical appointments. Interview with the Administrator on 12/20/24 at 8:45am revealed: -When family member took residents to medical appointments, the family member was supposed to give any paperwork to the Resident Care Coordinator (RCC), the HWD, or the medication aide (MA) on dutyThe RCC or the HWD were responsible for making sure the paperwork was received and for processing and reviewing any paperworkThe HWD was responsible for making sure any referrals were completed as orderedShe did not know if Resident #4 had been seen by the VA PCP since discharge from the hospital on 10/10/24. Attempted telephone interviews with Resident #4's VA PCP on 12/20/24 at 10:32am and 5:05pm were unsuccessful. Based on observations, interviews, and record reviews, it was determined that Resident #4 was not interviewable.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	ΓΙΟΝ SHOULD BE THE APPROPRIATE	COMPLETE
revealed diagnoses included chronic atrial fibrillation, hypertensive heart disease with heart failure, type 2 diabetes mellitus, pulmonary hypertension, and chronic respiratory failure with hypoxia.	D 273	-She was responsible residentsResident #4 was see facility's contracted P-She did not rememb Resident #4's hospita was admitted on 10/1-The resident's family resident to his medical. Interview with the Admitted seeds appointments, the fart to give any paperwor Coordinator (RCC), the family member appointments, the fart to give any paperwor Coordinator (RCC), the family making sure the paper processing and reviesure -The HWD was responsed and reviesure -The HWD was responsed and the resident was responsed and the resident was responsed and the resident seeds and the resident seeds and the resident seeds and the reviews, it was determined the revealed diagnoses in the revealed diagnos	en by a VA PCP, not the PCP. Deer seeing the referrals on all discharge papers when he 10/24. If member usually took the all appointments. In ministrator on 12/20/24 at ers took residents to medical mily member was supposed it to the Resident Care he HWD, or the medication in the property of the prop	D 273			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 14 of 106

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL026068	B. WING		12	C 2/20/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE	<u> </u>	
TEDDADE		1164 719	T SCHOOL ROAD			
TERRABE	ELLA FAYETTEVILLE	CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 14	D 273			
		1's signed physician's order led there was an order for nome health.				
		nt #1 on 12/20/24 revealed referral for physical therapy 24.				
	Interview with Resident #1's family member on 12/20/24 at 9:25am revealed: -She was aware Resident #1 had a referral for physical therapy, and it was not doneShe asked Resident #1's provider why the referral for physical therapy was not doneShe did not notify the facility to inquire about why the referral was not done because she thought she had to handle it.					
	(HWD) on 12/20/24 a -Resident #1's family doctor's appointments -The referrals for the supposed to come to -She was not aware f for physical therapyShe was responsible	member took her to all her s. residents in the facility were				
	8:27am revealed: -There was an in-hou the facility worked wit -She expected Reside referral to be handled	ent #1's physical therapy				
		(PCP) on 12/20/24 at				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 15 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		HAL026068	B. WING		C 12/20/2024	
					12/20/2024	-
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
TERRABE	TERRABELLA FAYETTEVILLE CUMPER					
	OLIMAN DV OT		AND, NC 2833			\dashv
(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 SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET	Έ
D 273	Continued From page	e 15	D 273			
	10/29/24 revealed dia hypertension, cognitivartery disease, gastro hypercholesterolemia Review of Resident # dated 03/21/24 revea Metoprolol Tartrate (u	ve impairment, coronary o-esophageal reflux disease, i, and insomnia. 5's signed physician orders led there was an order for ised to treat hypertension) aily and hold and call if pulse				
	medication administrative revealed: -There was an entry for 100mg tablet twice dates than 60 or greated 8:00am and 8:00pmThere was a second included a pulse chect 8:00am and 8:00pmThere was document	for Metoprolol Tartrate ally and hold and call if pulse ar than 100 scheduled at entry for vital signs that ack twice daily scheduled at tation Resident #5's pulse times with a pulse reading				
	revealed: -There was an entry f 100mg tablet twice da less than 60 or greate 8:00am and 8:00pmThere was a second included a pulse chec 8:00am and 8:00pmThere was documen was checked 46 of 60 range of 62 - 98.	5's November 2024 eMAR for Metoprolol Tartrate aily and hold and call if pulse er than 100 scheduled at entry for vital signs that ck twice daily scheduled at tation Resident #5's pulse of times with a pulse reading mentation of Resident #5's				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 16 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.1.12 . 2.1.1		15211111107111011152111	A. BUILDING: _			
		HAL026068	B. WING		C 12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	<u>, </u>	PROVIDER'S PLAN OF CORRECTION	N (VE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPL	ETE
D 273	Continued From page	e 16	D 273			
		m on 11/04/24 -11/08/24, 1/19/24, 11/21/24, 11/25/24, 24.				
	Review of Resident # from 12/01/24 through revealed:	5's December 2024 eMAR h 12/18/24 at 8:00am				
	100mg tablet twice da	or Metoprolol Tartrate aily and hold and call if pulse er than 100 scheduled at				
	-There was a second included a pulse chec	entry for vital signs that k twice daily scheduled at				
	8:00am and 8:00pmThere was documentation Resident #5's pulse was checked 32 of 35 times with a pulse reading					
		nentation of Resident #5's m on 12/03/24, 12/10/24,				
	from 10/01/24 through -There was document refused pulse checks 11/05/24 at 8:02pm, 1 11/11/24 at 8:51pm.	tation that Resident #5 on 11/04/24 at 7:23pm, l1/06/24 at 7:34pm, and				
		nentation the primary care een notified of any pulse				
	06/05/24 to 12/10/24	5's progress notes from revealed there was no CP had been notified of any nan than 60.				
	documented in the re	cation aide (MA) on revealed she would have sident's progress notes if e PCP about the resident.				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 17 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B WING		С
		HAL026068	B. WING		12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
TERRARE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	ND.	
TENNADE	LLATATETTEVILLE	CUMBERL	AND, NC 2833	31	
(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 COMPLETE
D 273	273 Continued From page 17		D 273		
	heart rates obtained f -She had not paid atte instructions to call wh less than 60.	ed the PCP regarding any or Resident #5.			
	Interview with the Administrator on 12/20/24 at 10:20am revealed: -She expected the MAs to document their contacts in the resident's progress notesIf the MAs had not documented their contacts in the resident's progress notes, she considered the contact with the PCP had not happened.				
	11:35am revealed: -There was no documnotes that the facility regarding any heart ra-If Resident #5 only hate/pulse readings, sand would have reque	vith the PCP on 12/20/24 at nentation in the provider had contacted the PCP ate/pulse readings obtained. ad two lower heart the would not be concerned ested monitoring of the eart rate/pulse readings			
D 285	10A NCAC 13F .0904 Service	4(a)(4) Nutrition And Food	D 285		
	(a) Food Procurement Homes:(4) There shall be a toperishable food and a				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 18 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL026068	B. WING		1:	C 2/ 20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
			T SCHOOL ROAD	,		
TERRABE	ELLA FAYETTEVILLE	CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 285	menus established in for both regular and t purpose of this Rule is likely to spoil or de 40 degrees Fahrenheit of food" is food that can	Paragraph (c) of this Rule herapeutic diets. For the "perishable food" is food that cay if not kept refrigerated at eit or below, or frozen at zero or below and "non-perishable"	D 285			
	review, the facility fai was stocked with a 3	ns, interviews, and record led to ensure the kitchen -day supply of perishable pply of nonperishable foods				
	revealed there were 4 Observation of the kir 6:36am and 6:45am -There was 1 can of y servings per can for -According to the cer size per can, the facil one meal, with a rem additional 14 cans for	yams (sweet potatoes), with 19. Insus of 42 and the serving lity would use 3 cans during ainder of 0 can, needing an In a 5-day supply. If collard greens, with				
	size per can, the facil	nsus of 42 and the serving lity would use 2 cans during ainder of 0 can, needing an				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 19 of 106

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	
			B. WING		C	_
		HAL026068	B. WING		12/20/2024	<u> </u>
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1164 7157	SCHOOL ROA	ND.		
TERRABE	LLA FAYETTEVILLE		LAND, NC 2833			
		COWBER	-AND, NC 2033	51		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMP	(5) PLETE ATE
D 285	Continued From page	e 19	D 285			
	additional 40 come for	a E day ayanı				
	additional 10 cans for					
		f beets, with servings per				
	can for 25.					
		sus of 42 and the serving				
		ity would use 2 cans during				
		ainder of 0 can, needing an				
	additional 10 cans for					
	_	of instant mashed potatoes,				
	with servings per bag	sus of 42 and the serving				
		ity would use 1 bag during				
		mainder of 2 bags, needing				
	an additional 2 bags f	<u> </u>				
		s of cranberry juice, with				
	servings per carton for					
		sus of 42 and the serving				
	•	acility would use 7 cartons				
		a remainder of 0 boxes,				
	•	l 32 cartons for a 5-day				
	supply.	1 32 Cartons for a 3-day				
		on jugs of milk, with servings				
	per jug for 25.	on jugs of milk, with servings				
		sus of 42 and the serving				
		ould use 2 jugs during one				
		er of 0 jugs, needing an				
	additional 6 jugs for a	,				
		the Dietary Manger (DM)				
	there were no eggs.	the Blotary Manger (BM)				
		igh perishable food items for				
	a 3-day supply.	ight perionable feed frome for				
	a o day ouppiy.					
	Interview with the DM	l on 12/18/24 at 10:01am				
	revealed:					
		for ordering the food in the				
	kitchen.	g				
		food supply because it was				
	about to expire.					
		eded a 3-day perishable and				
	5-day nonperishable					

Division of Health Service Regulation

-He informed the Administrator he needed to

STATE FORM N8QI11 If continuation sheet 20 of 106

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	FE, ZIP CODE	
		1164 71S	T SCHOOL ROA	D	
TERRABE	LLA FAYETTEVILLE	CUMBER	LAND, NC 2833	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 285	Continued From page	e 20	D 285		
	order more food for h 5-day nonperishable order what he could. -It was difficult for hin the week's menu and	is 3-day perishable and food supply and was told to not to order enough food for a 3-day perishable and a food supply due to his			
D 358	10:07am revealed: -The DM reported to -She was aware there perishable and 5-day in the kitchen in case -She did not know wh supply and nonperish in the kitchenShe thought there w for a 3-day supply an 5-day supply in the ki -She expected the DI perishable and a 5-da even if it meant going	e needed to be a 3-day nonperishable food supply there was a disaster. by there was not a 3-day hable food for a 5-day supply as enough perishable food d nonperishable food for a tchen. M to order a 3-day ay nonperishable food supply g over the food budget.	D 358		
D 358	(a) An adult care hor preparation and admiprescription and nonby staff are in accord (1) orders by a licens which are maintained	4 Medication Administration me shall assure that the inistration of medications, prescription, and treatments ance with: sed prescribing practitioner I in the resident's record; and on and the facility's policies as evidenced by:	D 358		

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 21 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,			A. BUILDING: _			
	HAL026068		B. WING		C 12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TERRABE	TERRABELLA FAYETTEVILLE CUMBER					
(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	21	D 358			
	reviews, the facility far were administered as (#6, #7) observed dur including errors with a medication for anxiety for dry eye syndrome problems, a laxative, anemia (#6); a medic pressure, an antidepr dry, irritated eyes (#7 (#2, #3, #4, #5) samp including errors with r (#3), seizures and mo overactive bladder and	y and agitation, an eye drop , an inhaler for breathing and an iron supplement for ation for high blood ressant, and an eye drop for); and for 4 of 5 residents reled for record review medications for dementia and disorders (#3), and kidney stones (#3), gh cholesterol (#2), and a				
		or rate was 30% as s out of 30 opportunities 00am medication pass on				
	07/25/24 revealed dia					
	09/23/24 revealed an 5mg 1 tablet 3 times a	6's hospice orders dated order for Cyclobenzaprine a day for muscle cramps. In muscle relaxant used to and pain.)				
	Observation of the 8:0 pass on 12/19/24 revo	00am/9:00am medication ealed:				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 22 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			E SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			HAI 03c0co	B. WING		4.0	-
TERRABELLA FAYETTEVILLE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (XE	NAME OF F				ZID CODE	12	1/20/2024
TERRABELLA FAYETTEVILLE CUMBERLAND, NC 28331 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	NAME OF P	ROVIDER OR SUPPLIER			, ZIP CODE		
(2.7)	TERRABI	ELLA FAYETTEVILLE					
	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
The medication aide (MA) prepared medications scheduled for 8:00am for Resident #6. -Resident #6's medications were packaged in bubble cards. -There were two different bubble cards with Cyclobenzaprine 5mg tablets. -The MA punched one Cyclobenzaprine 5mg tablets from each bubble card for a total of 2 tablets (10mg). -The MA administered two Cyclobenzaprine 5mg tablets along with the resident's other morning medications at 8:09am. -The resident was administered 10mg of Cyclobenzaprine (5mg from two different bubble cards) instead of one 5mg tablet as ordered. Review of Resident #6's December 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Cyclobenzaprine 5mg 1 tablet 3 times a day scheduled at 8:00am, 2:00pm, and 8:00pm. -Cyclobenzaprine 5mg was documented as administered from 12/01/24 (2:00pm) - 12/18/24 at 8:00am and 2:00pm with no reasons documented. Interview with the MA on 12/19/24 at 12:57pm revealed: -She usually administered one Cyclobenzaprine smg tablet to Resident #6. -The bubble cards for the Cyclobenzaprine were usually banded together with a rubber band. -She did not notice when she was preparing the medications that the cards were separate, and she punched one Cyclobenzaprine 5mg tablet from each card. -Resident #6 stept frequently during the day but would wake up around 2:00pm or 3:00pm and	D 358	-The medication aide scheduled for 8:00am -Resident #6's medic bubble cardsThere were two diffe Cyclobenzaprine 5mg -The MA punched on tablet from each bubbt tablets (10mg)The MA administered tablets along with the medications at 8:09al -The resident was ad Cyclobenzaprine (5mc cards) instead of one Review of Resident # electronic medication (eMAR) revealed: -There was an entry tablet 3 times a day seed to 2:00pm, and 8:00pmCyclobenzaprine 5ml administered from 12 (8:00am) except on 1 at 8:00am and 2:00pm documented. Interview with the MA revealed: -She usually administicated from 12 (8:00am) except on 1 at 8:00am and 2:00pm documented. Interview with the MA revealed: -She usually administicated from 12 (8:00am) except on 1 at 8:00am and 2:00pm documented.	(MA) prepared medications in for Resident #6. ations were packaged in terent bubble cards with grablets. The Cyclobenzaprine 5mg or resident's other morning in terest at 8:00pm, 12/19/24 at 8:00pm, 12/18/24 in with no reasons in for Resident's other morning in terest at 8:00pm, 12/19/24 at 9:00pm, 12/19/2	D 358			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 23 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1		
		HAL026068	B. WING		C 12/20/2024
NAME OF PROVIDER OR SUP	PLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
TEDDADELLA CAVETTEN	/II I E	1164 71ST	SCHOOL ROA	AD .	
TERRABELLA FAYETTEVILLE CUMBER			AND, NC 2833	31	
PREFIX (EACH [SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE
D 358 Continued Fr	om page	e 23	D 358		
stay up all ni	ght.				
Observation hand on 12/1 -There was a Cyclobenzap instructions to -There were of 2There was a Cyclobenzap instructions to -There were Observation 9:40am revea -The MA enterpain patchThe resident room asleep -The MA callet then lightly to wake her upThe resident room asleep -The MA there Second observation 9:40am revea -The resident room asleep -The resident room asleep -The resident wheelchairThe resident wake her up. Interview with	of Reside 9/24 at 7 a supply (a rine 5mg o take 1 13 of 22 a supply (a rine 5mg o take 1 15 of 23 aled: ered the twas sitt with her ed the reduched the trouched the trouched the trouched the reduched the reduced	ent #6's medications on 1:03pm revealed: (card 1 of 2) of g dispensed on 12/02/24 with tablet 3 times a day. tablets remaining in card 1 (card 2 of 2) of g dispensed on 12/02/24 with tablet 3 times a day. tablets remaining. ent #6 on 12/19/24 at resident's room to apply a ting in her wheelchair in her head leaning down. esident's name 3 times and he resident's shoulder to MA she was sleepy. If the resident #6 on 12/19/24 ting in her wheelchair in her was leaning to the left in the had to be called twice to ent #6 on 12/19/24 at 2:28pm y except she was sleepier			

Division of Health Service Regulation

Interview with the Resident Care Coordinator

STATE FORM N8QI11 If continuation sheet 24 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL026068	B. WING		C 12/20/2024	
	ROVIDER OR SUPPLIER	1164 71ST	PRESS, CITY, STA SCHOOL ROA AND, NC 2833	D		
(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	the medications accor-Resident #6 should r dose of Cyclobenzapri-There should have o Cyclobenzaprine 5mg-The extra card shoul backup supply of medications. Interview with the Head (HWD) on 12/19/24 a -The MAs should read administer the medicar-Resident #6 should head Cyclobenzaprine 5mg-Interview with the Adra 1:39pm revealed: -The MAs had been to labels and eMARs be medications. -Resident #6 should head Cyclobenzaprine 5mg-Interview with Reside (PCP) on 12/19/24 at -Resident #6 should head Cyclobenzaprine 5mg-A double dose of the cause the resident to b. Review of Residen 07/31/24 revealed an take 1 tablet twice a control of the cause the resident twice a control of the cause the twice and take 1 tablet twice a control of the cause the resident twice a control of the cause the twice and take 1 tablet twice a control of the cause the resident twice a control of the cause the twice and take 1 tablet twice and tablet twice and take 1 tablet twice and take 1 tablet twice and tablet twice and take 1 tablet twice and tablet twice an	anined to read the the eMARs and administer rding to the orders. The have received a double rine that morning. The medication cart. In the medication cart. In the medication cart. In the medication in the medication where the medication in the medication according to the order. The medication label and ration according to the order. The medication according to the or	D 358			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 25 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE Co			SURVEY PLETED	
			7.1. 50.25.1.10.			0
		HAL026068	B. WING		12	C // 20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	•	
TVAIVIL OF T	NOVIDER OR GOLF EIER		T SCHOOL ROAD	, 211 0002		
TERRABE	ELLA FAYETTEVILLE		RLAND, NC 28331			
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	25	D 358			
		6's hospice orders dated order for Lorazepam 0.5mg or anxiety.				
	(MHP) visit note date -The resident had del disturbance that was -The facility staff repo easily agitated in the -There was evidence	mentia with behavioral chronic and unstable. rted that the resident was afternoon.				
	pass on 12/19/24 rev -The medication aide administered Resider scheduled for 8:00am -The MA did not offer 0.5mg to Resident #6 medication pass.	(MA) prepared and at #6's medications at 8:09am. or prepare Lorazepam				
	(eMAR) revealed: -There was an entry f tablet every 4 hours a or agitationThe prn Lorazepam administered on 4 occ 9:31am, 12/16/24 at 9 12:43pm, and 12/18/2 -There was an entry f tablet 3 times a day s 12:00pm, and 5:00pm -Lorazepam 0.5mg 3	administration record for Lorazepam 0.5mg 1 as needed (prn) for anxiety was documented as casions: 12/14/24 at 0:45am, 12/17/24 at 24 at 11:42am. for Lorazepam 0.5mg 1 cheduled at 8:00am, n.				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 26 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED	
	HAL026068	B. WING		12	C 2/20/2024	
NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE	1164 71	ADDRESS, CITY, STATE ST SCHOOL ROAD RLAND, NC 28331	, ZIP CODE			
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL ' OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
12/01/24 at 8:00a -Lorazepam 0.5m documented as d 12:00pm - 12/31/2 Review of Residerevealed there was Lorazepam 0.5mg Interview with the revealed: -She was not away order for Residen on the eMAR systmorning medicatire. The resident usus after supperThe resident was eveningsThe resident thomembers and the the evenings. Observation of Rehand on 12/19/24 -There was a sup dispensed on 07/1 tablet every 4 hou agitationThere were 34 o card dispensed on 11/19/24 or there was a sup dispensed on 11/19/24 or the was a sup dispensed or 11/19/24 or the was a sup dispensed or 11/19/24 o	and 12/06/24 at 12:00pm. In and 12/06/24 at 12:00pm. In 3 times a day was iscontinued from 12/07/24 at 24 at 8:00pm. In #6's physician's orders as no order to discontinue g 3 times a day. In MA on 12/19/24 at 12:57pm In are of a scheduled Lorazepam at #6 because it did not show up tem when she administered ons. In ally got agitated in the evenings as more confused in the length the staff were her family are resident would curse at staff in the evenings of at 12:58pm revealed: In ply of Lorazepam 0.5mg tablets 31/24 with instructions to take 1 are as needed for anxiety or for the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the following tablets 26/24 with instructions to take 1 are as needed for anxiety or the followin	D 358				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 27 of 106

	AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED
		HAL026068	B. WING		12	C 2/20/2024
NAME OF B			DDRESS, CITY, STATE	ZID CODE	12	1/20/2024
NAME OF P	ROVIDER OR SUPPLIER		ST SCHOOL ROAD	, ZIP CODE		
TERRABE	ELLA FAYETTEVILLE		RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO' DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 27	D 358			
	agitationThere were 60 of 60 card dispensed on 12 -There was no supply tablets with instructio Telephone interview of facility's contracted post 11:11am revealed: -The pharmacy staff or orders into the eMAR of the facility staff was and approving the or facility staff was and approving the or facility staff or locative in the eMAR of the pharmacy received at 11/14/24 for Locatimes a dayShe could see the of tablets in the pharmal she did not see an of Lorazepam 0.5mg 1 the facility's eMAR	of Lorazepam 0.5mg and to take 3 times a day. With a pharmacist at the charmacy on 12/20/24 at usually entered medication a system for the facility. Tresponsible for reviewing ders before they became existem. Wed Resident #6's order carazepam 0.5mg 1 tablet 3 Treder for Lorazepam 0.5mg Cy's eMAR system. Order to discontinue the				
	(RCC) on 12/19/24 at	sident Care Coordinator t 1:17pm revealed: ly entered the orders into				
	the eMAR systemThe third shift MA, the Director (HWD), or sharesponsible for review the eMAR system to they could also enter system if needed.	ne Health and Wellness he had access to and were ving and approving orders in activate the orders. er orders into the eMAR				
	in the facility's active	he prn order for Lorazepam eMAR system. ny the scheduled Lorazepam				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 28 of 106

	E CORRECTION IDENTIFICATION NUMBER			(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		150
		HAL026068	B. WING		12/2	0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		1164 71ST	SCHOOL ROA	ND		
TERRABE	LLA FAYETTEVILLE	CUMBERL	AND, NC 2833	31		
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From page	e 28	D 358			
		y was stopped in the active				
	Interview with the HW revealed:	/D on 12/19/24 at 2:06pm				
	-The RCC, Administrative review and approve of them printed from an order without other, then an order overlooked.	tem to check behind each rders were reviewed				
	1:39pm revealed: -Resident #6's sched administered at 8:00a-Resident #6's Loraze times a day because verbally aggressive, a bingo cards and plate-The pharmacy usual eMAR system but the orders to activate the -The MAs, the RCC, approve medication of -The MAs scanned or -The RCC or HWD worders to the pharmac-The third shift MA was	ly entered orders into the e facility had to approve the m. and the HWD had access to orders. Indeed to the RCC or HWD. It is a responsible for sending cy. It is as responsible for verifying tions matched when they				
	12/20/24 at 10:16am -Resident #6's Loraze increased agitation.	with Resident #6's MHP on revealed: epam was increased due to ndowning and "trashing" her				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 29 of 106

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL026068	B. WING		C 12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA			
	CLIMMAN DV CT		AND, NC 2833		u	
(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	29	D 358			
	roomSome of the resident prevented if she receil Lorazepam 3 times a					
	07/25/24 revealed: -There was an order of 160-4.5mcg inhale 2 (Symbicort is combined Budesonide and Form Breyna is another brain and is the same as Streyna are used to the as chronic obstructive Review of Resident # 09/23/24 revealed and	puffs twice a day. ation inhaler that contains noterol Fumarate Dihydrate. and name used for Symbicort ymbicort. Symbicort and eat breathing problems such e pulmonary disease.) 6's hospice orders dated				
	pass on 12/19/24 reverthe medication aide administered Resider scheduled for 8:00am -The MA did not offer (Breyna) 160-4.5mcg during the morning m	(MA) prepared and It #6's medications It at 8:09am. It at 8:09a				
	(eMAR) revealed: -There was an entry f inhaler (Budesonide-I	administration record or Breyna 160-4.5mcg Formoterol Fumarate uffs twice daily, rinse mouth				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 30 of 106

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					C
		HAL026068	B. WING		12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		1164 71ST	SCHOOL ROA	D	
TERRABE	LLA FAYETTEVILLE		AND, NC 2833		
	CUMMA DV CT		1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 30	D 358		
	administered at 8:00a	am and 8:00pm.			
		documented as administered			
	from 12/03/24 - 12/17				
	-Breyna inhaler was o	documented as not			
		am on 12/18/24 due to			
	"other" with no specifi	ic reason documented.			
		reyna inhaler on 12/19/24 at			
	8:00am had a hypher				
	documented.				
	revealed: -She saw Resident # medication cart but sl same as Breyna inha -She did not notice th (Budesonide-Formote Resident #6's Symbio generic name of the E eMARResident #6 had sho	e generic name erol Fumarate Dihydrate) on cort inhaler matched the Breyna inhaler listed on the ortness of breath when she			
	hand on 12/19/24 at a There was a Symbic brand for Budesonid Dihydrate", dispensed The instructions were rinse mouth after use There was a handwr and open date of 08/2 There were 52 of 120 inhaler. There was a second inhaler "brand for Bud Fumarate Dihydrate",	ent #6's medications on 1:08pm revealed: ort 160-4.5mcg inhaler e-Formoterol Fumarate d on 08/23/24. e to take 2 puffs twice daily, . itten note on the box with 29/24. 0 puffs remaining in the Symbicort 160-4.5mcg			

Division of Health Service Regulation

-The box for the Symbicort inhaler dispensed on

STATE FORM N8QI11 If continuation sheet 31 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	E SURVEY IPLETED	
			A. BUILDING:	A. BOILDING.			
		HAL026068	B. WING		12	C 2/ 20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
TEDDADE	III A FAVETTEVILLE	1164 718	T SCHOOL ROAD				
TERRABE	LLA FAYETTEVILLE	CUMBER	RLAND, NC 28331				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 31	D 358				
	11/07/24 was sealed	and had not been opened.					
	revealed -She sometimes rece morning and in the ex -She did not receive t 12/19/24She had no shortnes Interview with the Re: (RCC) on 12/19/24 at -The MAs had been t medication labels and the medications acco -If the MAs had a que	venings. the inhaler that morning, as of breath lately. sident Care Coordinator a 1:17pm revealed: rained to read the at the eMARs and administer rding to the orders. estion about a medication					
		bout brand names and 1A should come to her or the Director (HWD).					
	revealed: -The MA should read administer the medica -If the MA could not fi should check the bac	ot find a medication, the MA					
	1:39pm revealed: -The MAs had been t labels and eMARs be medicationsIf the MA could not fi should notify the RCC Interview with Reside (PCP) on 12/19/24 at	nd a medication, the MA C or HWD to get assistance. nt #6's primary care provider					

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 32 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			SURVEY PLETED	
						С
		HAL026068	B. WING		12	/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE,	ZIP CODE		
		1164 71S	T SCHOOL ROAD			
IERRABI	ELLA FAYETTEVILLE	CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 32	D 358			
	(Breyna) inhaler as or -Not receiving the inh shortness of breath o obstructive pulmonary	aler as ordered could cause r worsening chronic				
	07/25/24 revealed an Ophthalmic 0.05% on day. (Cyclosporine C	t #6's current FL-2 dated order for Cyclosporine e drop in both eyes twice a phthalmic is a prescription uce inflammation in the eyes ome.)				
	pass on 12/19/24 reverse rever	(MA) prepared and ht #6's medications hat 8:09am. or prepare Cyclosporine lution to Resident #6 during on pass. receive Cyclosporine				
	(eMAR) revealed: -There was an entry f 0.05% 1 drop in both scheduled at 8:00am -Cyclosporine eye dro administered from 12 except on 12/12/24 at	administration record or Cyclosporine Ophthalmic eyes every 12 hours and 8:00pm. ops were documented as //01/24 (8:00pm) - 12/18/24				
	revealed: -She overlooked the to Cyclosporine eye dro	on 12/19/24 at 12:57pm box with Resident #6's ps that morning because the ne label was face down in				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 33 of 106

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:		•	
		HAL026068	B. WING		I	C 20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA				
			LAND, NC 2833				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 33	D 358				
		eye drops but should have d administered the eye					
	hand on 12/19/24 at a -There was a supply 0.05% eye drops disp	Cyclosporine Ophthalmic					
	revealed: -She was supposed t	nt #6 on 12/19/24 at 2:28pm o get eye drops every not receive eye drops that					
	(RCC) on 12/19/24 at -The MAs had been to medication labels and the medications according the MAs should double cart if they could not a -The MAs could get at the medication cart with the medicati	rained to read the If the eMARs and administer rding to the orders. ble check the medication rind a medication. nother MA or her to check of them. of check the backup supply of					
	(HWD) on 12/19/24 a -The MAs should mal looking in the wrong p medicationIf a medication was r the MAs should check	se sure they were not place if they could not find a not in the medication cart,					

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 34 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE :	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		LETED
		HAL026068	B. WING		I	C 20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA			
		CUMBERI	_AND, NC 2833	31		
(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 APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 34	D 358			
	should notify the RCC	S .				
	1:39pm revealed: -The MAs had been to labels and eMARs be medicationsIf the MA could not fit should notify the RCC Interview with Reside (PCP) on 12/19/24 at -Resident #6 should he Cyclosporine eye drough -Not receiving the Cyclosporine eyes. e. Review of Residen 07/25/24 revealed an 8.6mg-50mg 1 tablet	nd a medication, the MA C or HWD to get assistance. ent #6's primary care provider 9:46am revealed: have received the ps as ordered. closporine eye drops as eye irritation and excessive t #6's current FL-2 dated order for Senna Plus once daily. (Senna Plus is a fetener and laxative used to				
	09/23/24 revealed an	6's hospice orders dated order for Senna Plus ce daily for constipation.				
	pass on 12/19/24 rev -The medication aide administered Resider scheduled for 8:00am -The MA did not offer Resident #6 during th	(MA) prepared and nt #6's medications n at 8:09am. or prepare Senna Plus to be morning medication pass. receive Senna Plus as				
		administration record				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 35 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		С
		HAL026068	B. WING		12/20/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA		
			AND, NC 2833		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 35	D 358		
D 358	(eMAR) revealed: -There was an entry fitablet once daily sche-Senna Plus was doc from 12/02/24 - 12/17 -Senna Plus was doc administered on 12/13 reasons noted. Interview with the MA revealed: -She did not administ #6 that morning beca Senna Plus in the me-She found Resident medication cart in the another resident's me-She did not administ found it because it was Observation of Reside hand on 12/19/24 at 17-There was a supply dispensed on 10/31/2 tablet once dailyThere were 23 of 30 Interview with Reside revealed: -She was not sure if seconstipationShe denied any curred Interview with the Reside (RCC) on 12/19/24 at 17-The MAs should dou cart if they could not fit.	for Senna Plus 8.6-50mg 1 eduled at 8:00am. umented as administered 7/24. umented as not 8/24 and 12/19/24 with no 4 on 12/19/24 at 12:57pm er Senna Plus to Resident use she did not see the edication cart. #6's Senna Plus in the e wrong place mixed with edications later that morning. er the Senna Plus when she as too late to administer it. ent #6's medications on 12:58pm revealed: of Senna Plus tablets 24 with instructions to take 1 tablets remaining. ent #6 on 12/19/24 at 2:28pm she received medication for ent issues with constipation. sident Care Coordinator t 1:17pm revealed: tible check the medication find a medication.	D 358		
	the medication cart w	nother MA or her to check ith them. ocheck the backup supply of			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 36 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
TERRARE	III A FAVETTEVILLE	1164 71ST	SCHOOL ROA	,D	
TERRABE	LLA FAYETTEVILLE	CUMBERL	AND, NC 2833	31	
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
D 358	Continued From page	e 36	D 358		
	medication if a medic medication cart.				
	(HWD) on 12/19/24 a -The MAs should mallooking in the wrong predicationIf a medication was refered the MAs should checkedIf the MAs could not should notify the RCC Interview with the Adressed 1:39pm revealed: -The MAs had been to labels and eMARs be medicationsIf the MA could not firshould notify the RCC Interview with Reside (PCP) on 12/19/24 at -Resident #6 should in Plus as orderedNot receiving the Second 1:07/25/24 revealed an	ke sure they were not place if they could not find a mot in the medication cart, ke the backup supply. If the medication, the MAs comministrator on 12/19/24 at the medication, the MA correction of the medication of the medic			
	pass on 12/19/24 revi- The medication aide administered Resider scheduled for 8:00am -The MA did not offer	(MA) prepared and nt #6's medications			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 37 of 106

DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING		C	
		HAL026068	D. WING		12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1164 718	T SCHOOL ROA	.D		
TERRABE	LLA FAYETTEVILLE		LAND, NC 2833			
		COMBER	LAND, NC 2033			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		
IAG	REGOLATORY OF	Lee Berri Tine in Graw meny	IAG	DEFICIENCY)	W. (1)	
			+			
D 358	Continued From page	e 37	D 358			
	pass.					
		receive Hemocyte Plus as				
	ordered.					
	Review of Resident #	6's December 2024				
	electronic medication	administration record				
	(eMAR) revealed:					
	-There was an entry f	for Hemocyte Plus 1 capsule				
	once daily scheduled					
	-Hemocyte Plus was					
	administered from 12					
	-Hemocyte Plus was					
	•	8/24 and 12/19/24 with no				
	reasons noted.	0/24 and 12/13/24 with 110				
	reasons noted.					
	Intonious with the MA	on 12/19/24 at 12:57pm				
	revealed:	(OII 12/19/24 at 12.5/piii				
		and laws and a Division				
	-She did not administ					
		ning because she did not				
		us in the medication cart.				
		#6's Hemocyte Plus in the				
		wrong place mixed with				
		edications later that morning.				
	-She did not administ	er the Hemocyte Plus when				
	she found it because	it was too late to administer				
	it.					
	Observation of Resid	ent #6's medications on				
	hand on 12/19/24 at 1	12:58pm revealed:				
		of Hemocyte Plus capsules				
		24 with instructions to take 1				
	capsule once daily.	mod dodono to tako 1				
	-There were 19 of 30	cansules remaining				
	- HIGIE WEIE 13 01 30	capsules remailling.				
	Interview with Decide	unt #6 on 12/10/24 of 2:22nm				
		ent #6 on 12/19/24 at 2:28pm				
	revealed:	alan and a broad and the second				
		she received medication for				
	anemia.					
	-She felt good today.					

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 38 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRU			(X3) DATE SURVEY COMPLETED	
						С
		HAL026068	B. WING		I	20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
TEDD 4 DE		1164 71S	T SCHOOL ROAD)		
IERRABE	ELLA FAYETTEVILLE	CUMBER	LAND, NC 28331	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Interview with the Rec (RCC) on 12/19/24 at -The MAs should doucart if they could not at the medication cart would recome a should also medication if a medication cart. Interview with the Hec (HWD) on 12/19/24 at -The MAs should mallooking in the wrong a medication. If a medication was at the MAs should checulf the MAs could not should notify the RCC Interview with the Add 1:39pm revealed: The MAs had been to labels and eMARs be medications. If the MA could not fishould notify the RCC Interview with Resided (PCP) on 12/19/24 at -Resident #6 should in the RCC Interview with Resided (PCP) on 12/19/24 at -Resident #6 should in the RCC Interview with Resided (PCP) at 22.	sident Care Coordinator 1:17pm revealed: ble check the medication find a medication. Inother MA or her to check ith them. Inother the backup supply of ation was not in the alth and Wellness Director t 2:06pm revealed: It is sure they were not place if they could not find a mot in the medication cart, It is the backup supply. If ind the medication, the MAs It is a continuation of the It is	D 358			
	one dose.	ned of any potential lent if she only missed the t #7's current FL-2 dated				
	10/29/24 revealed:	hypertension, dementia,				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 39 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL026068	B. WING		C 12/20/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA LAND, NC 2833		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 358	once daily. (Amlodipin Observation of the 8:0 on 12/19/24 revealed -The medication aide administered medicat 8:00am/9:00am for R -The MA did not preparent Malodipine 5mg when morning medications 9:08am. -Amlodipine was not a Review of Resident # electronic medication (eMAR) revealed: -There was an entry fonce daily scheduled -Amlodipine was doct daily at 8:00am on 12 12/17/24, and 12/18/2 -Amlodipine was doct administered on 12/01 12/16/24, and 12/19/2 and "drug not availab -The resident's blood daily at 8:00am and refrom 12/01/24 - 12/19 Review of Resident # records dated 09/01/2 -There were 30 Amlod dispensed on 10/06/22 -There were 30 Amlod dispensed on 10/06/2	for Amlodipine 5mg 1 tablet ne lowers blood pressure.) 20/9:00am medication pass: (MA) prepared and ions scheduled for esident #7 at 9:08am. are and administer in the resident's other were administered at administered at administered as ordered. 7's December 2024 administration record for Amlodipine 5mg 1 tablet at 8:00am. umented as administered at 8:00am. umented as not 9/24 - 12/09/24, 12/14/24, 24. umented as not 9/24 - 12/13/24, 12/15/24, 24 due to "drug not given" le". pressure was documented anged from 96/65 - 162/76 1/24. 7's pharmacy dispensing 24 - 12/19/24 revealed: dipine 5mg tablets 4. dipine 5mg tablets	D 358		
		ed 12/05/24 revealed:			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 40 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7 BOILBING.		C	
		HAL026068	B. WING		1	0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TERRARE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	D		
TEINIADE	LEATAILITEVILLE	CUMBERL	AND, NC 2833	1		
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 40	D 358			
D 358	-There was a pre-prin #7's name, a prescrip Amlodipine printed or -There was a handwr page with "scanned a -There was no other of to indicate if the refills Interview with the MA revealed: -Resident #7's Amlod administerShe could not locate in the back up supply -The medications wer monthly cycle fill from -Some medications do but she was not sure -Once the medication the bubble card, they -The MAs put the stic on the reorder forms to the computer for the Coordinator (RCC) ard Director (HWD)The MAs were not all forms to the pharmacyAfter she finished the she would verbally not the unavailable medicalions were us -Medications were us	atted sticker with Resident tion number, and in the sticker. Sitten note at the top of the Ilready". documentation on the form is had been received. In on 12/19/24 at 9:13am sipine was not available to sit in the medication cart or of medication. The supposed to be on a significant the pharmacy. Sid not come in the cycle fill, which ones. In significant segments of the colored strip on could be reordered. The kers from the bubble card and then scanned the form the Resident Care and the Health and Wellness significant to the segments of the the segments of the Health and the Health and the segments of the Health and the Health and the segments of the Health and the Health and the Health and the segments of the Health and the H	D 358			
	Amlodipine would be	ot sure when Resident #7's available.				

Division of Health Service Regulation

when she checked it.

STATE FORM N8QI11 If continuation sheet 41 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		C	
		HAL026068	B. WING	B. WING		/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1164 71S	T SCHOOL ROA	D		
TERRABELLA FAYETTEVILLE CUMBER			LAND, NC 2833			
(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 358	Continued From page	2 41	D 358			
	revealed: -The MAs were responsible auditsThe MAs were responsible auditsThere was an electron used to fax the reorder of the resident medication with no recould contact the provider of the reorder log until now the now the reorder log until now the reorder log until now the reorder log until now the now the now the now the reorder log until now the now the now the reorder log until now the now the now the now the now the reorder log until now the normal log until now the now the now the normal log until now the now the normal log until now the now the normal log until n	onic fax system that she er forms to the pharmacy. s, the MA would write the and the name of the fills and give it to her so she wider. esident #7's Amlodipine on ow. ooked it. no refills so she would or a new order. on 12/19/24 at 2:06pm not available on the MA should check to make the wrong location on the o check the backup see if the medication was fy the RCC who would or oget refills or contact the order. or refills, the MAs could				

Division of Health Service Regulation

not had time to do it.

STATE FORM N8QI11 If continuation sheet 42 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74101244	or contraction	iservii isarrisiviiseri.	A. BUILDING: _			
		HAL026068	B. WING		12/2) 20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	AD.		
		CUMBERL	AND, NC 2833	31		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 42	D 358			
	-Each MA should be of shift to make sure the available.	doing mini-cart audits every ey had medications				
	1:39pm revealed: -The facility usually refrom the pharmacy formedicationsThe MAs were responsed readications not on the drops before they ranged the medications were unaturedThe MAs should not medications were unaturedThe RCC and HWD contacting the provide was neededThe HWD was responsed readication cart audits.	onsible for ordering other ne cycle fills such as eye n out. ify the RCC or HWD if available. were responsible for er if a new order for refills onsible for doing weekly s to make sure medications				
	(PCP) on 12/19/24 at -The facility had not represent todayThe facility could sert telemedicine portalShe was concerned Amlodipine could causelevated blood pressupains. Based on observation	ent #7's primary care provider 9:46am revealed: notified her that Resident #7 iption for Amlodipine prior to and refill request through the				
	h. Review of Residen dated 11/14/24 revea	it #7's provider progress note led:				

Division of Health Service Regulation

-The resident's major depressive disorder was

STATE FORM N8QI11 If continuation sheet 43 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TEDDARE	LLA FAYETTEVILLE	1164 71S	SCHOOL ROA	D	
TENNADE	LEATAILITEVILLE	CUMBER	LAND, NC 2833	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLETE
D 358	Continued From page	e 43	D 358		
	chronic and stable.	ceiving Sertraline 25mg daily			
		7's physician's order dated order for Sertraline 50mg 1			
	on 12/19/24 revealed -The medication aide administered medicat 8:00am/9:00am for R -The MA did not prep Sertraline 50mg when morning medications 9:08am.	(MA) prepared and tions scheduled for esident #7 at 9:08am. are and administer			
	(eMAR) revealed: -There was an entry fonce daily scheduled -Sertraline was docur daily at 8:00am on 12 12/17/24, and 12/18/2 -Sertraline was docur on 12/08/24 - 12/13/2	administration record for Sertraline 50mg 1 tablet at 8:00am. mented as administered 2/01/24 - 12/07/24, 12/14/24,			
		24. aline 25mg tablets 24.			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 44 of 106

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: _		COMPLETEL	,
					С	
		HAL026068	B. WING		12/20/20	024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	1164 71ST			.D		
TERRABE	LLA FAYETTEVILLE	CUMBERI	AND, NC 2833	31		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		OMPLETE DATE
D 358	Continued From page	2 44	D 358			
	dispensed on 11/17/2	4.				
	dated 12/05/24 revea -There was a handwr name, the name of th pharmacy, Sertraline neededThe sections on the r initials of staff orderin of staff receiving were Interview with the MA revealed: -Resident #7's Sertra administerShe could not locate in the back up supply -The medications wer monthly cycle fill from -Some medications d but she was not sure -Once the medication the bubble card, they -The MAs pulled the s card and put on the re scanned the form to t Resident Care Coord and Wellness Directo -The MAs were not al forms to the pharmacy -The RCC or HWD fa pharmacyAfter she finished the she would verbally no	itten note with Resident #7's e facility's contracted 50mg and "new order form for date ordered, g, date received, and initials e blank. I on 12/19/24 at 9:13am line was not available to it in the medication cart or of medication. The supposed to be on a the pharmacy. It is not come in the cycle fill, which ones. It is got to the colored strip on could be reordered. It is stickers from the bubble eleorder forms and then they he computer for the inator (RCC) and the Health or (HWD). In lowed to fax the reorder you was a morning medication pass, of tify the RCC or the HWD of				
	11:51am revealed:	n the MA on 12/19/24 at				
	 Medications were us 	ually delivered to the facility	1			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 45 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.1.12 . 27.11 .			A. BUILDING: _		""	
			D. WING		C	
		HAL026068	B. WING		12/2	0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
TERRABELLA FAYETTEVILLE 1164 71S			T SCHOOL ROA	ND.		
IERRADE	CLAFATETTEVILLE	CUMBER	LAND, NC 2833	31		
(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	÷ 45	D 358			
	at night so she was n Sertraline would be a -Resident #7 was usu Interview with the RC revealed: -The MAs were respo stickers on the reorde form to her email and -There was an electroused to fax the reorde -If there were no refill name of the resident medication with no re could contact the pro-	ot sure when Resident #7's vailable. Itally in a good mood. C on 12/19/24 at 1:17pm Insible for refills by putting er form, then scanning the notifying her. Indic fax system that she er forms to the pharmacy. Is, the MA would write the land the name of the fills and give it to her so she wider. Insible for refills by putting er form, then scanning the notifying her. Insible for refills by putting the notifying her. Insible for refills by put				
	revealed: -If a medication was r medication cart, the N sure it was not put in medication cartThe MAs should also medication supply to being stored thereThe MAs should noti contact the pharmacy provider to get a new -If a medication had r contact the providers -She was responsible auditsShe had done some	MA should check to make the wrong location on the check the backup see if the medication was fy the RCC who would to get refills or contact the order.				

when).

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 46 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL026068	B. WING		C 12/20/2024	
NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE	1164 71ST	DRESS, CITY, STA SCHOOL ROA AND, NC 2833	D		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
if medications were a not had time to do itEach MA should be shift to make sure the available. Interview with the Add 1:39pm revealed: -The facility usually refrom the pharmacy formedicationsThe MAs were responsed to the drops before they randed the the medications were unateriorsThe MAs should not medications were unateriors were unateriors the provided was neededThe HWD was responsed to the them with Resides (PCP) on 12/19/24 attended a new prescritodayThe facility could sent telemedicine portalShe was concerned Sertraline could cause withdrawal symptoms panic attacks, sweats and changes in vital serthe resident could a	Il cart audits to check to see vailable because she had doing mini-cart audits every by had medications ministrator on 12/19/24 at eceived monthly cycle fills or oral scheduled consible for ordering other he cycle fills such as eye hout. If y the RCC or HWD if available. Were responsible for er if a new order for refills consible for doing weekly se to make sure medications ministration. Int #7's primary care provider and 9:46am revealed: Inotified her that Resident #7 iption for Sertraline prior to and refill request through the the missed doses of the the resident to have se such as feeling doom, so, tremors, poor appetite, signs.	D 358			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 47 of 106

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
					С	
		HAL026068	B. WING		12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
TERRABE	ELLA FAYETTEVILLE		T SCHOOL ROAD LAND, NC 28331			
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
D 358	review, it was determinot interviewable. i. Review of Resident 10/29/24 revealed an 0.5% ophthalmic solu every day. (Refresh irritated eyes.) Observation of the 8:0 on 12/19/24 revealed: -The medication aide administered medicate 8:00am/9:00am for Re-The MA did not preparent of the MAR) revealed: -There was an entry for the did not preparent of the MAR) revealed: -There was an entry for the MAR) revealed: -There was an entry for the MAR) revealed: -There was an entry for the MAR of	#7's current FL-2 dated order for Refresh Tears is used to relieve dry, 20/9:00am medication pass is (MA) prepared and ions scheduled for esident #7 at 9:08am. are and administer Refresh resident's other morning ministered at 9:08am. not administered as ordered. 7's December 2024 administration record or Refresh Tears 0.5% instill ery day scheduled at ocumented as administered /24. ocumented as not 9/24 due to the medication 7's pharmacy dispensing 24 - 12/19/24 revealed there in of any Refresh Tears Resident #7 from 09/01/24 -	D 358			
		vith a pharmacist at the parmacy on 12/20/24 at				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 48 of 106

NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 2831 [(24) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG STATE, ZIP CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG STATEMENT OF CORRECTION SHOULD BE CROSS-REFERENCED THE APPROPRIATE DEFICIENCY) D 358 Continued From page 48 D 358 11:11am revealed: -The pharmacy last dispensed Refresh Tears for Resident #7 on 05/10/23. -There had been no request to refill the Refresh Tears in over a year, since 06/10/23. Interview with the MA on 12/19/24 at 9:13am revealed: -Resident #7's Refresh Tears were not available to administer. -She could not locate it in the medication cart or in the back up supply of medication. -The medications were supposed to be on a monthly cycle fill but she was not sure which ones. -Once the medications got to the colored strip on the bubble card, they could be reordered. -The MAs pulled the stickers from the bubble card and put on the reorder forms and then they scanned the form to the computer for the Resident Care Coordinator (RCC) and the Health and Wellness Director (HWD). -The MAs were not allowed to fax the reorder forms to the pharmacy. -The RCC or HWD faxed reorder forms to the pharmacy. -The RCC or HWD faxed reorder forms to the pharmacy. -The RCC or the Health and Wellness Director (HWD) of the unavailable medication.		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
CAPID PRETIX SUMMARY STATEMENT OF DEFICIENCES PRETIX TAG SUMMARY STATEMENT OF DEFICIENCES PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX TAG PROVIDER'S PLAN OF CORRECTION PRETIX PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX TAG CROSS-REFERENCE OT THE APPROPRIATE DATE DATE D 358		HAL026068		B. WING		1	/2024
DATE DATE	NAME OF P	ROVIDER OR SUPPLIER		, ,	•	•	
EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 48 11:11am revealed: -The pharmacy last dispensed Refresh Tears for Resident #7 on 05/10/23. -There had been no request to refill the Refresh Tears in over a year, since 05/10/23. Interview with the MA on 12/19/24 at 9:13am revealed: -Resident #7's Refresh Tears were not available to administer. -She could not locate it in the medication cart or in the back up supply of medication. -The medications were supposed to be on a monthly cycle fill from the pharmacy. -Some medications got to the colored strip on the bubble card, they could be reordered. -The MAs pulled the stickers from the bubble card and put on the reorder forms and then they scanned the form to the computer for the Resident Care Coordinator (RCC) and the Health and Wellness Director (HWD). -The MAs were not allowed to fax the reorder forms to the pharmacy. -After she finished the morning medication pass, she would verbally notify the Resident Care Coordinator (RCC) or the Health and Wellness -Coordinator (RCC) or the Health and Wellness	TERRABE	LLA FAYETTEVILLE					
11:11am revealed: -The pharmacy last dispensed Refresh Tears for Resident #7 on 05/10/23There had been no request to refill the Refresh Tears in over a year, since 05/10/23. Interview with the MA on 12/19/24 at 9:13am revealed: -Resident #7's Refresh Tears were not available to administerShe could not locate it in the medication cart or in the back up supply of medicationThe medications were supposed to be on a monthly cycle fill from the pharmacySome medications did not come in the cycle fill but she was not sure which onesOnce the medications got to the colored strip on the bubble card, they could be reorderedThe MAs pulled the stickers from the bubble card and put on the reorder forms and then they scanned the form to the computer for the Resident Care Coordinator (RCC) and the Health and Wellness Director (HWD)The MAs were not allowed to fax the reorder forms to the pharmacyAfter she finished the morning medication pass, she would verbally notify the Resident Care Coordinator (RCC) or the Health and Wellness	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
Second interview with the MA on 12/19/24 at 11:51am revealed: -Medications were usually delivered to the facility at night so she was not sure when Resident #7's Refresh Tears would be availableResident #7 did not complain of dry eyes to her knowledge.	D 358	11:11am revealed: -The pharmacy last d Resident #7 on 05/10 -There had been no r Tears in over a year, Interview with the MA revealed: -Resident #7's Refres to administerShe could not locate in the back up supply -The medications wer monthly cycle fill from -Some medications d but she was not sure -Once the medication the bubble card, they -The MAs pulled the s card and put on the re scanned the form to t Resident Care Coord and Wellness Directo -The MAs were not al forms to the pharmace -The RCC or HWD fa pharmacyAfter she finished the she would verbally no Coordinator (RCC) or Director (HWD) of the Second interview with 11:51am revealed: -Medications were us at night so she was n Refresh Tears would -Resident #7 did not of	ispensed Refresh Tears for /23. equest to refill the Refresh since 05/10/23. con 12/19/24 at 9:13am ch Tears were not available it in the medication cart or of medication. re supposed to be on a result the pharmacy. id not come in the cycle fill which ones. s got to the colored strip on could be reordered. stickers from the bubble corder forms and then they he computer for the inator (RCC) and the Health or (HWD). lowed to fax the reorder yy. xed reorder forms to the e morning medication pass, of the Health and Wellness e unavailable medication. In the MA on 12/19/24 at ually delivered to the facility of sure when Resident #7's be available.	D 358			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 49 of 106

NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE (CA) ID PREFIX TAG COUMBERLAND, NC 28331 CA(4) ID PREFIX TAG COUMBERLAND, NC 28331 CA(4) ID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THA APPROPRIATE DATE (EACH DEFICIENCY) D 358 Continued From page 49 Interview with the RCC on 12/19/24 at 1:17pm revealed: -The MAs were responsible for refills by putting stickers on the reorder form, then scanning the form to her email and notifying her. -There was an electronic fax system that she used to fax the reorder forms to the pharmacy. -If there were no refills, the MA would write the name of the resident and the name of the medication with no refills and give it to her so she could contact the provider. -She had not seen anything on any forms about Resident #7's Refresh Tears. -No one notified her until today, 12/19/24, that Resident #7 did not have any Refresh Tears. -Interview with the HWD on 12/19/24 at 2:06pm revealed: -If a medication was not available on the medication cart, the MA should check to make sure it was not put in the wrong location on the medication cart.	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
TERRABELLA FAYETTEVILLE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 [X41] ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 49 Interview with the RCC on 12/19/24 at 1:17pm revealed: -The MAs were responsible for refills by putting stickers on the reorder form, then scanning the form to her email and notifying her. -There was an electronic fax system that she used to fax the reorder forms to the pharmacy. -If there were no refills, the MA would write the name of the resident and the name of the medication with no refills and give it to her so she could contact the provider. -She had not seen anything on any forms about Resident #7* Refresh Tears. -No one notified her until today, 12/19/24, that Resident #7* Refresh Tears. -Interview with the HWD on 12/19/24 at 2:06pm revealed: -If a medication was not available on the medication cart, the MA should check to make sure it was not put in the wrong location on the medication cart.						c	;
TERRABELLA FAYETTEVILLE (X4) ID (X4) ID (X4) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 49 Interview with the RCC on 12/19/24 at 1:17pm revealed: -The MAs were responsible for refills by putting stickers on the reorder form, then scanning the form to her email and notifying her. -There was an electronic fax system that she used to fax the reorder forms to the pharmacy. -If there were no refills, the MA would write the name of the resident and the name of the medication with no refills and give it to her so she could contact the provider. -She had not seen anything on any forms about Resident #7's Refresh Tears. -No one notified her until today, 12/19/24, that Resident #7 did not have any Refresh Tears. Interview with the HWD on 12/19/24 at 2:06pm revealed: -If a medication was not available on the medication cart, the MA should check to make sure it was not put in the wrong location on the medication cart.			HAL026068	B. WING		12/2	0/2024
CUMBERLAND, NC 28331 CAMPIDE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
CUMBERLAND, NC 28331 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 49 Interview with the RCC on 12/19/24 at 1:17pm revealed: -The MAs were responsible for refills by putting stickers on the reorder form, then scanning the form to her email and notifying her. -There was an electronic fax system that she used to fax the reorder forms to the pharmacyIf there were no refills, the MA would write the name of the resident and the name of the medication with no refills and give it to her so she could contact the provider. -She had not seen anything on any forms about Resident #7's Refresh Tears. -No one notified her until today, 12/19/24, that Resident #7 did not have any Refresh Tears. Interview with the HWD on 12/19/24 at 2:06pm revealed: -If a medication was not available on the medication cart, the MA should check to make sure it was not put in the wrong location on the medication cart.			1164 718	T SCHOOL ROA	ND		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	IERRABE	LLA FAYETTEVILLE	CUMBER	RLAND, NC 2833	31		
Interview with the RCC on 12/19/24 at 1:17pm revealed: -The MAs were responsible for refills by putting stickers on the reorder form, then scanning the form to her email and notifying her. -There was an electronic fax system that she used to fax the reorder forms to the pharmacy. -If there were no refills, the MA would write the name of the resident and the name of the medication with no refills and give it to her so she could contact the provider. -She had not seen anything on any forms about Resident #7's Refresh Tears. -No one notified her until today, 12/19/24, that Resident #7 did not have any Refresh Tears. Interview with the HWD on 12/19/24 at 2:06pm revealed: -If a medication was not available on the medication cart, the MA should check to make sure it was not put in the wrong location on the medication cart.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
revealed: -The MAs were responsible for refills by putting stickers on the reorder form, then scanning the form to her email and notifying herThere was an electronic fax system that she used to fax the reorder forms to the pharmacyIf there were no refills, the MA would write the name of the resident and the name of the medication with no refills and give it to her so she could contact the providerShe had not seen anything on any forms about Resident #7's Refresh TearsNo one notified her until today, 12/19/24, that Resident #7 did not have any Refresh Tears. Interview with the HWD on 12/19/24 at 2:06pm revealed: -If a medication was not available on the medication cart, the MA should check to make sure it was not put in the wrong location on the medication cart.	D 358	Continued From page	2 49	D 358			
-The MAs should also check the backup medication supply to see if the medication was being stored thereThe MAs should notify the RCC who would contact the pharmacy to get refills or contact the provider to get a new orderIf a medication had no refills, the MAs could contact the providers to get refillsShe was responsible for doing medication cart auditsShe had done some cart audits and pulled some expired medications recently (could not recall when)She had not done full cart audits to check to see if medications were available because she had not had time to do it.	D 356	Interview with the RC revealed: -The MAs were responsitickers on the reorder form to her email and and there was an electroused to fax the reorder lift there was an electroused to fax the reorder lift there were no refill name of the resident medication with no recould contact the provices and Resident #7's Refrest lift and not seen and Resident #7's Refrest lift and in lift review with the HW revealed: -If a medication was remedication cart, the Masshould also medication cartThe MAs should also medication supply to being stored thereThe MAs should notice contact the pharmacy provider to get a new lift a medication had recontact the providers she was responsible auditsShe had done some expired medications rewhen)She had not done full if medications were a	con 12/19/24 at 1:17pm Insible for refills by putting or form, then scanning the notifying her. Indic fax system that she for forms to the pharmacy. In the MA would write the and the name of the fills and give it to her so she wider. In the man and forms about the fills and give it to her so she wider. In the man and forms about the man and ma	D 356			

Division of Health Service Regulation

shift to make sure they had medications

STATE FORM N8QI11 If continuation sheet 50 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE Co			E SURVEY PLETED	
	HALOSCOCO		B. WING	B WING		С	
		HAL026068	B. WING		12	2/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
TERRABE	LLA FAYETTEVILLE		ST SCHOOL ROAD				
CUMBE			RLAND, NC 28331				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	O 358 Continued From page 50		D 358				
	available.						
	1:39pm revealed: -The facility usually refrom the pharmacy for medicationsThe MAs were responsed to the pharmacy for medications not on the drops before they rareThe MAs should not medications were unared to the medications were unared to the medication was neededThe HWD was responsed to the HWD was responsed to the medication cart audit were available for additional to the medication to the facility had not redid not have any Reference to the medicine portalMissed doses of Reference were responsed to the medicine portal.	onsible for ordering other ne cycle fills such as eye nout. ify the RCC or HWD if available. were responsible for er if a new order for refills onsible for doing weekly s to make sure medications ministration. ent #7's primary care provider t 9:46am revealed: notified her that Resident #7					
		ns, interviews, and record ined that Resident #7 was					
	10/08/24 revealed: -Diagnoses included mellitus with chronic hyperlipidemia, acqui	ired absence of kidney, a, Vitamin D deficiency, and					

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 51 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
			B. WING		C
		HAL026068	B. WIIVO		12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	ND.	
		CUMBERL	AND, NC 2833	31	
(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 51	D 358		
	. •	of care ws documented as			
	Review of Resident #4's Contact Information Form revealed the resident was admitted and moved into the facility on 10/10/24. Review of Resident #4's veteran's administration (VA) hospital discharge summary dated 10/10/24 revealed: -The resident was admitted to the hospital on 01/29/24The resident's admitting/primary diagnosis was dementia with behavioral disturbancesThe resident was admitted to the hospital from a former memory care facility following assault on staff membersThe resident became more agitated at about one month into the stay so psychiatry was consulted to assist with agitation pharmacotherapyThe resident was discharged from the hospital on 10/10/24.				
	10/08/24 revealed an 1 tablet daily. (Brexp	t #4's current FL-2 dated order for Brexpiprazole 2mg iprazole is an antipsychotic associated with dementia.)			
	(VA) hospital discharge revealed an order to daily (started 03/29/24 will discharge with a 1	4's veteran's administration ge summary dated 10/10/24 continue Brexpiprazole 2mg 4) for agitation (of note, he 15-day supply of the 1mg m, when a new order of 2mg vill be mailed to him).			
	revealed: -On 10/11/24 at 11:06	4's facility progress notes Spm, the resident would and wander in the halls: the			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 52 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
			A. BOILDING:			
		HAL026068	B. WING		12	C 2/ 20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		1164 718	T SCHOOL ROAD			
TERRABE	TERRABELLA FAYETTEVILLE CUMBER					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 358	D 358 Continued From page 52		D 358			
	resident had rapid modaggressive and then conversation; resident and next shift was material was a controlled to the laterial washing machine, the stealing his wallet; the caregiver into the cormister washing machine, the stealing his wallet; the caregiver into the cormister was all the partment (ED) discovered was a controlled	cood changes between cheerful within one at was safe in the quiet room ade aware. Sam, the resident followed aundry room and asked to aver put clothes in the eresident accused her of eresident backed the ner and yelled that he would the resident was redirected. At's VA emergency charge note dated 10/22/24 mitted to the ED on arge diagnosis on 10/22/24 to dementia. At's facility progress notes a manner that was a manner that was as a manner that was a manner that was as a manner that was a m				
		4's October 2024 24-hour d as handwritten October				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 53 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMP	LETED
		HAL026068	B. WING			C /20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
TERRARE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	AD.		
ILINIADE	LLATAILITEVILL	CUMBERL	AND, NC 2833	31		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 53	D 358			
D 358	2024 medication admrevealed: -The administration of for 10/13/24 - 10/24/2 documented on 24-hot-There was no documany medications from 10/12/24There was a handwr 1mg take 2 tablets evwas scheduled at 8:0 -Brexpiprazole was don 9 occasions at 8:0 10/15/24 and 10/17/2 - There was no documadministration of Brex 10/23/24, and 10/24/2 Review of Resident # medication administration for the medications did not separation of the documentation for the medications prior to 1 with no initialsThere was no entry fedocumented as administration documented as administration documented as Review of Resident # revealed there was no entry fedocumented as Review of Resident # Review of	f Resident #4's medications 4 were handwritten and our shift report forms. hentation of administration of 10/10/24 (admission date) - itten entry for Brexpiprazole ery day for dementia and it 0am. ocumented as administered 0am including 10/13/24 - 4 - 10/22/24. hentation of the expiprazole on 10/16/24, 24, with no reasons noted. 4's October 2024 electronic ation record (eMAR) he administration of tart until 10/24/24. he administration of 0/24/24 were grayed out for Brexpiprazole and none histered. 4's November 2024 eMAR o entry for Brexpiprazole and administered. 4's December 2024 eMAR	D 358			
	entry for Brexpiprazol administered.	8/24 revealed there was no e, and none documented as				
	Review of Resident # revealed no orders to	4's pnysician's orders discontinue Brexpiprazole.				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 54 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED
			_			С
		HAL026068	B. WING		12	2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
TEDDADE		1164 715	ST SCHOOL ROAD			
IERRABE	ELLA FAYETTEVILLE	CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	O 358 Continued From page 54		D 358			
	Review of Resident #4's pharmacy dispensing record dated 09/01/24 - 12/19/24 from the facility's contracted pharmacy revealed there were no Brexpiprazole tablets dispensed by the facility's contracted pharmacy. Telephone interview with a pharmacist at the facility's contracted pharmacy on 12/20/24 at 10:57am revealed: -They usually entered orders into the eMAR system and the facility was responsible for reviewing and approving the orders prior to the orders becoming active in the eMAR system. -They entered Resident #4's orders into the eMAR system on 10/11/24, so the facility staff should have been able to access and enter medication administration on the eMAR for the resident at that time. -She was not aware Resident #4 had handwritten MARs prior to 10/24/24. -They had not dispensed any Brexpiprazole for Resident #4. -It appeared in the eMAR system that the resident became "profile only" on 10/23/24, meaning they					
	Resident #4They would only disp Resident #4 if the fac Observation of Resid hand on 12/19/24 at 2 -All of Resident #4's r	ility requested it. ent #4's medications on 12:23pm revealed: medications were observed				
	including medications stored in the medication cart and in the backup supply in the medication room. -There was no Brexpiprazole available for administration for Resident #4. Interview with a medication aide (MA) on					

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 55 of 106

NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 (XS) (XS)			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		′		SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331 CA1 D				_				
CAMPERLA FAYETTEVILLE SUMMARY STATEMENT OF DEFICIENCIES COMBERLAND, N. C. 28331 CAMPER SUMMARY STATEMENT OF DEFICIENCIES CEACH CORRECTION (EACH CORRECTION MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE D 358 Continued From page 55 12/19/24 at 11:55am revealed: -Resident #4's medications were dispensed by a VA pharmacyThe MAs usually let the resident ran out of medication, usually when there were about 10 pills remaining in the supplyThe resident's family member usually picked up the medication ran out if they still did not have it on handThe MAs also let the resident's family member know after the medication ran out if they still did not have it on handThe MAs were supposed to document what medications were brought into the facility by the family memberShe was not sure why Resident #4 had paper/handwritten MARs when he was first admitted to the facilityShe could not recall if the resident missed any doses of medications when he was first admitted to the facilityShe did not recall if the resident received Brexpiprazole but there was none currently available in the facility for administration.			HAL026068	B. WING		1	/2024	
(X4) ID PROVIDERS PLAN OF CORRECTION (XA) ID PROVIDERS PLAN OF CORRECTION (XA) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 55 12/19/24 at 11:55am revealed: -Resident #4's medications were dispensed by a VA pharmacyThe MAs usually let the resident's family member know before the resident ran out of medication, usually when there were about 10 pills remaining in the supplyThe resident's family member know after the medication ran out if they still did not have it on handThe MAs also let the resident #4 had paper/handwritten MARs when he was first admitted to the facilityShe could not recall if the resident missed any doses of medications when he was first admitted to the facilityShe did not recall if the resident received Brexpiprazole but there was none currently available in the facility for administration.	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
SUMMARY STATEMENT OF DEFICIENCIES PREFIX CACH DEFICIENCY MUST BE APRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE	TERRABE	LLA FAYETTEVILLE						
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 55 12/19/24 at 11:55am revealed: -Resident #4's medications were dispensed by a VA pharmacyThe MAs usually let the resident's family member know before the resident ran out of medication, usually when there were about 10 pills remaining in the supplyThe resident's family member usually picked up the medication refills and brought them to the facilityThe MAs also let the resident's family member know after the medication ran out if they still did not have it on handThe MAs were supposed to document what medications were brought into the facility by the family memberShe was not sure why Resident #4 had paper/handwritten MARs when he was first admitted to the facilityShe could not recall if the resident missed any doses of medications when he was first admitted to the facilityShe did not recall if the resident received Brexpiprazole but there was none currently available in the facility for administration.				AND, NC 2833				
12/19/24 at 11:55am revealed: -Resident #4's medications were dispensed by a VA pharmacyThe MAs usually let the resident's family member know before the resident ran out of medication, usually when there were about 10 pills remaining in the supplyThe resident's family member usually picked up the medication refills and brought them to the facilityThe MAs also let the resident's family member know after the medication ran out if they still did not have it on handThe MAs were supposed to document what medications were brought into the facility by the family memberShe was not sure why Resident #4 had paper/handwritten MARs when he was first admitted to the facilityShe could not recall if the resident missed any doses of medications when he was first admitted to the facilityShe did not recall if the resident received Brexpiprazole but there was none currently available in the facility for administration.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
-Resident #4's medications were dispensed by a VA pharmacy. -The MAs usually let the resident's family member know before the resident ran out of medication, usually when there were about 10 pills remaining in the supply. -The resident's family member usually picked up the medication refills and brought them to the facility. -The MAs also let the resident's family member know after the medication ran out if they still did not have it on hand. -The MAs were supposed to document what medications were brought into the facility by the family member. -She was not sure why Resident #4 had paper/handwritten MARs when he was first admitted to the facility. -She could not recall if the resident missed any doses of medications when he was first admitted to the facility. -She did not recall if the resident received Brexpiprazole but there was none currently available in the facility for administration.	D 358	Continued From page	e 55	D 358				
member on 12/18/24 at 3:39pm revealed: -Resident #4 was inpatient at a VA hospital for about a year prior to being admitted to the facilityShe picked up the resident from the hospital on 10/10/24 and transported the resident to the facility that same dayShe picked up all the resident's medications from the VA hospital pharmacy on 10/10/24 and took them to the facility with the resident on 10/10/24She gave the medications and the paperwork to the Administrator when the resident was admitted	D 358	12/19/24 at 11:55am Resident #4's medical VA pharmacyThe MAs usually let member know before medication, usually we pills remaining in the and the resident's family the medication refills facilityThe MAs also let the know after the medical not have it on handThe MAs were supposed medications were broad family memberShe was not sure who paper/handwritten MA admitted to the facilityShe could not recall doses of medications to the facilityShe did not recall if the available in the facility. Telephone interview womember on 12/18/24 -Resident #4 was input a year prior to be she picked up the resident was and transposed facility that same day she picked up all the from the VA hospital prook them to the facility took them to the facility took them to the facility took them to the facility that same day she gave the medical same day same day she gave the medical same day s	the resident's family the resident ran out of then there were about 10 supply. The member usually picked up and brought them to the The resident's family member ation ran out if they still did to sed to document what bught into the facility by the The resident #4 had The resident missed any when he was first The resident received The was none currently The resident #4's family The resident #4's family The resident #4's family The resident for The resident from the hospital on The resident to the The resident to the The resident's medications The resident's medications The resident on	D 358				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 56 of 106

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	
					С	
		HAL026068	B. WING		12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TERRARE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	ND .		
TERROLDE		CUMBERL	AND, NC 2833	31		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE	
D 358	Continued From page	e 56	D 358			
	-About 2 weeks after the facility, she receive and Wellness Director had gone into the wrong HWDThe HWD reported to policeWhen she arrived at no longer in the wrong transported to the host services (EMS)The resident's medic was sent back to the	the resident was admitted to yed a call from the Health or (HWD) that Resident #4 and room and struck the that she was calling the the facility, the resident was groom and the resident was spital by emergency medical stations were adjusted and he facility.				
	Telephone interview with a contact representative with pharmacy customer care at Resident #4's VA pharmacy provider on 12/20/24 at 10:39am revealed: -He was unable to give specific details about the resident's medication due to VA policies.					
	-Brexpiprazole was d -He was unable to giv of medication dispens -All the medications of	ispensed on 10/09/24. /e the strengths or quantity				
	and 11:36am revealed -Resident #4 had pape admitted because the facility being able to support the facility being able to support the facility could not support the facility being able to support the facility could not support the facility could not support the facility being able to support the f	per MARs when he was first ere was a problem with the see his orders in the eMAR see them on their end but				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 57 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILBING.			
		HAL026068	B. WING		12/20	/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	.D		
		CUMBERLA	AND, NC 2833	31		
(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	(X5) COMPLETE DATE
D 358	Continued From page	÷ 57	D 358			
	administered on those -She did not recall Redoses of medication versions of acilityShe was responsible daily and doing mediched not had time to dauditShe was not aware of Resident #4's Brexpip -She did not know who stopped and not administer -She did not recall if spaperwork from Resident ware 10/10/24She could not locate names or quantities of	e days. esident #4 missing any when he was admitted to the for checking the MARs cation cart audits, but she to a complete MAR or cart of the discrepancy with to brazole. by Brexpiprazole was				
	8:45am and 11:29am -All MAs knew how to systemResident #4's medica have been document when he was admitte -When a resident's fa or brought them back was supposed to give Resident Care Coord -The MA would give to HWD, who were resp processing the paper -She did not recall Res	enter orders into the eMAR ation administration should ed in the eMAR system d to the facility. mily took them to a provider from the hospital, the family any paperwork to the MA, inator (RCC), or HWD. The paperwork to the RCC or consible for reviewing and work, including any orders. esident #4's family member work or medications when itted. consible for ordering				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 58 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
	HAL026068		B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	•
TEDDADE	III A EAVETTEVIII E	1164 71S	T SCHOOL ROA	D	
TERRABELLA FAYETTEVILLE CUMBERI			LAND, NC 2833	1	
(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 CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 358	Continued From page	÷ 58	D 358		
	a medication ran outThe RCC and HWD reordering medication pharmacyIf a medication was r HWD should contact provider. Attempted telephone #4's primary care VA 10:32am and 5:05pm	not received, the RCC or the pharmacy or the interviews with Resident provider on 12/20/24 at were unsuccessful.			
	Based on observations, interviews, and record review, it was determined that Resident #4 was not interviewable.				
	10/08/24 revealed an 0.5mg 1 tablet twice a line for agitation. (Ris	t #4's current FL-2 dated order for Risperidone a day as needed (prn) first sperdal is an antipsychotic a and mood disorders.)			
	(VA) hospital discharg	4's veteran's administration ge summary dated 10/10/24 Risperidone 1mg take ½ v as needed (prn) first line			
	revealed: -On 10/11/24 at 11:06 leave from his room a resident had rapid mo aggressive and then o conversation; residen and next shift was ma -On 10/13/24 at 10:35	cheerful within one t was safe in the quiet room ade aware. 5am, the resident followed aundry room and asked to			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 59 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			P WING	С	
		HAL026068	B. WING	· · · · · · · · · · · · · · · · · · ·	12/20/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATE		
TERRABE	LLA FAYETTEVILLE		SCHOOL ROAD LAND, NC 28331		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORREC	TION (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
D 358	D 358 Continued From page 59		D 358		
	stealing his wallet; the caregiver into the corr	e resident accused her of e resident backed the ner and yelled that he would the resident was redirected			
	revealed: -The resident was add 10/22/24.	harge note dated 10/22/24			
	was agitation related to dementia. -There was an order to continue with scheduled Risperdal 0.5mg twice daily.				
	revealed: -On 10/25/24 at 10:22 speaking to himself in undetermined by work requesting to purchas back and forth; the restare; the resident wa -On 11/04/24 at 3:10p another room and who (PCA) tried to help more resident grabbed the squeeze very tight an	a manner that was ds; the resident was e metal and he was pacing sident gave an unpleasant s given a prn medication. om, the resident was in en a personal care aide ove the resident out, the PCA's hands and started to d did not want to let go; ried to help, the resident I the PCA again and			
	shift report forms used 2024 medication adm revealed: -The administration of	4's October 2024 24-hour d as handwritten October inistration records (MARs) f Resident #4's medications 4 were handwritten and our shift report forms			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 60 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL026068	B. WING		C 12/20/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	,
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA		
	OLIMAN DV OT		AND, NC 2833		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 60	D 358		
	-There was no documany medications from 10/12/24There was a handwr 0.5mg 1 tablet twice of The prn Risperidone administered on 10/13/10/14/24 during 7am noted); 10/15/24 at 83 during 7am - 3pm shif 10/17/24 during 7am noted); 10/18/24 at 83/10/20/24 at 10:00am; shift (no specific time 10/23/24 during 3pm time noted); and 10/2 shift (no specific time -There was no entry for twice daily as ordered documented as administrative administrative and the shock of the medications did not shock of the medications prior to 1 with no initialsThere was an entry for tablet twice daily printiple daily printiple twice daily printiple daily printi	nentation of administration of 10/10/24 (admission date) - itten entry for Risperidone daily prn agitation. was documented as 3/24 at 9:00am and 4:00pm; - 3pm shift (no specific time 00am and 4:50pm; 10/16/24 ft (no specific time noted); - 3pm shift (no specific time 00am; 10/19/24 at 9:30am; 10/21/24 during 7am - 3pm noted); 10/22/24 at 7:45am; - 11pm shift (no specific 3/24 during 3pm - 11pm noted). for scheduled Risperdal don 10/22/24 and none was nistered. 4's October 2024 electronic ation record (eMAR) ne administration of tart until 10/24/24. ne administration of 0/24/24 were grayed out for Risperidone 0.5mg take 1 first line for agitation. was documented as on 10/25/24 at 5:35pm,	D 330		
	-There was no entry f as ordered on the ED 10/22/24.	and 10/31/24 at 4:00pm. for scheduled Risperidone discharge note dated 4's November 2024 eMAR			

Division of Health Service Regulation

revealed:

STATE FORM N8QI11 If continuation sheet 61 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, , ,	(X3) DATE SURVEY COMPLETED	
						С
		HAL026068	B. WING		12	2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE,	ZIP CODE		
		1164 71S	T SCHOOL ROAD			
TERRABE	ELLA FAYETTEVILLE		RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 61	D 358			
	tablet twice daily prn -The prn Risperidone administered 2 times: 11/05/24 at 12:29pmThere was no entry f	was documented as on 11/01/24 at 7:37pm and				
	dated 12/01/24 - 12/1 -There was an entry fitablet twice daily prn -There was no prn Ri administered in Dece -There was no entry fr	for Risperidone 0.5mg take 1 first line for agitation. speridone documented as				
	record dated 09/01/24 facility's contracted p	4's pharmacy dispensing 4 - 12/19/24 from the harmacy revealed there 0.5mg tablets dispensed on				
	facility's contracted pi 10:57am revealed: -They usually entered system and the facilit reviewing and approv orders becoming acti -They entered Reside eMAR system on 10/ should have been ab medication administratives resident at that time. -She was not aware if MARs prior to 10/24/2/	with a pharmacist at the harmacy on 12/20/24 at d orders into the eMAR y was responsible for ving the orders prior to the ve in the eMAR system. ent #4's orders into the 11/24, so the facility staff le to access and enter ation on the eMAR for the Resident #4 had handwritten 24.				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 62 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						С
		HAL026068	B. WING		12	2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
TEDDADI		1164 71S	T SCHOOL ROAD)		
IERKABI	ELLA FAYETTEVILLE	CUMBER	LAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 62	D 358			
	-It appeared in the element of the became "profile only" would only enter order Resident #4They would only dispression of Resident #4 if the factor of Resident #4 if the factor of Review of Resident #4 dated 10/22/24 reveator of Review of Resident #4 dispensed and picked pharmacy window on the instructions were twice daily (scheduled)	4's VA pharmacy receipts led: eridone 1mg tablets d up at the outpatient				
	hand on 12/19/24 at -All of Resident #4's r including medications cart and in the backuroomThere was no Risper	ent #4's medications on 12:23pm revealed: medications were observed s stored in the medication p supply in the medication ridone, scheduled or prn, ration for Resident #4.				
	VA pharmacyThe resident had bee about 3 weeks and the today, 12/19/24There had been at least resident was agitated needed prn Risperide to administerThe resident was "resident	revealed: ations were dispensed by a en out of prn Risperidone for ere was still none available east two occasions the while she was working and one but none was available al agitated"; the resident ot follow directions, and				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 63 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	or contribution	IDENTIFICATION NONBER.	A. BUILDING: _			
		HAL026068	B. WING		12/2	; :0/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
TERRARE	I LA FAVETTEVILLE	1164 71ST	SCHOOL ROA	ND.		
IERRABE	LLA FAYETTEVILLE	CUMBERL	AND, NC 2833	31		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	Continued From page	e 63	D 358			
D 358	those symptoms. -The MAs usually let member know before medication, usually we pills remaining in the -The resident's family the medication refills facility. -The MAs also let the know after the medication thave it on hand. -She was not sure why paper/handwritten MA admitted to the facility. Telephone interview we member on 12/18/24 -Resident #4 was inpurabout a year prior to be -She picked up the refundational to the facility that same day -She picked up all the from the VA hospital proof to the Administrator was admitted to the facility. About 2 weeks after the facility, she receive and Wellness Director was in the wrong roor medication, usually she received and wellness Director was in the wrong roor medication, usually wellness Director was in the wrong roor medication, usually wellness Director was in the wrong roor medication, usually wellness Director was in the wrong roor medication, usually wellness Director was in the wrong roor medication, usually wellness Director was in the wrong roor medication, usually wellness Director medication, usually wellness medication and the wrong roor medication and the wrong roor medication will be the same will	the resident's family the resident ran out of then there were about 10 supply. member usually picked up and brought them to the resident's family member ation ran out if they still did by Resident #4 had are when he was first the resident missed any when he was first admitted with Resident #4's family at 3:39pm revealed: atient at a VA hospital for being admitted to the facility. sident from the hospital on red the resident to the resident's medications oharmacy on 10/10/24 and ty with the resident on ations and the VA paperwork when the resident was	D 358			
	police.	the facility, the resident was				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 64 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:	
			1		
		HAL026068	B. WING		C 12/20/2024
		HALUZ6066			12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TERRABELLA FAYETTEVILLE 1164 71ST			SCHOOL ROA	ND.	
ILINIADL	LLATATETTEVILLE	CUMBER	LAND, NC 2833	31	
(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	D BE COMPLETE
				DEFICIENCY)	
D 358	Continued From page	e 64	D 358		
	no longer in the wron	g room and the resident was			
	transported to the hos				
	-The resident's medic	ations were adjusted and he			
	was sent back to the	facility.			
	-The resident's Rispe	ridone was changed to			
		he picked up the medication			
	I	and took the medication and			
		ave it to a MA when she			
		to the facility on 10/22/24.			
		ity the next day and a MA			
	•	ne resident had not received			
	his medications for 2				
	•	Administrator and the HWD			
	his medications.	e resident had been getting			
		as visiting the resident at			
	- ,	recall date), the resident			
	was sundowning and				
		give the resident some			
		MA said the resident was out			
	of Risperidone.				
	-The MA then went a				
		ound the Risperidone in the			
	other cart.				
	Second telephone int	erview with Resident #4's			
		/19/24 at 5:42pm revealed:			
		ty today, 12/19/24, to visit			
	the resident.	ly today, 12/10/24, to visit			
		ay that Resident #4 was			
		nedications, which included			
	Risperidone.	,			
	-She was not aware p	orior to today that the			
		y out these medications.			
	-	e to get a straight answer			
	from facility staff abou	ut who was supposed to			
	order the resident's m	nedications.			
	-If the facility staff wo	uld let her know, she could			
	order the medications	S .			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 65 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		, ,	(X3) DATE SURVEY COMPLETED	
						С
		HAL026068	B. WING		1:	2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
TEDDADE	LLA FAYETTEVILLE	1164 71S	T SCHOOL ROAD			
IERRADE	LLA FATETTEVILLE	CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 65	D 358			
D 358	Telephone interview with pharmacy custor pharmacy provider or revealed: -He was unable to give resident's medication -Risperidone was dispered of medications dispered in the medications of picked up but he was date of pick up. Interviews with the Hand 11:36am reveale -Resident #4 had papadmitted because the facility being able to systemThe pharmacy could the facility could not systemThe pharmacy could the facility could not systemShe was new at the did not know how to esystemShe could not locate 10/12/24 but she felt administered on those-She did not recall if spaperwork from Resid when the resident was 10/10/24She did not recall Residues of medication was facility.	with a contact representative mer care at Resident #4's VA in 12/20/24 at 10:39am We specific details about the due to VA policies. Densed on 10/09/24. We the strengths or quantities insed on 10/09/24. Wispensed on 10/09/24 were unable to give the specific WD on 12/20/24 at 8:40am dispersed as a problem with the see his orders in the eMAR see them on their end, but see them. facility at that time, and she enter orders into the eMAR paper MARs for 10/10/24 - sure the medications were	D 358			
	had not had time to d audit. -She was not aware F	cation cart audits, but she to a complete MAR or cart Resident #4 was currently and she did not know why the				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 66 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					l c
		HAL026068	B. WING		12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		1164 71ST	SCHOOL ROA	D	
TERRABELLA FAYETTEVILLE CUMBER			AND, NC 2833	1	
(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 66	D 358		
	scheduled Risperidor the eMAR system.	ne order was not entered into			
	8:45am and 11:29am	dministrator on 12/20/24 at revealed: enter orders into the eMAR			
	systemResident #4's medicate	ation administration should			
	have been documented in the eMAR system when he was admitted to the facility.				
		mily took them to a provider from the hospital, the family			
	was supposed to give	e any paperwork to the MA, inator (RCC), or HWD.			
	-The MA would give t	he paperwork to the RCC or onsible for reviewing and			
	processing the paper	work, including any orders.			
	giving her any paperv	esident #4's family member work or medications when			
	the resident was adm				
	-The facility was resp Resident #4's medica	•			
	-The MAs should noti a medication ran out.	fy the RCC or HWD before			
	-The RCC and HWD reordering medication pharmacy.	were responsible for ns and sending orders to the			
		not received, the RCC or the pharmacy or the			
	T	interviews with Resident provider on 12/20/24 at were unsuccessful.			
		ns, interviews, and record ined that Resident #4 was			

Division of Health Service Regulation

c. Review of Resident #4's current FL-2 dated

STATE FORM N8QI11 If continuation sheet 67 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		C
		HAL026068	B. WING		12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
TEDDADE	III A EAVETTEVII I E	1164 71S	T SCHOOL ROAI	D	
TERRABE	ELLA FAYETTEVILLE	CUMBER	LAND, NC 2833	1	
(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 358	Continued From page	e 67	D 358		
	10/08/24 revealed an the evening. (Melato insomnia.)	order for Melatonin 3mg in nin is used to treat			
	(VA) hospital discharg	4's veteran's administration ge summary dated 10/10/24 continue Melatonin 3mg			
	shift report forms use 2024 medication adm revealed: -The administration of for 10/13/24 - 10/24/2 documented on 24-hot-There was no documented.	4's October 2024 24-hour d as handwritten October hinistration records (MARs) f Resident #4's medications at were handwritten and bur shift report forms. hentation of administration of 10/10/24 (admission date) -			
	-There was a handwr 1 tablet every night fo 8:00pm. -Melatonin 3mg was				
	-Melatonin was docur				
	medication administrative revealed: -Documentation for the medications did not substitution for the medications prior to 1 with no initials.	ne administration of tart until 10/24/24.			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 68 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING.	
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA FAYETTEVILLE		SCHOOL ROALAND, NC 2833		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	ON (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE)	D BE COMPLETE
D 358	Continued From page	e 68	D 358		
	every evening schedu -Melatonin 3mg was o administered at 8:00p -Melatonin was docur	uled at 8:00pm.			
	revealed: -There was an entry f every evening schedu -Melatonin 3mg was o administered at 8:00p				
	dated 12/01/24 - 12/1 -There was an entry f every evening schedu -Melatonin 3mg was o administered at 8:00p and 12/16/24 - 12/17/ -Melatonin 3mg was o	for Melatonin 3mg 1 tablet uled at 8:00pm. documented as om from 12/01/24 - 12/13/24 //24. documented as not being 4/24 and 12/15/24 due to			
	record dated 09/01/24 facility's contracted pl	harmacy revealed there blets dispensed by the			
	facility's contracted pl 10:57am revealed: -They usually entered system and the facility reviewing and approve orders becoming active	with a pharmacist at the harmacy on 12/20/24 at dorders into the eMAR y was responsible for ving the orders prior to the ve in the eMAR system. ent #4's orders into the			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 69 of 106

	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE			
AND PLAN OF CORRECTION IDE	NTIFICATION NUMBER.	A. BUILDING:		COMPL	ובט
ŀ	HAL026068	B. WING		12/2	; 0/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABELLA FAYETTEVILLE		SCHOOL ROA AND, NC 2833			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST B TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
eMAR system on 10/11/24, s should have been able to acc medication administration on resident at that time. -They also dispensed a partial several of the resident's medication and period only on 10/2 would only enter orders into the Resident #4. -They would only dispense makes dent #4 if the facility requivation of Resident #4's hand on 12/19/24 at 12:23 pm. All of Resident #4's medication including medications stored cart and in the backup supply room. -There was no Melatonin availability and medication of Resident #4's medication at 12/19/24 at 11:55 am revealed -Resident #4's medications with a medication with	cess and enter the eMAR for the al month's supply for ications on 10/11/24. Item that the resident 23/24, meaning they the eMAR system for dedications for dested it. medications on a revealed: Ions were observed in the medication of in the	D 358			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 70 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:	
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TEDDADE	LLA FAYETTEVILLE	1164 7181	SCHOOL ROA	D	
TERRADE	CLAPATETTEVILLE	CUMBERI	AND, NC 2833	1	
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 358	Continued From page	e 70	D 358		
	paper/handwritten M/admitted to the facility -She could not recall doses of medications to the facility.	ARs when he was first			
	member on 12/18/24 -Resident #4 was inp about a year prior to I -She picked up the re 10/10/24 and transpo facility that same day -She picked up all the from the VA hospital p took them to the facilit 10/10/24She gave the medical	atient at a VA hospital for being admitted to the facility. It is identified to the facility. It is identified the resident to the serious eresident's medications obtain and the resident on the resident was admitted.			
	family member on 12She was at the facility the residentThe MA told her toda currently out of two mandle of the MalatoninShe was not aware president was out of the She had been unable from facility staff about order the resident's mandle of the facility staff woorder the medications.	ese medications. e to get a straight answer ut who was supposed to nedications. uld let her know, she could			
		mer care at Resident #4's VA			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 71 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		LETED
		HAL026068	B. WING		l l	C 20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TEDDARE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	ND		
TERRADE	CLAPATETTEVILLE	CUMBERI	AND, NC 2833	31		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 71	D 358			
D 358	pharmacy provider or revealed: -He was unable to give resident's medication -Melatonin was dispered and including medication dispensed and the medications of picked up but he was date of pick up. Interviews with the HV and 11:36am revealer -Resident #4 had papadmitted because the facility being able to support of the facility could not support of the facility could not support of the support of the facility could not locate 10/12/24 but she felt administered on those -She did not recall if support of the facility of the	re specific details about the due to VA policies. Insed on 10/09/24. Ive the strength or quantity of d on 10/09/24. Ilispensed on 10/09/24 were unable to give the specific IVD on 12/20/24 at 8:40am die die MARs when he was first ere was a problem with the see his orders in the eMAR Is see them on their end, but see them. If acility at that time, and she enter orders into the eMAR INDER TO	D 358			
		esident #4 missing any when he was admitted to the				
	daily and doing medic had not had time to d audit. -She was not aware F out of Melatonin.	e for checking the MARs cation cart audits, but she o a complete MAR or cart Resident #4 was currently				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 72 of 106

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETE	
	/2024
	/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1164 71ST SCHOOL ROAD	
TERRABELLA FAYETTEVILLE CUMBERLAND, NC 28331	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358 Continued From page 72 D 358	
8:45am and 11:29am revealed: -All MAs knew how to enter orders into the eMAR systemResident #4's medication administration should have been documented in the eMAR system when he was admitted to the facilityWhen a resident's family took them to a provider or brought them back from the hospital, the family was supposed to give any paperwork to the MA, Resident Care Coordinator (RCC), or HWDThe MA would give the paperwork to the RCC or HWD, who were responsible for reviewing and processing the paperwork, including any ordersShe did not recall Resident #4's family member giving her any paperwork or medications when the resident was admittedThe facility was responsible for ordering Resident #4's medicationsThe MAs should notify the RCC or HWD before a medication ran outThe RCC and HWD were responsible for reordering medications and sending orders to the pharmacyIf a medication was not received, the RCC or HWD should contact the pharmacy or the provider. Attempted telephone interviews with Resident #4's primary care VA provider on 12/20/24 at 10:32am and 5:05pm were unsuccessful. Based on observations, interviews, and record review, it was determined that Resident #4 was not interviewable. d. Review of Resident #4's current FL-2 dated 10/08/24 revealed an order for Prazosin fring 1 capsule every 12 hours, hold for systolic blood pressure (SEP) less than (19) 90, diastolic blood	

Division of Health Service Regulation

pressure (DBP) <60, or heart rate <60. (Prazosin

STATE FORM N8QI11 If continuation sheet 73 of 106

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING			_	
	HAL026068		B. WING		12	C :/ 20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
TERRARE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	D			
		CUMBERI	LAND, NC 2833	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	÷ 73	D 358				
- ***	lowers blood pressure	e and heart rate. Prazosin reat symptoms associated					
	(VA) hospital dischard revealed an order for capsule every 12 hou disorder; set administ	4's veteran administration ge summary dated 10/10/24 Prazosin 1mg take 1 urs for post-traumatic stress tration time for 8:00am and 9 <90, DBP <60, heart rate					
	Review of Resident #4's VA emergency department (ED) discharge note dated 10/22/24 revealed: -The resident was admitted to the ED on 10/22/24The resident's discharge diagnosis on 10/22/24 was agitation related to dementia.						
	shift report forms use 2024 medication adm revealed: -The administration o for 10/13/24 - 10/24/2 documented on 24-ho-There was no docum any medications from 10/12/24There was a handwr 1 capsule every 12 ho-60, heart rate <60 a and 8:00pmPrazosin was docum	4's October 2024 24-hour d as handwritten October sinistration records (MARs) f Resident #4's medications extended and sur shift report forms. Inentation of administration of a 10/10/24 (admission date) - itten entry for Prazosin 1mg burs, hold for SBP <90, DBP and scheduled for 8:00am mented as administered on ut there was no heart rate					
	documented to deterr should have been hel -Prazosin was docum	nine if the medication					

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 74 of 106 N8QI11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BOILDING			•	
	HAL026068				C 20/2024	
NAME OF PROVIDER OR SUPPLIES	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
TERRABELLA FAYETTEVILLE		T SCHOOL ROA				
		LAND, NC 2833			_	
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
D 358 Continued From	page 74	D 358				
was 58 so it shout-Prazosin was do 10/18/24 at 8:00a was 57 so it shout-Prazosin was do 10/19/24 at 8:00a documented to document	Id have been held. cumented as administered on am when the resident's heart rate Id have been held. cumented as administered on am but there was no heart rate etermine if the medication in held. cumented as administered on am when the resident's heart rate Id have been held. It documented as administered on am but there was no heart rate Id have been held. It documented as administered on am but there was no heart rate Id held. It documented as administered on am but there was no heart rate Id held. It documented as administered on the held. It documented as administered on am but there was no heart rate Id held. It documented as administered on the but there was no heart rate Id held. It documented as administered on the but there was no heart rate Id held. It documented as administered on the held. It documented as administered	D 358				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 75 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _				
	HAL026068		B. WING		C 12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRARE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	D		
CUMBERI		AND, NC 2833	31			
(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 COMPLET	E
D 358	Continued From page	e 75	D 358			
	heart rate <60 and so 8:00pmPrazosin was docum 16 occasions from 10 (8:00pm) except one 8:00pmThere was no docum blood pressure or hear a day at 8:00am and Prazosin should have -There was not docur pressure or heart rate 2024 eMAR. Review of Resident # revealed: -There was an entry frevery 12 hours, hold heart rate <60 and so 8:00pmPrazosin was docum every 12 hours from for two refusals on 11 8:00pmThere was no docum blood pressure or hear day at 8:00am and Prazosin should have -The resident's blood as being checked twice 2024The resident's blood 11/26/24 and 128/70 -The resident's heart	cheduled for 8:00am and chented as administered on 1/24/24 (8:00pm) - 10/31/24 refusal on 10/26/24 at chentation of the resident's cart rate being checked twice 8:00pm to determine if the elbeen held. Internation of any blood checks on the October checks on the O				
	dated 12/01/24 - 12/1	4's December 2024 eMAR 8/24 revealed: or Prazosin 1mg 1 tablet				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 76 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLI	EIED
		HAL026068	B. WING		12/2	; 0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
TEDD 4 DE		1164 71ST	SCHOOL ROA	.D		
IERRABE	LLA FAYETTEVILLE	CUMBERL	AND, NC 2833	31		
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 76	D 358			
	every 12 hours, hold heart rate <60 and so 8:00pmPrazosin was docume very 12 hours from (8:00am)There was no documblood pressure or head a day at 8:00am and Prazosin should have -The resident's blood as being checked one 2024The resident's blood 12/06/24There were no heart December 2024. Review of Resident # record dated 09/01/24 facility's contracted place.	for SBP <90, DBP <60, sheduled for 8:00am and sented as administered 12/01/24 - 12/18/24 sentation of the resident's eart rate being checked twice 8:00pm to determine if the e been held. pressure was documented be at 8:00pm in December pressure was 142/71 on rates documented for 4's pharmacy dispensing				
	hand on 12/19/24 at a -All of Resident #4's r including medications cart and in the backup room. -There was a supply dispensed on 10/09/2 pharmacy provider. -The instructions were hours for post-trauma set administration time hold for SBP <90, DB	medications were observed stored in the medication property supply in the medication of Prazosin 1mg capsules that the resident's VA the totake 1 capsule every 12 thic stress disorder; please the for 8:00am and 8:00pm; the Very 10 capsules remaining.				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 77 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						С	
		HAL026068	B. WING		12	2/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE			
TERRARE		1164 71S	T SCHOOL ROAD)			
TERRABE	LLA FAYETTEVILLE	CUMBER	LAND, NC 28331				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 358	heart rate if it came u was administering me- She did not know whe MAR to check the reheart rate prior to adriche Prazosin on the elementary with the Heart (HWD) on 12/19/24 at 11:36am revealed: The MAs had been to medication labels and according to the order Resident #4's blood should be checked properazosin. She did not know whe MAR system to docupressure and heart rashe was responsible daily and doing cart at time to complete a full Interview with the Adrichel Spm revealed: All MAs knew to reace MAR to ensure medicas ordered. The HWD was responsible and MAR audits. Attempted telephone	revealed: ident's blood pressure and p on the eMAR when she edications. by it did not come up on the esident's blood pressure and ministering the Prazosin. the parameters listed with MAR system. alth and Wellness Director t 2:06pm and 12/20/24 at rained to read the d eMAR and administer rs. pressure and heart rate rior to administering the unent the resident's blood ate with the Prazosin. for reviewing the eMARs audits, but she had not had all eMAR or cart audit. ministrator on 12/19/24 at d the medication labels and ications were administered ansible for weekly cart audits interviews with Resident provider on 12/20/24 at	D 358	DEFICIENCY			
		ns, interviews, and record ined that Resident #4 was					

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 78 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL026068	B. WING		12	C 2/ 20/2024
					12	./20/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
TERRABE	LLA FAYETTEVILLE		ST SCHOOL ROAD RLAND, NC 28331			
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	COPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 78	D 358			
	not interviewable.					
	10/08/24 revealed an tablets daily as neede movement in greater	t #4's current FL-2 dated order for Senna S take 2 ed (prn), give in no bowel than (>) 3 days. (Senna S I softener used to treat and				
	(VA) hospital discharg	4's veteran administration ge summary dated 10/10/24 Senna S take 2 tablets two pation.				
	shift report forms use 2024 medication adm revealed: -The administration o for 10/13/24 - 10/24/2 documented on 24-ho-There was no docum any medications from 10/12/24There was a handwr tablets once daily prin 3 daysThere was no prin Se administered on the h 10/13/24 - 10/24/24There was no entry for the second seco	nentation of administration of 10/10/24 (admission date) - itten entry for Senna Plus 2 if no bowel movement in > enna Plus documented as nandwritten MARs from for scheduled Senna Plus 2 ordered on 10/10/24 and				
	Review of Resident # medication administration revealed: -Documentation for the medications did not substitution for the review of the review	ne administration of tart until 10/24/24.				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 79 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
			B. WING			C
		HAL026068	B. WING		12	/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TEDDADE	LLA FAYETTEVILLE	1164 715	ST SCHOOL ROAD			
IERRADE	LLA FATE I I EVILLE	CUMBEI	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 79	D 358			
	with no initialsThere was no entry f	0/24/24 were grayed out for Senna S and none nistered on the October				
	dated 12/01/24 - 12/1 entry for Senna S and	4's December 2024 eMAR 8/24 revealed there was no d none documented as December 2024 eMAR.				
	Review of Resident #4's pharmacy dispensing record dated 09/01/24 - 12/19/24 from the facility's contracted pharmacy revealed there were 30 Senna Plus tablets dispensed on 10/11/24.					
	facility's contracted pl 10:57am revealed: -They usually entered system and the facility reviewing and approve orders becoming activative. -They entered Reside eMAR system on 10/ should have been ablumedication administrative. -They also dispensed several of the resident	with a pharmacist at the harmacy on 12/20/24 at disconnected on 12/20/24 at disconnected on 12/20/24 at disconnected on 12/20/24 at disconnected on 12/24 at disconnected on 12/24, so the facility staff disconnected on 12/24, so the facility staff disconnected on 12/24 at disconnected on 12/24.				
	hand on 12/19/24 at 1					

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 80 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, ,	SURVEY PLETED
			_			С
		HAL026068	B. WING		12	2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		1164 71S	T SCHOOL ROA	D		
TERRABELLA FAYETTEVILLE CUMBER		LAND, NC 2833	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	2 80	D 358			
D 330	including medications cart and in the backup room. -There was a supply of dispensed on 10/11/2 pharmacy. -The instructions were prn if no bowel mover. -There were 28 of 30. -There was a supply of dispensed on 10/09/2 pharmacy provider. -The instructions were a day for constipation. -There were 178 of 18. Interview with a medical 12/19/24 at 11:55am. -The MAs did not entersystem. -The MAs forwarded of Coordinator (RCC) or Director (HWD). -She did not know who sense Plus was not contracted pharmacy. Telephone interview of member on 12/18/24. -Resident #4 was input about a year prior to be she picked up the resident interview of a single process.	s stored in the medication or supply in the medication of Senna Plus tablets 4 by the facility's contracted to take 2 tablets once daily ment in > 3 days. tablets remaining. Of Senna Plus tablets 4 by the resident's VA to take 2 tablets two times and tablets remaining. Of Senna Plus tablets 4 by the resident's VA to take 2 tablets two times are orders into the eMAR to take 2 tablets two times are orders into the eMAR to the resident Care of Health and Wellness and Plus in the medication the deby the facility's at 3:39pm revealed: attent at a VA hospital for the original point of the to the facility. Sident from the hospital on or tred the resident to the	D 336			
		oharmacy on 10/10/24 and ty with the resident on				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 81 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	П	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
				С		
		HAL026068	B. WING		12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
TEDDADE		1164 71ST	SCHOOL ROA	AD.		
TERRABELLA FAYETTEVILLE CUMBER		AND, NC 2833	31			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	_
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	i
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	
			+	,		\dashv
D 358	Continued From page	e 81	D 358			
	-She gave the medica	ations and the paperwork to				
	_	en the resident was admitted				
	to the facility on 10/10					
	lo the identity on Territ	<i>312</i> 1.				
	Telephone interview v	with a contact representative				
	I	ner care at Resident #4's VA				
		n 12/20/24 at 10:39am				
	revealed:					
	-He was unable to giv	e specific details about the				
	resident's medication	due to VA policies.				
-Senna Plus was dispensed on 10/09/24.						
	-He was unable to give the strength or quantity of					
	medications dispense					
		lispensed on 10/09/24 were				
	[· · · · · · · · · · · · · · · · · · ·	unable to give the specific				
	date of pick up.					
	Intervious with the DC	C on 12/10/24 at 1:17pm				
	revealed:	C on 12/19/24 at 1:17pm				
		ly entered the orders into				
	the eMAR system.	ly officious and ordere into				
		ne HWD, or she had access				
	to and were responsi					
	•	ne eMAR system to activate				
	the orders.	,				
	-They could also ente	er orders into the eMAR				
	system if needed.					
		ID 40/40/04 1.0.00				
		/D on 12/19/24 at 2:06pm				
	revealed:	ator, or she had access to				
		orders in the eMAR system.				
		d or removed the new status				
		communicating it to each				
	other, then an order of					
	overlooked.					
		n to check behind each				
	other to make sure or					
		ved to her knowledge.				
		ny Resident #4's Senna Plus				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 82 of 106

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD (X4) ID (EACH DEFICIENCY WIGHT BE RECEDED BY THE ATTENDED TO DEFICIENCES COMPLETE CHUMBERLAND, KC 2831 (X4) ID (EACH DEFICIENCY WIGHT BE RECEDED BY THE ATTENDED TO THE APPROPRIATE CHUMBERLAND, KC 2831 D 358 Continued From page 82		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER TERRABELLA FAYETTEVILLE STREETADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD CUMBERLAND, N. C. 28331 (RAI)D (A. BUILDING.			
CALL		HAL026068		B. WING			/2024
CAMPID SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES FACE HOPERCIENCY MIJST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION ECACH GENERAL ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 82 D 358 Interview with the Administrator on 12/19/24 at 1:39pm revealed: -The pharmacy usually entered orders into the eMAR system but the facility had to approve the orders to activate them. -The MAs, the RCC, and the HWD had access to approve medication orders. -The MAs scanned orders to the RCC or HWDThe RCC or HWD were responsible for sending orders to the pharmacy. -The third shift MA was responsible for verifying to make sure medications matched when they checked in the delivered medications. Attempted telephone interviews with Resident #4's primary care VA provider on 12/20/24 at 10:32am and 5:05pm were unsuccessful. Based on observations, interviews, and record review, it was determined that Resident #4 was not interviewable. f. Review of Resident #4's current FL-2 dated 10/08/24 revealed an order for Acetaminophen 975mg every 8 hours as needed (pm) a pain score greater than (>) 0. (Acetaminophen is used to treat mild to moderate pain.)	TERRABE	TERRABELLA FAYETTEVILLE					
was not on the eMARs. Interview with the Administrator on 12/19/24 at 1:39pm revealed: -The pharmacy usually entered orders into the eMAR system but the facility had to approve the orders to activate them. -The MAs, the RCC, and the HWD had access to approve medication orders. -The MAs scanned orders to the RCC or HWD. -The RCC or HWD were responsible for sending orders to the pharmacy. -The third shift MA was responsible for verifying to make sure medications matched when they checked in the delivered medications. Attempted telephone interviews with Resident #4's primary care VA provider on 12/20/24 at 10:32am and 5:05pm were unsuccessful. Based on observations, interviews, and record review, it was determined that Resident #4 was not interviewable. f. Review of Resident #4's current FL-2 dated 10/08/24 revealed an order for Acetaminophen 975mg every 8 hours as needed (prn) a pain score greater than (>) 0. (Acetaminophen is used to treat mild to moderate pain.)	PRÉFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
(VA) hospital discharge summary dated 10/10/24 revealed an order for Acetaminophen 325mg take 3 tablets two times a day for pain (maximum daily recommended dose was 3000mg). Review of Resident #4's October 2024 24-hour shift report forms used as handwritten October 2024 medication administration records (MARs)	D 358	was not on the eMAR Interview with the Adr 1:39pm revealed: -The pharmacy usual eMAR system but the orders to activate the -The MAs, the RCC, a approve medication of -The MAs scanned or -The MAs scanned or -The Hord shift MA wa to make sure medical checked in the delive Attempted telephone #4's primary care VA 10:32am and 5:05pm Based on observation review, it was determ not interviewable. f. Review of Resident 10/08/24 revealed an 975mg every 8 hours score greater than (> to treat mild to moder Review of Resident # (VA) hospital discharg revealed an order for 3 tablets two times a recommended dose v Review of Resident # shift report forms use	ministrator on 12/19/24 at ly entered orders into the e facility had to approve the m. and the HWD had access to orders. rders to the RCC or HWD. ere responsible for sending cy. as responsible for verifying tions matched when they red medications. interviews with Resident provider on 12/20/24 at a were unsuccessful. as, interviews, and record ined that Resident #4 was #4's current FL-2 dated order for Acetaminophen as needed (prn) a pain) 0. (Acetaminophen is used rate pain.) 4's veteran administration ge summary dated 10/10/24 Acetaminophen 325mg take day for pain (maximum daily was 3000mg). 4's October 2024 24-hour d as handwritten October	D 358	DELIGITION)		

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 83 of 106

	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: _		COMPL	EIED	
	B. MINIC		R WING				
		HAL026068	B. WINO		12/2	20/2024	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA				
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA				
			AND, NC 2833			T	
(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	(X5) COMPLETE DATE	
D 358	Continued From page	e 83	D 358				
D 358	-The administration of for 10/13/24 - 10/24/2 documented on 24-hot-There was no documented on 24-hot-There was no documented on 24-hot-There was a handwr Acetaminophen 325m hours prn painThere was no prn Acetaministered on the 10/13/24 - 10/24/24There was no entry for Acetaminophen 325m ordered on 10/10/24 as administered. Review of Resident #medications did not servealed: -Documentation for the medications prior to 1 with no initialsThere was an entry for take 3 tablets (975mg (prn) for a pain score serve administered on one of 5:35pmThere was no entry for Acetaminophen twice hospital discharge sure Review of Resident #	f Resident #4's medications 24 were handwritten and bur shift report forms. hentation of administration of 10/10/24 (admission date) - itten entry for ng take 3 tablets every 8 setaminophen documented he handwritten MARs from for scheduled hig 3 tablets twice a day as hand none was documented 4's October 2024 electronic hation record (eMAR) he administration of her administration of 0/24/24 were grayed out for Acetaminophen 325mg he every 8 hours as needed >0. hen was documented as occasion on 10/25/24 at	D 358				
		for Acetaminophen 325mg g) every 8 hours as needed >0.					

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 84 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
						С
		HAL026068	B. WING		12	/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
TEDDAR	ELLA FAYETTEVILLE	1164 719	ST SCHOOL ROAD			
IERRADE	ELLA PATETTEVILLE	CUMBE	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 84	D 358			
	as administered in No -There was no entry Acetaminophen twice					
	dated 12/01/24 - 12/1 -There was an entry take 3 tablets (975mg (prn)for a pain score -There was no prn Adas administered in Do-There was no entry table 12/10/24 - 1	for Acetaminophen 325mg g) every 8 hours as needed >0. cetaminophen documented ecember 2024.				
	Review of Resident # record dated 09/01/2	harmacy revealed there nen 325mg tablets				
	facility's contracted p 10:57am revealed: -They usually entered system and the facilit reviewing and approv orders becoming acti -They entered Reside eMAR system on 10/ should have been ab medication administrates resident at that timeShe was not aware I MARs prior to 10/24/2 -They also dispensed	d orders into the eMAR by was responsible for ving the orders prior to the ve in the eMAR system. ent #4's orders into the 11/24, so the facility staff le to access and enter ation on the eMAR for the Resident #4 had handwritten				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 85 of 106

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SU COMPLE	
			_		C	
		HAL026068	B. WING		1)/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABELLA FAYETTEVILLE			SCHOOL ROA			
	CUMBER		AND, NC 2833			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 85	D 358			
D 358	Observation of Reside hand on 12/19/24 at 2-All of Resident #4's rincluding medications cart and in the backup room. -There was a supply of tablets dispensed on contracted pharmacy. -The instructions were every 8 hours prn pai. -There were 81 of 90. -There was a supply of tablets dispensed on VA pharmacy provide. -The instructions were a day for pain; each to the Acetaminophen; max. -There were 270 of 20. Interview with a medical 12/19/24 at 11:55am. -The MAs did not entersystem. -The MAs forwarded of Coordinator (RCC) or Director (HWD). -She did not know who scheduled Acetamino eMARs. Telephone interview was member on 12/18/24. -Resident #4 was input about a year prior to be	ent #4's medications on 12:26pm revealed: medications were observed stored in the medication p supply in the medication of Acetaminophen 325mg 10/11/24 by the facility's . e to take 3 tablets (975mg) n. tablets remaining. of Acetaminophen 325mg 10/09/24 by the resident's r. e to take 3 tablets two times ablet contains 325mg of imum daily dose is 3000mg. 70 tablets remaining. cation aide (MA) on revealed: er orders into the eMAR orders to the Resident Care Health and Wellness by Resident #4's order for ophen was not on the	D 358			
	facility that same day -She picked up all the	rted the resident to the resident's medications charmacy on 10/10/24 and				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 86 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 56.12516.		
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	
		1164 71S	T SCHOOL ROAD		
TERRABE	LLA FAYETTEVILLE	CUMBER	RLAND, NC 28331		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 358	Continued From page	e 86	D 358		
	took them to the facili 10/10/24.	ty with the resident on			
	_	ations and the paperwork to en the resident was admitted 0/24.			
	Interview with the RCC on 12/19/24 at 1:17pm revealed:				
	the eMAR system.	ly entered the orders into			
		· ·			
	to and were responsible for reviewing and approving orders in the eMAR system to activate				
	the orders.	,			
	-They could also ente system if needed.	er orders into the eMAR			
	Interview with the HW revealed:	/D on 12/19/24 at 2:06pm			
		ator, or she had access to			
		orders in the eMAR system.			
	-	d or removed the new status			
	other, then an order of overlooked.	communicating it to each could potentially be			
		n to check behind each			
	other to make sure or				
		ved to her knowledge.			
		y Resident #4's scheduled			
	Acetaminophen was i	not on the eMARs.			
	Interview with the Adr 1:39pm revealed:	ministrator on 12/19/24 at			
	!	ly entered orders into the			
		facility had to approve the			
	-The MAs, the RCC,	and the HWD had access to			
	approve medication of				
		rders to the RCC or HWD. ere responsible for sending			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 87 of 106

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		HAL026068	B. WING		12	C 2/ 20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
TERRABE	ELLA FAYETTEVILLE		ST SCHOOL ROAD RLAND, NC 28331				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 358	to make sure medicat checked in the deliver Attempted telephone #4's primary care VA 10:32am and 5:05pm Based on observation review, it was determinot interviewable. 3. Review of Resident revealed diagnoses in sarcoidosis, Vitamin Edepressive disorder a a. Review of Resident revealed there was an Sodium Dr 250mg tab (Divalproex is used to manic phase of bipola prevent migraine head Review of Resident #electronic medication (eMAR) revealed: -There was an entry for 250mg tablet, 1 tablet -On 12/01/24 to 12/12 Dr was documented a -On 12/13/24, 12/16/2 the Divalproex Sodium drug not given (DNG) -On 12/14/24, 12/15/2 at 8:00pm the Divalprodocumented as drug in the deliver	ins responsible for verifying ions matched when they red medications. Interviews with Resident provider on 12/20/24 at were unsuccessful. It was interviews, and record ined that Resident #4 was in the first was interviews, and record in the first was in the f	D 358				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 88 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE	SURVEY
7.1.2.1.2.1.1.			A. BUILDING: _	A. BUILDING:		
		HAL026068	B. WING			C / 20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TERRARE		1164 7187	SCHOOL ROA	.D		
TERRABE	ELLA FAYETTEVILLE	CUMBER	LAND, NC 2833	31		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	30 tabletsThe prescriber no lor Observation of Residhand on 12/19/24 at Divalproex Sodium D medication cart and a Telephone interview with pharmacist on 12/19/2-There was a previou Divalproex Sodium D-Resident #3's Divalp 10/08/24 with a 30-da-The facility requester provider denied the owas no longer under Interview with Reside (PCP) on 12/19/24 at-She did not originally Resident #3She was not sure who prescribed the Divalp The Divalproex was Resident #3 had no poshe thought the Divalp Resident #3's moodResident #3's family	Or 250mg was last 24 for 30 days with a total of anger saw Resident #3. ent #3's medications on 10:00am revealed r 250mg was not in the available for administration. with the facility's contracted 24 at 1:23pm revealed: s order for Resident #3 for R 250mg, 1 tab at bedtime. roex was last dispensed on ay supply. d a refill on 12/01/24 but the rder stating that Resident #3 their care. ent #3's primary care provider 10:13am revealed: r prescribe the Divalproex for any Resident #3 was roex. used to treat seizures, but previous history of seizures. alproex could be used for was supposed to send her	D 358			
	could determine why the Divalproex. b. Review of Residen revealed there was a	Is medical records so she Resident #3 was prescribed It #3's FL-2 dated 09/24/24 In order for Donepezil HCL Idtime. (Donepezil is used to				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 89 of 106

NAME OF PROVIDER OR SUPPLIER TERRABELIA FAYETTEVILLE SUMMAP STREET ADDRESS, CITY, STINTE, 27P CODE 1164 7187 SCHOOL ROAD CUMBERLAND, NC 28331 PROVIDER OR JUNE OF CORRECTION (ACTION SHOULD BE PRECEDED BY PRETIX (EACH STREET ADDRESS) RECOLLATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 89 Continued From page 89 Review of Resident #3's December 2024 electronic medication administration record (elMAR) revealed: -There was an entry for Donepezil HCL was documented as drug not available (DNA), -On 12/01/24 to 12/04/24 the Donepezil HCL was documented as drug not available (DNA), -On 12/07/24 to 12/04/24 12/13/24, 12/13/24, 12/14/24 at 8.00pm the Donepezil HCL was documented as drug not given (DNG). Review of Resident #3's medication dispensing records revealed: -Donepezil HCL 10mg was last dispensed on 11/20/24 for 13 days with a total of 13 tabletsThe prescriber no longer saw Resident #3. Observation of Resident #3's medications on hand on 12/19/24 at 10.00am revealed Donepezil HCL 10mg was not in the medication cartand available for administration. Telephone interview with the facility's contracted pharmacist on 12/19/24 at 11.00am revealed Donepezil HCL 10mg, 1 tab at bediene written on 11/20/24The Donepezil HCL 10mg was dispensed on 11/20/24 with a 13-day supply. c. Review of Resident #3's Telephone interview with the facility's contracted pharmacist on 12/19/24 at 11.00am revealed Donepezil HCL 10mg, 1 tab at bediene written on 11/20/24The Donepezil HCL 10mg was dispensed on 11/20/24 with a 13-day supply. c. Review of Resident #3's FL2 dated 09/24/24 revealed there was an unsigned order for Donepezil HCL 10mg as dispensed on 11/20/24 with a 13-day supply. c. Review of Resident #3's FL2 dated 09/24/24 revealed there was an order for Leveltracetam is used to control seizures).	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUC AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X3) DATE	SURVEY		
MAIL OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STRICT, 2IP CODE TERRABELIA FAYETTEVILLE SIMMANY PATAMENT OF DESCRINGES (EACH CHRICIPENCY MEST OF DESCRINGES) (EACH CHRICIPENCY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 89 Review of Resident #3'S December 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Donepezil HCL usas documented as administeration. -On 12/01/24 to 12/04/24 the Donepezil HCL was documented as drug not available (DNA)On 12/01/24, 12/14/24, 12/15/24, 12/14/24, and 12/18/24 at 8.00pm to Donepezil HCL was documented as drug not given (DNG). Review of Resident #3's medication dispensing records revealed: -Donepezil HCL 10mg was last dispensed on 11/20/24 for 13 days with a total of 13 tabletsThe prescriber no longer saw Resident #3. Observation of Resident #3's medications on hand on 12/19/24 at 10:00am revealed Donepezil HCL 10mg was not in the medication cartand available for administration. Telephone interview with the facility's contracted pharmacist on 12/19/24 at 12:3pm revealed: -There was an unsigned order for Donepezil HCL 10mg, 1 tab at bedtime written on 11/20/24, -The Donepezil HCL 10mg was dispensed on 11/20/24 with a 13-day supply. c. Review of Resident #3's FL-2 dated 09/24/24 revealed there was an order for Leveltracetam is used to control seizures).				A. BUILDING: _	A. BUILDING.		•
TERRABELIA FAYETTEVILLE Manual Man			HAL026068	B. WING			-
TRANSBELLA FAYETTEVILLE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG D 358 Continued From page 89 Review of Resident #3's December 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Donepezil HCL long tablet, 1 tablet scheduled for 8:00pmOn 12/01/24 to 12/04/24 the Donepezil HCL was documented as administeredOn 12/01/274 to 12/10/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24 to 12/10/24 to 12/10/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24 to 12/10/24 to 12/10/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24 to 12/10/24 to 12/00/24 to 13/10/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24, 12/11/24 to 12/10/24 to 13/10/24, 12/11/24, 12/1	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
Date	TERRABE	ELLA FAYETTEVILLE					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 89 Review of Resident #3's December 2024 electronic medication administration record (eMAR) revealed. -There was an entry for Donepezil HCL 10mg tablet, 1 tablet scheduled for 8:00pmOn 12/01/24 to 12/04/24 the Donepezil HCL was documented as administeredOn 12/05/24, 12/14/24, 12/15/24, 12/17/24, and 12/18/24 at 8:00pm the Donepezil HCL was documented as drug not available (DNA)On 12/01/24 to 12/10/24, 12/13/24, 12/13/24, 12/13/24, 12/16/24, and 12/19/24 at 8:00pm bonepezil HCL was documented as drug not given (DNG). Review of Resident #3's medication dispensing records revealed: -Donepezil HCL 10mg was last dispensed on 11/20/24 for 13 days with a total of 13 tabletsThe prescriber no longer saw Resident #3. Observation of Resident #3's medications on hand on 12/19/24 at 10:00am revealed Donepezil HCL 10mg was not in the medication cartand available for administration. Telephone interview with the facility's contracted pharmacist on 12/19/24 at 10:00am revealed: -There was an unsigned order for Donepezil HCL 10mg, 1 tab at bedtime written on 11/20/24The Donepezil HCL 10mg was for Donepezil HCL 10mg, 1 tab at bedtime written on 11/20/24The Donepezil HCL 10mg was dispensed on 11/20/24 with a 13-day supply. c. Review of Resident #3's FL-2 dated 09/24/24 revealed there was an order for Leveltracetam 500mg tab, 1 tab twice per day. (Leveltracetam is used to control seizures).							
Review of Resident #3's December 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Donepezil HCL 10mg tablet, 1 tablet scheduled for 8:00pmOn 12/01/24 to 12/04/24 the Donepezil HCL was documented as administeredOn 12/05/24, 12/14/24, 12/15/24, 12/17/24, and 12/18/24 at 8:00pm the Donepezil HCL was documented as drug not available (DNA), -On 12/07/24 to 12/10/24, 12/12/24, 12/13/24, 12/16/24, and 12/19/92 at 8:00pm Donepezil HCL was documented as drug not given (DNG), Review of Resident #3's medication dispensing records revealed: -Donepezil HCL 10mg was last dispensed on 11/20/24 for 13 days with a total of 13 tabletsThe prescriber no longer saw Resident #3. Observation of Resident #3's medications on hand on 12/19/24 at 10:00am revealed Donepezil HCL 10mg was not in the medication cartand available for administration. Telephone interview with the facility's contracted pharmacist on 12/19/24 at 1:23pm revealed: -There was an unsigned order for Donepezil HCL 10mg, 1 tab at bedtime written on 11/20/24The Donepezil HCL 10mg was dispensed on 11/20/24 with a 13-day supply. c. Review of Resident #3's FL-2 dated 09/24/24 revealed there was an order for Leveltracetam 500mg tab, 1 tab twice per day. (Levettracetam 500mg tab, 1 tab twice per day. (Levettracetam is used to control seizures).	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	COMPLETE
electronic medication administration record (eMAR) revealed: -There was an entry for Donepezil HCL 10mg tablet, 1 tablet scheduled for 8:00pm. -On 12/01/24 to 12/04/24 the Donepezil HCL was documented as administered. -On 12/05/24, 12/14/24, 12/15/24, 12/17/24, and 12/18/24 at 8:00pm the Donepezil HCL was documented as drug not available (DNA). -On 12/07/24 to 12/10/24, 12/12/24, 12/13/24, 12/16/24, and 12/19/24 at 8:00pm Donepezil HCL was documented as drug not given (DNG). Review of Resident #3's medication dispensing records revealed: -Donepezil HCL 10mg was last dispensed on 11/20/24 for 13 days with a total of 13 tablets. -The prescriber no longer saw Resident #3. Observation of Resident #3's medications on hand on 12/19/24 at 10:00am revealed Donepezil HCL 10mg was not in the medication cartand available for administration. Telephone interview with the facility's contracted pharmacist on 12/19/24 at 1:23pm revealed: -There was an unsigned order for Donepezil HCL 10mg, 1 tab at bedtime written on 11/20/24. -The Donepezil HCL 10mg was dispensed on 11/20/24 with a 13-day supply. c. Review of Resident #3's FL-2 dated 09/24/24 revealed there was an order for Levetiracetam 500mg tab, 1 tab twice per day. (Levetiracetam is used to control seizures).	D 358	Continued From page	e 89	D 358			
Review of Resident #3's December 2024 electronic medication administration record		electronic medication (eMAR) revealed: -There was an entry f tablet, 1 tablet schedu-On 12/01/24 to 12/04 documented as admir-On 12/05/24, 12/14/2 12/18/24 at 8:00pm the documented as drug-On 12/07/24 to 12/16/24, and 12/19/2 was documented as of Review of Resident # records revealed: -Donepezil HCL 10mg 11/20/24 for 13 days 11/20/24 for 13 da	administration record for Donepezil HCL 10mg uled for 8:00pm. 4/24 the Donepezil HCL was nistered. 24, 12/15/24, 12/17/24, and he Donepezil HCL was not available (DNA). 0/24, 12/12/24, 12/13/24, 24 at 8:00pm Donepezil HCL drug not given (DNG). 3's medication dispensing g was last dispensed on with a total of 13 tablets. higher saw Resident #3. ent #3's medications on 10:00am revealed Donepezil he the medication cartand ration. with the facility's contracted 24 at 1:23pm revealed: hed order for Donepezil HCL he written on 11/20/24. 10mg was dispensed on hy supply. t #3's FL-2 dated 09/24/24 h order for Levetiracetam he per day. (Levetiracetam he per day. (Lev				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 90 of 106

DIVISION	n nealth Service Negu	ilation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			1			_
						;
		HAL026068	B. WING		12/2	20/2024
NAME OF D		STDEET AF	DRESS, CITY, STA	TE ZID CODE		
NAIVIE OF P	ROVIDER OR SUPPLIER			,		
TERRABE	LLA FAYETTEVILLE		T SCHOOL ROA			
		CUMBER	LAND, NC 283	31		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	KIATE	DATE
				52116.211617		
D 358	Continued From page	e 90	D 358			
	(eMAR) revealed:					
	_	for Levetiracetam 500mg				
		day scheduled for 8:00am				
	and 8:00pm.					
		8/24 the Levetiracetam				
	_	ited as administered at				
	8:00am and 8:00pm.					
		etiracetam 500mg was				
	documented at 8:00am as otherOn 12/19/24 the Levetiracetam 500mg was					
	documented at 8:00p	m as drug not given (DNG).				
	Review of Resident # records revealed:	3's medication dispensing				
		g was last dispensed on				
		with a total of 60 tablets.				
		nger saw Resident #3.				
	- The presenber no loi	nger saw resident #6.				
	Observation of Reside	ent #3's medications on				
	hand on 12/19/24 at 1					
		was not in the medication				
	cart and available for	•				
	Cart and available for	administration.				
	Telephone interview v	with the facility's contracted				
	•	24 at 1:23pm revealed:				
	•	s order for Resident #3 for				
	Levetiracetam 500mg					
	_	racetam was last dispensed				
		•				
	on 10/08/24 with a 30					
	T	d a refill on 12/01/24 but the				
	was no longer under	rder stating that Resident #3				
	was no longer under	uieii cale.				
	Interview with Posido	ent #3's primary care provider				
	(PCP) on 12/19/24 at					
		prescribe Levetiracetam for				
	,	y prescribe Leveliracelam for				
	Resident #3.	ny Pooidont #2 was				
	-She was not sure wh					
	prescribed the Levetii					
	-ıne Levetiracetam w	vas used to treat seizures,	1			

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 91 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,		CONSTRUCTION	(X3) DATE S	
						;
		HAL026068	B. WING		12/2	0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA AND, NC 2833			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	Resident #3's moodResident #3's family Resident #3's previous could determine why the Levetiracetam. d. Review of Residen revealed there was at tab, 1 tab twice per da indicated. (Memantine Review of Resident # electronic medication (eMAR) revealed: -There was an entry f tablet, 1 tablet twice p 8:00am and 8:00pmOn 12/01/24 to 12/04 10mg was documente -On 12/05/24, 12/14/2 12/18/24 at 8:00am th was documented as c -On 12/08/24, 12/19/24 th was documented as c	etiracetam could be used for was supposed to send her is medical records so she Resident #3 was prescribed It #3's FL-2 dated 09/24/24 In order for Memantine HCL ay. There was no dosage is used to treat dementia). Is December 2024 Is administration record Is Memantine HCL 10mg Is der day scheduled for Is de as administered. Is de as administered. Is de Memantine HCL 10mg Is drug not available (DNA). Is drug not given (DNG). Is medication dispensing Is medication dispensing Is medication dispensing Is medication son Is medication son Is medication cart Is medication cart	D 358			
	Telephone interview v	vith the facility's contracted				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 92 of 106

	OF DEFICIENCIES OF CORRECTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA		
			.AND, NC 2833		
(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 358	Continued From page	92	D 358		
	pharmacist on 12/19// -There was an unsign 10mg, 1 tab twice per -Resident #3's Mema 11/20/24 with a 13-darent -The facility requested provider denied the owas no longer under Interview with Reside (PCP) on 12/19/24 atThe Memantine was slow down the progresResident #3's memodaily living tasks if shimedication. e. Review of Residen revealed there was at 25mg tab, 1 tab daily.	24 at 1:23pm revealed: ned order for Memantine r day on 11/20/24. ntine was last dispensed on ay supply. d a refill on 12/01/24 but the rder stating that Resident #3 their care. ent #3's primary care provider 10:13am revealed: used for dementia to help			
	(eMAR) revealed: -There was an entry f tablet scheduled at 8: -On 12/01/24 to 12/15 documented as admir -On 12/16/24 the Myr documented as drug Review of Resident # records revealed the	administration record for Myrbetriq 25mg tablet, 1 00am. 5/24 the Myrbetriq 25mg was nistered. betriq 25mg was			
	_	ent #3's medications on 10:00am revealed Myrbetriq medication cart and			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 93 of 106

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL026068	B. WING		C 12/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA FAYETTEVILLE		SCHOOL ROA		
040.1-	CHMMADV CT		· ·		NN OFF
(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 SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	93	D 358		
	available for administ	ration.			
	pharmacist on 12/19// -There was a previou 1 tab per dayResident #3's Myrbe 10/08/24 with a 30-da -The facility requested provider denied the o was no longer under in Interview with Reside (PCP) on 12/19/24 at -Myrbetriq was used in bladder If Resident #3 misse placed her at risk of in her at higher risk of si	d a refill on 12/01/24 but the rder stating that Resident #3 their care. Int #3's primary care provider 10:13am revealed: to treat Resident #3's ed doses of Myrbetriq it incontinence which placed kin breakdown.			
	revealed there was a	#3's FL-2 dated 09/24/24 n order for Prednisone r. (Prednisone is used to n).			
	(eMAR) revealed: -There was an entry f 1 tablet scheduled at -On 12/01/24 to 12/15 the Prednisone 2.5mg administeredOn 12/16/24 and 12/	administration record for Prednisone 2.5mg tablet,			
	records revealed Pred	3's medication dispensing dnisone 2.5mg was last 4 for 30 days with a total of			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 94 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
						С
		HAL026068	B. WING		12	2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TERRABE	LLA FAYETTEVILLE	1164 718	T SCHOOL ROAD			
		CUMBER	RLAND, NC 28331			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED TO TO THE PROPERTY OF THE PROVIDER OF	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 94	D 358			
	hand on 12/19/24 at	as not in the medication cart				
	pharmacist on 12/19/ -There was a previou 2.5mg, 1 tab per day -Resident #3's Predn 10/08/24 with a 30-da -The facility requeste	isone was last dispensed on ay supply. d a refill on 12/01/24 but the order stating that Resident #3				
	(PCP) on 12/19/24 at -Resident #3 was pla was discharged from diagnosis of sarcoido -If Resident #3 misse could cause shortnes levels would drop. -A drop in Resident #	ced on Prednisone after she the hospital due to her sis. d doses of the Prednisone it is of breath, and her oxygen 3's oxygen level could cause ecause she would not be				
	revealed there was a 0.4mg cap, 1 cap at b	t #3's FL-2 dated 09/24/24 n order for Tamsulosin HCL pedtime. (Tamsulosin is used n the prostate and the				
	(eMAR) revealed: -There was an entry to capsule, 1 capsule so	administration record for Tamsulosin 0.4mg				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 95 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED		
			D 14/11/0		С
		HAL026068	B. WING		12/20/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATI		
TERRABE	LLA FAYETTEVILLE		T SCHOOL ROAD		
	I	CUMBER	LAND, NC 28331		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 358	Continued From page	95	D 358		
D 358	12/17/24 the Tamsulcas administeredOn 12/04/24, 12/08/2 12/13/24, 12/16/24, 1 0.4mg was document -On 12/09/24, 12/14/2 Tamsulosin 0.4mg was available (DNA). Review of Resident # records revealed the dispensed on 11/20/2 13 tablets. Observation of Resident # Tamsulosin 0.4mg was and available for administration of the dispensed on 12/19/24 at Tamsulosin 0.4mg was and available for administration of the dispensed on 12/19/24 at Tamsulosin 0.4mg was and available for administration of the dispensed on 11/20/2 -The facility requested provider denied the owas no longer under the linterview with Reside (PCP) on 12/19/24 at -Resident #3 had a his	esin 0.4mg was documented 24 to 12/10/24, 12/12/24, 2/19/24, the Tamsulosin ded as drug not given (DNG). 24, 12/15/24, 12/18/24 the as documented as drug not 3's medication dispensing Tamsulosin 0.4mg was last 4 for 13 days with a total of eent #3's medications on 10:00am revealed as not in the medication cart inistration. with the facility's contracted 24 at 1:23pm revealed: ded order for Tamsulosin or day on 11/20/24. dosin 0.4mg was last 4 with a 13-day supply. d a refill on 12/01/24 but the order stating that Resident #3 their care. nt #3's primary care provider 10:13am revealed: story of kidney stones.	D 358		
	easier. -If Resident #3 misse	ed the kidney stones pass d doses of the Tamsulosin it tone obstruction which amage.			
	Interview with a media 12/19/24 at 10:00am				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 96 of 106

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					С	
		HAL026068	B. WING		12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
TEDD 4 DE		1164 71ST	SCHOOL ROA	AD		
IERRABE	LLA FAYETTEVILLE	CUMBERL	AND, NC 2833	31		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
TAG	REGULATORT OR I	130 IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	WAIL SALE	
D 250	Cantinuad Francisco	- 00	D 358			
D 358	Continued From page	96	D 356			
	•	er from the medication cards,				
	•	efill order form, informed the				
		inator (RCC) and the Health				
		r (HWD), and scanned the				
	refill order log to the F					
		and HWD when there were				
	10 days remaining of					
		with the RCC or HWD to				
	#3 had not arrived.	medications for Resident				
	#5 flad flot affived.					
	Interview with the RC	C on 12/19/24 at 11:00am				
	revealed:					
	-Residents' medication	ns were reordered when the				
	medication card was					
	indicated 10 doses w					
		AR system to determine if				
	the resident had any					
		s from the eMAR system, cription from the provider.				
	-The MAs notified her					
	almost out of medicat					
		dent #3 was out of her				
	medications.					
	-She sent notification	to Resident #3's provider				
	requesting a prescript	tion for the medications she				
	was out of, but she w	as not sure when she sent				
	it.					
		with Resident #3's provider				
	•	received an order for the				
	medications the resid	ent was out or.				
	Interview with the HW	/D on 12/19/24 at 1:38pm				
	revealed:	1				
	-She had been workir	ng with the facility for 4				
	months.					
		Resident #3 was out of a lot				
	of her medications.					
		onsible for scanning the refill				
	form to the RCC and	the HWD.				

Division of Health Service Regulation

STATE FORM N8QI11 If continuation sheet 97 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		HAL026068	B. WING		12/20	/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	D		
		CUMBERLA	AND, NC 2833	11		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	97	D 358			
ט 300	-She was responsible medications were in the She expected the Maresidents' medications. 4. Review of Resider 10/29/24 revealed: -Diagnoses included on hyperlipidemiaThe resident received There was a physicial Calcium (used to lowe 40 mg tablet daily at both Review of a hospice president #2 dated 11 physician's order to do Review of Resident #2 dated 11 physician's order to do Review of Resident #4 electronic medication (eMARs) revealed: -There was an entry for 40 mg tablet take one for administration at 8 physician's order to a 11/23/24. Review of Resident #4 revealed: -There was an entry for Resident #4 revealed:	for ensuring the residents' he facility. As to notify her when a sewere not in the facility. In #2's current FL-2 dated dementia, hypertension, and dementia, hypertension, and defended dementia, hypertension, and defended dementia, hypertension, and defended dementia, hypertension, and defended for Atorvastatin der high cholesterol levels) editime. Provider physician's order for 18/24 revealed there was a discontinue the Atorvastatin. 2's November 2024 administration records desconding the desconding desconding desconding. Determine the Atorvastatin Calcium tablet at bedtime scheduled desconding decumented refusal on desconding				
	Atorvastatin 40mg tab 8:00pm on 12/01/24 t -There was document	tation of administration that olet was administered at hrough 12/16/24. tation the Atorvastatin was				

Division of Health Service Regulation

available.

STATE FORM 6899 N8QI11 If continuation sheet 98 of 106

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		
		HAL026068	B. WING		C 12/20/2024
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE ZIR CODE	1 1 1 2 1 2 1 2 1
NAIVIE OF F	NOVIDER OR SUFFLIER		SCHOOL ROAI	,	
TERRABE	ELLA FAYETTEVILLE		AND, NC 2833		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 358	Continued From page	98	D 358		
	hand on 12/18/24 at 3	ent #2's medications on 3:30pm revealed there were tablets on hand in the ministration.			
	hand on 12/19/24 at a -There was a pharma of Atorvastatin 40mg tablets dispensed on	cy labeled blister package tablets, quantity of 30			
	blister package of me medication cabinet th -She administered on tablets to Resident #2 morningShe administered me eMARsIf a medication was owould know only whe eMARShe did not ever see orders.	revealed: ent #2's Atorvastatin 40mg dication from the backup e morning of 12/19/24. e of the Atorvastatin 40mg e on 12/19/24 in the edication according to en hold or discontinued, she en the order changed on the the hard copy of physician eness Director (HWD) and enator (RCC) were eting orders. w the HWD or RCC			
	revealed: -She was responsible -The HWD and 3rd sh	C on 12/19/24 at 11:26am for verifying new orders. iff supervisor/medication ification of new orders.			

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 99 of 106

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _					
		HAL026068	B. WING		12	C / 20/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•			
		1164 715	SCHOOL ROA	VD				
TERRABE	LLA FAYETTEVILLE	CUMBER	LAND, NC 2833	31				
(X4) ID	SUMMARY ST	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 AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE		
D 358	Continued From page	e 99	D 358					
	hospice agency scan contracted provider p -The hospice nurse "In with notification of ne -The contracted provider provider possible for transce eMARsShe did not know Real Atorvastatin 40mg tall discontinued on 11/12 -Either she or the HW physician ordersShe had no idea how discontinue the Atorvatin Resident #2's reco -She was responsible recordShe was recently pro-	usually" called the facility w orders. ider pharmacy was cription of new orders to the esident #2's order for blet at bedtime had been 8/24. VD would receive the w the physician's order to astatin 40mg tablet got filed rd. e for filing in the resident's						
	revealed: -She was responsible -She and the RCC se -She did not think the physician's order to re Resident #2. Telephone interview v Clinical Manager on revealed:	estart Atorvastatin 40mg for with the hospice agency 12/19/24 at 12:23pm						
	services from their ag -On 11/18/24, the Ato discontinued. -If Resident #2 was s	rently receiving hospice gency. brvastatin 40mg tablet was till being administered the blet, it would not affect the						

Division of Health Service Regulation

resident negatively.

STATE FORM 6899 N8QI11 If continuation sheet 100 of 106

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUM		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					l c l	
		HAL026068	B. WING		12/20/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		1164 71ST	SCHOOL ROA	.D		
TERRABE	LLA FAYETTEVILLE		AND, NC 2833			
(V4) ID	SLIMMARY ST		<u> </u>	PROVIDER'S PLAN OF CORRECTION	N (VE)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 100	D 358			
	-Resident #2 was in "	active decline".				
	Telephone interview with the contracted pharmacy provider on 12/19/24 at 2:13pm revealed: -There was a current physician's order for Atorvastatin 40mg tablet at bedtime for Resident					
	#2.	sict at boatime for recoldent				
	-He did not have a physician's order to discontinue Resident #2's Atorvastatin 40mg tabletThe pharmacy received physician orders via fax from the facility and by e-script from the primary care provider.					
	-There would not be a	any effect to the resident if				
	the Atorvastatin was	continued after being				
		he resident was having				
	muscle pain which wo the first week of starti	ould have occurred within ng the medication.				
	Interview with the Administrator on 12/19/24 at 2:28pm revealed the medication should not be administered by the facility once the primary care provider (PCP) discontinued the medication.					
		ns, interviews, and record ined Resident #2 was not				
	10/29/24 revealed dia hypertension, cognitiv gastroesophageal ref	ve impairment,				
	dated 10/29/24 revea	ian's order for Resident #5 led there was a physician's (Lidocaine HCL) 4% topical				

Division of Health Service Regulation

(used to treat pain) apply a small amount to the

STATE FORM 6899 N8QI11 If continuation sheet 101 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
						С
		HAL026068	B. WING		12	2/20/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATI	E, ZIP CODE		
TERRABE	LLA FAYETTEVILLE		ST SCHOOL ROAD RLAND, NC 28331			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF	CORRECTION	(X5)
(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	COMPLETE DATE
D 358	Continued From page	e 101	D 358			
	left knee twice a day.					
	(eMARs) revealed: -There was an entry for cream spread a small twice daily scheduled -The Aspercreme 4% documented as admin 11/09/24 and 11/14/2 -The Aspercreme 4% documented as not a 11/17/24, 11/18/24, 1 and 11/30/24. Review of Resident # revealed: -There was an entry for cream and the same and the s	administration records for Aspercreme 4% topical I amount topically to knees for 8:00am and 8:00pm. topical cream was not nistered at 8:00pm on 4.				
	twice daily scheduled -The Aspercreme 4% documented as not a	for 8:00am and 8:00pm. topical cream was dministered at 8:00am on				
	and 12/12/24The Aspercreme 4% documented as not a 12/09/24.					
	on 12/18/24 at 4:00pr	ent #5's medication on hand m revealed there was no al cream on hand in the dministration.				
	12/18/24 at 4:00pm re- -Resident #5's Aspere available.	creme was "usually" s administered on the first				

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 102 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					C	
		HAL026068	B. WING		12/20/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TEDDARE	ELLA FAYETTEVILLE	1164 71ST	SCHOOL ROA	.D		
TEINIADE		CUMBERL	AND, NC 2833	31		
(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 102	D 358			
	-She did not know too much about what happened on first and second shifts because she worked on third shift.					
	11:21am revealed: -The MAs prepared a when residents medic -The MAs scanned th to the Resident Care	and Wellness Director				
	revealed: -She was responsible -She called or faxed t pharmacy when medi reorderedThe contracted phari medications to the fac (11:00pm - 7:00am)The MA working on t medications and mad	C on 12/19/24 at 11:26am e for reordering medications. to the contracted provider locations needed to be macy provider delivered cility during the third shift the third shift received the le sure the medications e medications ordered.				
	revealed: -Resident #5 was not Aspercreme 4% topic 8:00amThere was not any A apply topically to Res -She was not sure if t cream had been reord -She had not reordere	sal cream on 12/19/24 at spercreme 4% topical to ident #5's left knee. he Aspercreme 4% topical dered. ed the Aspercreme 4% d not yet informed the RCC				

Division of Health Service Regulation

-She last administered the Aspercreme 4%

STATE FORM 6899 N8QI11 If continuation sheet 103 of 106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
			A. BOILDING					
		HAL026068	B. WING		12	C 2/20/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓΕ, ZIP CODE	•			
		1164 71S	T SCHOOL ROA	D				
TERRABE	LLA FAYETTEVILLE		RLAND, NC 2833					
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
D 358	Continued From page	e 103	D 358					
D 356	topical cream on 12/0 12/09/24 that the Asp was not availableShe did not rememb 12/09/24 about the ne topical cream needing -Resident #5 complai week ago but no com Interview with Reside revealed: -He was not being ad 4% topical creamHe did not remembe Aspercreme 4% topic -He remembered gett know what the cream -He did not know the Telephone interview w contracted provider p 1:53pm revealed: -There was an active Aspercreme 4% topic amount to the left kne -The Aspercreme 4% dispensed on 06/16/2 -He could not predict would have lasted be a small amount wasIf the Aspercreme to it probably would not purchased over the c -There had been a pr 05/30/24 for the Aspercreme	order for Resident #5 for cal cream apply a small be twice daily. topical cream but don't was for. names of his medications. with the pharmacist at the harmacy on 12/19/24 at order for Resident #5 for cal cream apply a small be twice daily. topical cream was last 24, quantity of 76.5 grams. how long the Aspercreme cause he did not know what opical cream was being used, be available but could be	D 358					
	revealed: -She was responsible							

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 104 of 106

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.				
		HAL026068	B. WING		12/20	0/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRARE	III A FAVETTEVII I E	1164 71ST	SCHOOL ROA	D		
TERRABELLA FAYETTEVILLE CUMBERLA			AND, NC 2833	31		
(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	(X5) COMPLETE DATE
D 358	Continued From page	e 104	D 358			
	-She and the RCC se	nt orders to the pharmacy.				
	2:28pm revealed she in the facility and available	ministrator on 12/19/24 at expected medications to be ilable for administration at all hysician's order for the				
	Telephone interview with Resident #5's primary care provider (PCP) on 12/20/24 at 12:10pm revealed: -She had no idea the Aspercreme 4% topical cream was not availableResident #5 had mentioned aches in his lower backShe would be concerned that the Aspercreme was not available if the resident was complaining of arthritisStaff had not reported any complaints of painResident #5 liked to stay in bed, but she did not think it was related to pain.					
	ordered to 2 of 3 residemorning medication particular and 30% medication error 30 opportunities. Residuse of a muscle relabeing extremely sleep at least two occasions did not receive a contagitation and anxiety resident continuing to (behaviors that can obsuch as confusion and the evenings. Resider inhaler for breathing particular trisk of worsening chronic observations in the province of the state of the	as ordered resulting in the experience sundowning ccur in dementia patients d pacing) and agitation in ent #6 did not receive an problems as ordered putting shortness of breath and				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 105 of 106 N8QI11

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Division of Health Service Regulation

DIVISION	of Health Service Regu	lation			 	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
			C			
		HAL026068	B. WING		12/20/2024	
						_
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1164 7151	SCHOOL ROA	ח		
TERRABE	LLA FAYETTEVILLE					
		CUMBERI	_AND, NC 2833	51		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)	
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	Ε
TAG REGULATOR		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
			1	DEFICIENCY)		
						\neg
D 358	Continued From page	e 105	D 358			
		ry of behavioral disturbances				
	did not receive two ar	ntipsychotic medications as				
	ordered and required	a hospital emergency room				
	visit related to sympto	oms of agitation and hitting a				
		ent #3 did not receive 7				
		ed due to the medications				
	being unavailable for					
	administration. This i	ncluded not receiving				
	medications for deme	entia that could lead to				
	further memory declir	ne and affect the resident's				
		of daily living; a medication				
		r putting the resident at risk				
	for incontinence which					
		tion for inflammation which				
	could cause shortnes	s of breath and low oxygen				
	levels; medication for	kidney stones that put the				
		ney stone obstruction or				
		medications that could affect				
		Resident #2's cholesterol				
		iscontinued as ordered				
		t risk for muscle pain. The				
	failure of the facility to	administer medications as				
	ordered resulted in se	erious neglect and				
	constitutes a Type A1	-				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	The facility provided a					
	The facility provided a					
		131D-34 on 12/19/24 for				
	this violation.					
	CORRECTION DATE	FOR THE TYPE A1				
		IOT EXCEED JANUARY 19,				
	2025.	TO LACELD UNITORITY 19,				
	2020.					

Division of Health Service Regulation

STATE FORM 6899 N8QI11 If continuation sheet 106 of 106