STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		
		HAL059035	B. WING		03/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
MARION A	ASSISTED LIVING		226 SOUTH , NC 28752		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 000	O00 Initial Comments		D 000		
	The Adult Care Licensure Section and the McDowell County Department of Social Services completed an annual survey from 03/11/25 to 03/12/25.				
D 234	10A NCAC 13F .0703 Medical Exam & Immi	. ,	D 234		
	10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.				
	failed to ensure 1 of 5 (Resident #4) were te	ew and interviews the facility sampled residents sted for tuberculosis (TB) with the control measures			
	The findings are:				
	chronic obstructive pu	noses including dysphagia,			

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL059035	B. WING	·····	03	3/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	•	
MADION		5235 NC	226 SOUTH			
MARION	ASSISTED LIVING	MARION	, NC 28752			
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 234	Continued From page	÷1	D 234			
		4's Resident Register				
	Review of Resident # revealed:	4's record on 03/11/25				
	result.	1/14 and had a negative				
		nentation a TB test was or after Resident #4's 9.				
	Interview with the Resident Care Coordinator on 03/12/25 at 11:35am revealed:					
	06/01/14 when she re	d her most recent TB test on esided in an affiliated family				
		receive a TB test prior to and ocurrent placement on				
	TB test prior to admis	have received an updated sion because the group from, was managed by the				
		idents to have at least step iission and step 2 TB test to				
	Interview with the Adr 4:00pm revealed:	ninistrator on 03/12/25 at				
	-Resident #4 was adr	nitted in 2018 and he rator in December 2024 as a				
	-The RCC and BOM	were completing resident I not completed Resident				
	missingThe RCC/BOM were that residents had a 1	responsible to make sure				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL059035	B. WING		0	3/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH I, NC 28752			
(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 234	Continued From page	2	D 234			
	Attempted contact wit unsuccessful.	th the responsible party was				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
		P. Health Care assure referral and follow-up and acute health care needs				
	This Rule is not met Type A2 Violation	as evidenced by:				
	facility failed to ensure of 5 sampled resident a medication to treat fingerstick blood suga	ews, and interviews, the ephysician notification for 3 is (#1, #2 and #5) related to elevated potassium (#1), ars (FSBS) greater than 300 hold a medication used to b.				
	The findings are:					
	revealed: -Diagnoses included the bone) of the right ulcers of the right foo schizophrenia and bli -There was an order for	t #1's FL-2 dated 01/09/25  osteomyelitis (a infection of foot, chronic diabetic foot t, right foot neuropathy, ndness. for lokelma (used to lower 10gm pack mixed with liquid				
	dated 01/16/25 revea	1's signed physician orders led an order for lokelma h liquid three times a day.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,			A. BUILDING:	<del></del>		
		HAL059035	B. WING		03	12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH NC 28752			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pag	e 3	D 273			
	Review of Resident # Medication Administr revealed: -There was an entry mixed with liquid thre 1:00pm and 7:00pm, -The lokelma was do on 01/20/25, 01/29/2 -The lokelma was do on 01/19/25, 01/20/2 1:00pm, and docume at 1:00pmThe lokelma was do on 01/29/25 at 7:00p -The lokelma was do administered on 9 of -There was no docur notified.  Review of Resident # revealed: -There was an entry mixed with liquid thre 1:00pm and 7:00pm, -The lokelma was do from 02/01/25 to 02/27:00pm.  Review of Resident # revealed: -There was an entry mixed with liquid thre 1:00pm and 7:00pm, -The lokelma was do from 02/01/25 to 02/27:00pm.	f1's January 2025 electronic ation Record (eMAR)  for lokelma 10gm pack the times a day, at 7:00am, with a start date of 01/09/25. Cumented as "unavailable" 5 and 01/30/25 at 7:00am. Cumented as "unavailable" 5, 01/25/25 and 01/29/25 at ented a "refused" on 03/12/25 cumented as "unavailable" m. cumented as not				
	7:00pm.  Interview with the Re (RCC) on 03/12/25 a	sident Care Coordinator t 9:09am revealed:				

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL059035	B. WING		03/12/2025	
NAME OF D			DDEGG OITY OTA	TF 7/D 00DF	1 03/12/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA <sup>.</sup> 2 <b>26 SOUTH</b>	TE, ZIP CODE		
MARION A	ASSISTED LIVING		NC 28752			
(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 273	was sent to another procase manager at the She faxed the FL2 dipharmacy that same The lokelma required the pharmacy contact. With the confusion of prescription for lokelma authorization the facilithree days at a time of Resident #1 was not order and missed sorth She did not contact of physician or his previous authorization or the allokelma.  On 01/29/24, after resupplies, she called the full 30-day amount of Telephone with a Pharmacy that same procase in the supplier of th	sion FL2 dated 01/09/25 sharmacy on admission by a hospital. ated 01/09/25 to the facility's day. d a prior authorization which ted the physician to obtain. If two pharmacies getting the ha and trying to get the prior ity was getting refills for the did not know that hadministered the lokelma as he doses. Resident #1's ordering ous physician about the prior bout the missed does of heceiving many 3-day he pharmacy and received a	D 273			
	dated 01/09/25 with a mix with liquid three to authorization and fax facility.  The pharmacy did not authorization from the The pharmacy received 01/29/25 about the pralready completed.  It was the responsibition the prior authorization was not authorization was not serior authorization.	armacy required a prior ed the physician and the ot receive a signed the prior				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1.			(X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.			A. BUILDING: _			
		HAL059035	B. WING		03.	/12/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5235 NC 2	26 SOUTH			
MARION	ASSISTED LIVING	MARION,	NC 28752			
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 27	Continued From page	÷ 5	D 273			
	Telephone interview was at risk of cardiach heart beat in left threatening. Increased levels of palso cause muscle was accused with the high potassium in the potassium in the lectrical signal causi ventral fibrillation and heart rate more than are life threatening. Increased levels of palso cause muscle we side on the provided that he was due to the facility did administer.  She also reviewed his 5.3 milimoles per liter. A potassium level of level 3.5 mmol/l - 5.1 m. The facility staff did relokelma needed a prior authorization or doses.  She was concerned history of diabetes an high potassium level was at risk of cardiach eartbeat).  When potassium level the high potassium in electrical signal causi ventral fibrillation and heart rate more than are life threatening.  Increased levels of palso cause muscle we	with Resident #1's previous or (PCP) on 03/12/24 at on the wisit and continued a from his FL2 dated scribed lokelma to treat high d. We Resident #1 for a follow ent #1's January 2025 eMAR is not given lokelma 8 times not have to lokelma to dis potassium level which was (mmol/L). 5.3mmol/L was high (normal nmol/I). The not notify her that the properties of the that Resident #1 missed any obecause of Resident #1's dispersion and now a in the blood, Resident #1				

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STATE FORM 6899 DC0N11 If continuation sheet 6 of 47

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY LETED	
		HAL059035	B. WING		03/	12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH , NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 273	4:00pm revealed he od did not notify the physonly being sent for 3 only being sent for ordered.  Refer to interview with Manager (BOM) on 0  Refer to interview with 03/12/25 at 4:00pm.  2. Review of Resident 11/08/24 revealed: -Diagnoses included left foot and toes, star amputation of right for only being sent for the was an order of the sent for the was an order of the sent for the sent fo	ministrator on 03/12/25 at did not know that the staff sician when the lokelma was days at a time or that eceive the dosages as  In the Resident Care in 03/12/25 at 9:09am.  In the Business Office 3/12/25 at 11:00am.  In the Administrator on  It #2's current FL-2 dated  Type 2 diabetes, ulcers of ge 2 chronic kidney disease, of and hypertension.  It ocheck FSBS five times a issulin Novolin or lispro.  For lispro Kwikpen/ml, check lay before meals and inject lin (SSI) for a FSBS 150-169 units; 190-209 = 3 units; 0-249 = 5 units; 250-269 = 6 its; 290-300 = 8 units; and and notify the physician.  2's January 2025 electronic ation Record (eMAR)  Type 2 diabetes, ulcers of ge 2 chronic lispro.  Type 3 diabetes, ulcers of ge 2 chronic lispro.  Type 4 diabetes, ulcers of ge 2 chronic lispro.  Type 5 diabetes, ulcers of ge 2 chronic lispro.  Type 6 diabetes, ulcers of ge 2 chronic lispro.  Type 7 diabetes and lispro.  Type 8 diabetes and lispro.  Type 9 diabetes and	D 273			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MIJI TIDI E	CONSTRUCTION	(X3) DATE SU	ID\/EV	
	OF CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLE	
			A. BUILDING: _			
		HAL059035	B. WING		03/12	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE. ZIP CODE		
			226 SOUTH	,		
MARION A	ASSISTED LIVING		NC 28752			
			NC 20752			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		DATE
		,		DEFICIENCY)		
D 273	Continued From none	- 7	D 273			
D 213	Continued From page	÷ /	02/3			
	-There was an entry f	or lispro Kwikpen/ml, check				
	FSBS three times a d	ay before meals and inject				
	per sliding scale insul	in (SSI) for a FSBS 150-169				
	= 1 unit ; 170-189 = 2	units; 190-209 = 3 units;				
	210-229 = 4 units; 23	0-249 = 5 units; 250-269 = 6				
	units; 270-289 = 7 un	its; 290-300 = 8 units; and				
	>300 = 9 units and no	otify the physician,				
	scheduled at 7:00am,	, 1:00pm and 7:00pm.				
	-On 01/03/25 at 4:00p					
	documented as 400,	and there was no				
	documentation the ph	nysician was notified.				
	-On 01/03/25 at 6:00p	-				
	documented as 400,	and there was no				
	documentation the ph	nysician was notified.				
	-On 01/03/25 at 7:00p	-				
	documented as 319,					
	documentation the ph					
	-On 01/09/25 at 4:00p	-				
	documented as 303,					
	documentation the ph					
	-On 01/09/25 at 6:00p	-				
	documented as 303,					
	documentation the ph					
	-On 01/14/25 at 7:00p					
	documented as 310,					
	documentation the ph	nysician was notified.				
	-On 01/20/25 at 4:00p					
	documented as 339,					
	documentation the ph					
	-On 01/20/25 at 6:00p	•				
	documented as 339,					
	documentation the ph					
	-On 01/21/25 at 7:00p	-				
	documented as 306,					
	documentation the ph					
	-On 01/24/25 at 7:00p	-				
	documented as 332,					
	documentation the ph					
	-	was >300 on 10 out of 93				
	I	physician was not notified.				

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			B. WING		
		HAL059035	B. WING		03/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		5235 NC	226 SOUTH		
MARION A	ASSISTED LIVING		NC 28752		
	OLUMBA DV OT			550 VIDEDIO DI AU OF CODDECTIO	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	( - /
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 070	0 " 15		D 070		
D 273	Continued From page	8	D 273		
	Review of Resident #	2's February 2025 eMAR			
	revealed:	Ç			
	-There was an entry t	o check FSBS five times a			
		sulin novolin or lispro,			
	scheduled 02/01/25 to	o 02/14/25 at 6:00am,			
	8:00am, 12:00pm, 4:0	00pm and 6:00pm.			
	-There was an entry f	or lispro Kwikpen			
	100units/ml, check FS	SBS three times a day			
	before meals and inje	ect per sliding scale insulin			
	-	-169 = 1 unit; 170-189 = 2			
	units; 190-209 = 3 un	its; 210-229 = 4 units;			
	230-249 = 5 units; 25	0-269 = 6 units; 270-289 = 7			
	units; 290-300 = 8 un	its; and >300 = 9 units and			
	notify the physician, s	scheduled 02/01/25 to			
	02/14/24 at 7:00am, 1	1:00pm and 7:00pm.			
	-On 02/07/25 at 4:00p	om, the FSBS was			
	documented as 305,	and there was no			
	documentation the ph	nysician was notified.			
	-On 02/07/25 at 6:00p	om, the FSBS was			
	documented as 303,	and there was no			
	documentation the ph	nysician was notified.			
	-On 02/11/25 at 4:00p	om, the FSBS was			
	documented as 420,	and there was no			
	documentation the ph	nysician was notified.			
	-On 02/11/25 at 7:00p	om, the FSBS was			
	documented as 420,	and there was no			
	documentation the ph	•			
		vikpen 100units/ml, check			
		ay before meals and inject			
		lin (SSI) for a FSBS 150-169			
		units; 190-209 = 3 units;			
		0-249 = 5 units; 250-269 = 6			
		its; 290-300 = 8 units; and			
	>300 = 9 units and no	otify the physician,			
	scheduled 02/14/25 to	o 02/28/24 at 7:00am,			
	12:00pm and 5:00pm				
	-Resident #2's FSBS	was >300 on 4 out of 84			
	opportunities and the	nhysician was not notified	1		1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		HAL059035	B. WING		03	/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		5235 NC 2	226 SOUTH			
MARION	ASSISTED LIVING	MARION,	NC 28752			
(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 ACT CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	COMPLETE DATE
D 273	Continued From page	e 9	D 273			
	4:30pm revealed: -On 01/03/25 at 4:00 documented a FSBS -She did not notify the	of 400. e physician as ordered n's office was closed.				
	Interview with anothe 03/11/25 at 4:30pmOn 01/09/25 at 4:00  documented a FSBS -She did not notify the	or second shift MA on  om and 6:00pm, she  of 303.  e physician because the  closed and did not have an				
	Primary Care Provided 10:01am revealed: -Resident #2 was lass 01/30/25 when she remany occasions whethan 300She expected to be above 300 and she well-because of Residen hypertension, he was as a heart attack and stage 2 kidney diseas of his left foot, he was infections and ampute continued FSBS > 30If she had been notifications - Residen had stage 2 kidney diseas of his left foot, he was infections and ampute continued FSBS > 30.	t #2's current issues with at at risk for complication such stroke, worsening of his se, and with his ulcerations at risk for increased ation of the left foot due to 00. Tied of the FSBS > 300, she				
	(RCC) on 03/12/25 a	sident Care Coordinator t 9:09am revealed: nsible to notify her about				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL059035	B. WING		03/12/2025	
NAME OF PROVIDER OR SUPPLIER  MARION ASSISTED LIVING	STREET ADD 5235 NC 23 MARION, N		TE, ZIP CODE		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
hold of epically after sphysician did not haw answered her phoneShe did not know Red-If she had known Red 300, she could have day when the office with linear lands and with the Adra 4:00pm revealed he ophysician was not not Refer to interview with Coordinator (RCC) or Refer to interview with Manager (BOM) on 0 Refer to interview with 03/12/25 at 4:00pm.  3. Review of Residen 11/08/24 revealed dia disability, development disorder, anxiety, DM bipolar disorder, hypothypothyroidism, hypothyroidism, hypothyroidism, hypothyroidism, and hypoten Review of Resident # revealed an admission Review of Resident # 01/31/25 revealed an 20mg (a medication to	isian was very difficult to get a 5:00pm because the e an answering service, or esident #2 had FSBS > 300. Sident #2's FSBS was > called the physician the next was open.  ministrator on 03/12/25 at did not know Resident #2's ciffied for FSBS > 300.  In the Resident Care in 03/12/25 at 9:09am.  In the Business Office 3/12/25 at 11:00am.  In the Administrator on  It #5's current FL2 dated intellectual intal delay, major depressive II, schizoaffective disorder, extension, hyperlipidemia, magnesium, chronic kidney sion.  2's Resident Register	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL059035	B. WING		03/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
MARION	ASSISTED LIVING		26 SOUTH		
		MARION,	NC 28752		
(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 SHO CROSS-REFERENCED TO THE APPROFICIENCY)	ULD BE COMPLETE
D 273	Continued From page	: 11	D 273		
	Review of Resident # Medication Administrate revealed: -There was an entry fitablet, at bedtime, and 8:00pmThere was document administered on 02/02There was an entry fitake one nirmatrelving ritonavir 100mg tablet daily for five days with -There was document was administered on 02/02/25, twice on 02 and twice on 02/05/25.  Telephone interview with administered on 02/05/25.	5's February 2025 electronic ation Record (eMAR) or simvastatin 20mg, one d administered everyday at tation simvastatin 20mg was 1/25-02/28/25. or Paxlovid 150-100mg, 150mg tablet and one is, beginning 02/01/25 twice in stop date 02/05/25. tation Paxlovid 150-100mg te on 02/01/25, twice on 02/01/25, twice on 02/01/25, twice on 02/01/25 at with a Pharmacist from the narmacy on 03/12/25 at elity faxed over a verbal	52.0		
	-The pharmacy dispers 20 tablets, a 5-day suback-up pharmacyThe pharmacy faxed the facility on 02/01/2 taking Paxlovid.	as directed.  Insed Paxlovid 150-100mg,  Insed P			
		lasma concentration and			
	Care Provider (PCP) revealed: -The provider was not was not held per the proticeShe informed the RC	vith Resident #5's Primary on 03/12/25 at 4:33pm  It notified the simvastatin observation observation  C and BOM to discontinue observations			

Division of Health Service Regulation

	of Health Service Regu OF DEFICIENCIES		(V2) MULTIPLE	CONSTRUCTION	(Y2) DATE SUBVEY
	OF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		HAL050025	B. WING		02/42/2025
		HAL059035			03/12/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
MARION A	ASSISTED LIVING		226 SOUTH		
		MARION	NC 28752		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 12	D 273		
D 2/3	or hold any medication the pharmacy's order -The facility should hawhile giving Paxlovid which the provider was Interview with a MA or revealed: -She administers medithe eMAR -The RCC makes corrupher and the eMAR would shimedicationThere was no hold orange -She would notify the on the eMAR Interview with the RC revealed: -She was responsible the physician and ser pharmacyShe was responsible notices from the pharmacyShe did not receive a the pharmacy to hold while taking PaxlovidShe did not notify the interaction or make a	ons while taking Paxlovid per ave held the simvastatin because of the interactions as unable to recall.  on 03/12/25 at 3:07pm  dications that are active on rections to the eMAR ow if there is a hold on a reder on the simvastatin.  RCC of any discrepancies  or on 03/12/25 at 4:00pm  or for obtaining orders from anding orders to the effor sending drug interaction are faxed drug interaction from Resident #5's simvastatin.  or provider of the drug any corrections to the eMAR  the the Resident Care	D 273		
	Coordinator (RCC) or Refer to interview with Manager (BOM) on 0				
		h the Administrator on			

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	or periornoire		(VO) MULTIPLE	CONCTRUCTION	(Va) DATE	CLIDVEV	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
		HAL059035	B. WING		03/	12/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE			
			226 SOUTH	,			
MARION A	ASSISTED LIVING		, NC 28752				
			, 140 20732			1	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION		(X5) COMPLETE	
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE		DATE	
				DEFICIENCY)			
D 273	Continued From page	13	D 273				
D 210	Continued From page	5 13	5270				
		sident Care Coordinator					
	(RCC) on 03/12/25 at						
	·	onsible for reordering a					
		e were 7 doses left and then					
		lent's medication did not					
	arrive the next day fro						
	•	onsible for notifying her if a					
		e doses, medication errors or					
	if there was an issue	· ·					
	medications as order						
		for notifying the physician					
		s, medication errors, and					
	medications not admi	nistered as ordered.					
	Interview with the Bus	siness Office Manager					
	(BOM) on 03/12/25 a						
	, ,	onsible for notifying the RCC					
	·	as ordered and did not					
	arrive on the second						
	-The RCC was respo						
	pharmacy to find out						
	'	• • • • • • • • • • • • • • • • • • • •					
	Interview with the Adr	ministrator on 03/12/25 at					
	4:00pm revealed:						
	-The MAs were traine	ed to administer the					
	medications per the p	hysician's orders.					
	-If the medication cou	ıld not be administered per					
	the order then they w	ere to notify the RCC.					
	-The RCC was respo	nsible for notifying the					
		cy related to the issue.					
		s not available, the MA was					
	to reorder the medica						
	-If the medication was						
		MAs were responsible for					
	notifying the RCC.						
		nsible for notifying the					
		e any issues with missed					
		300, or follow-up with the					
	pharmacy and physic	ian related to prior					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	CONSTRUCTION	(X3) DATE S COMPLI	
			A. BOILDING			
		HAL059035	B. WING		03/1	2/2025
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING	5235 NC 22 MARION, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page authorizations.	e 14 	D 273			
	resident required a protein their insurance provide medication to treat elementaries and medication to treat elementaries and missed do an increased risk of light arrhythmia (#1), and a > 300 putting him at reache and attack and stream 2 kidney disease, and left foot, he was at rise and amputation of the	otify a physician when a rior authorization approval by der prior to paying for a evated potassium levels nacy dispensing a 3-day oses, putting the resident at fe threatening cardiac a resident who had 14 FSBS risk for complication such as toke, worsening of his stage d with his ulcerations of his k for increased infections e left foot (#2). This failure at substantial risk for serious institutes a Type A2				
	The facility provided a accordance with G.S. this violation.	a plan of protection in . 131D-34 on 03/12/25 for				
	CORRECTION DATE VIOLATION SHALL N 2025.	FOR THE TYPE A2 NOT EXCEED MAY 17,				
D 310	10A NCAC 13F .0904 Service	(e)(4) Nutrition and Food	D 310			
	<ul><li>(e) Therapeutic Diets</li><li>(4) All therapeutic die supplements and thic</li></ul>	Nutrition and Food Service in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDIN	FIPLE CONSTRUCTION  NG:	(X3) DATE SURVEY COMPLETED
HAL059035 B. WING _		03/12/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY,	, STATE, ZIP CODE	
MARION ASSISTED LIVING 5235 NC 226 SOUTH MARION, NC 28752		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 310  Continued From page 15  This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 5 sampled residents (Resident #4 and #5) were served physician ordered therapeutic diets related to pureed diets with nectar thickened liquids.  The findings are:  Review of the daily menu for regular diets dated 03/11/25 revealed pork chops, green collards, corn muffin, pinto beans, and cinnamon peaches were being served for lunch.  Request for therapeutic diet extension menu for pureed diets was not provided prior to exit.  1. Review of Resident #4's current FL2 dated 2/13/25 revealed diagnoses including dysphagia, chronic obstructive pulmonary disease, hypertension, hyperlipidemia, anxiety, and history of aspiration.  Review of Resident #4's Resident Register revealed an admission date of 07/17/19.  Review of Resident #4's diet order dated 02/13/25 revealed an order for pureed diet with nectar thickened liquids, head turned right, small bites and sips, and to remain upright for 45 minutes after meals.  Review of Resident #4's licensed health professional support (LHPS) tasks dated 02/21/25 revealed feeding techniques/thickened liquids, nebulizer and walker/ transfers.  Review of Resident #4's care plan dated 02/13/25 revealed dietary restrictions related to puree		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	Y
		HAL059035	B. WING		03/12/202	25
MARION ASSISTED LIVING 5235 NC			DRESS, CITY, STA 26 SOUTH NC 28752	TE, ZIP CODE		
(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 COI	(X5) MPLETE DATE
D 310	head turned right, sm sitting upright for 45 r Review of a list of res diets posted in the kit should be served neodobservation of Resid 12:30pm during the lushe was sitting in a grable with other reside. Her lunch consisted pureed corn muffin, pinto beans, thickene of vanilla ice cream the She was fed herself cream without difficult without coughing. Interview with the Prinon 03/12/25 at 4:27pm. Resident #4 was to be nectar thickened liquic bites and sips, and to minutes after meals. It was not a good ide ice cream since she will die to increased history of pneumonial she expected all liquic being served to reside according to physicial Refer to interview with 12:48pm.	all bites and sips, remain ninutes after meals.  idents on thickened liquid chen revealed Resident #4 tar thickened liquids.  ent #4 on 03/11/25 at unch meal revealed: geriatric chair at a dining ents and staff nearby. of pureed green vegetables, ureed pork chop, pureed d sweet tea and a container nat was not thickened. 100 percent of the ice ty, without assistance and mary Care Provider (PCP) in revealed: the served a pureed diet with dist, head turned right, small remain upright for 45 the for Resident #4 to have was on a thickened liquid risk for aspiration and thickened before the ents on thickened liquids, in orders.  In the Resident Care	D 310			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	
74157 2741	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING: _	A. BUILDING:		
		HAL059035	B. WING		03/1	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING		26 SOUTH			
		<u> </u>	NC 28752			
(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)	LD BE	(X5) COMPLETE DATE
D 310	Continued From page	e 17	D 310			
	I =	terview on 03/12/25 at ty's contracted Registered				
	Refer to interview with 03/12/25 at 4:00pm.	h the Administrator on				
	2/13/25 revealed diag	t #6's current FL2 dated gnoses including dementia, with cerebral contusion, and				
	Review of Resident # revealed an admissio	6's Resident Register n date of 12/03/01.				
		e was to be fed by staff, be pureed diet with nectar				
	12/31/24 revealed tas techniques for reside	nts with swallowing atric chair/ transfers and				
		6's care plan dated 01/30/25 ictions related to low sodium ar thickened liquids.				
		sidents on thickened liquid chen revealed Resident #6 star thickened liquids.				
	12:35pm during the lu- -She was sitting in a g dining table with othe	ent #6 on 03/11/25 at unch meal revealed: geriatric wheelchair at the r residents and was being ns, pureed collard greens,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	URVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL059035	B. WING		03/1	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
MARION	ASSISTED LIVING	5235 NC	226 SOUTH			
WARION	ASSISTED LIVING	MARION	, NC 28752			
(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 310	Continued From page	e 18	D 310			
	pureed pork chop, nu Shake) and a contain thickenedShe was fed 100 per without difficulty and variety at 4:27pm revealed: -Resident #6 was on thickened liquidsResident #6 should reduce to being a very hiposture and inability the she expected all liquids.	tritional shake (Mighty er of ice cream that was not reent of the ice cream without coughing.  with the (PCP) on 03/12/25  a pureed diet with nectar enot have been fed ice cream igh-risk for aspiration, poor to sit up.  uids to be thickened before ents on thickened liquids,				
	12:48pm.  Refer to interview witl	h the cook on 3/11/25 at h the RCC on 03/12/25 at				
	9:03am.  Refer to telephone int 03/12/25 at 4:01pm.	terview with the cook on				
		terview on 03/12/25 at ty's contracted Registered				
	Refer to interview with 03/12/25 at 4:00pm.	h the Administrator on				
	revealed: -She was responsible resident meal trays, a	ok on 03/11/25 at 12:48pm e for placing food items on according to their diet orders. he ice cream served to				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL059035	B. WING		03/12/2025	
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 03/12/2023	
MARION A	ASSISTED LIVING	5235 NC 2 MARION, I				
(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 APPROI DEFICIENCY)	D BE COMPLET	
D 310	appropriate for nectar -She could not locate that she had already no other containers or -She later provided a cream that was server Resident #6 and indicate regular ice cream.  Interview with the RC revealed: -She was aware Resiminate were to be served puricitesShe was made awar #6 received regular/ in thickened, with their lifted the received regular in thickened liquidsDiet extensions were daily regular menus be menu file in the kitcher of Residents of the received therape followed.  Telephone interview was a list post with the daily diet menus in the kitchen and that in the folder located be -There was a list post kitchen of Residents of thickened liquids.	ident #6 at lunch time was rethickened diets.  the covers to the ice cream thrown away and there were if ice cream in the facility. cover/ lid from the ice and to Resident #4 and cated the ice cream was  C on 03/12/25 at 9:03am  dent #4 and Resident #6 areed with thickened liquid  e Resident #4 and Resident ce cream that was not the ice cream that was not in the i	D 310			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		ETED
		HAL059035	B. WING		03/1	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
	10115211 011 001 1 21211	5235 NC 22		,		
MARION A	ASSISTED LIVING	MARION, N				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	COMPLETE DATE
D 310	Continued From page	e 20	D 310			
	menu, therefore she p that had not been thic and Resident #5's lun -She did not usually p residents on thickene the first time she plac residents who were o	colaced regular ice cream ckened, on the Resident #4 nch trays. crovide ice cream to d liquid diets and that was ed ice cream on the trays of n thickened liquid diets.				
	Registered Dietitian ( -She created and sup extensions to the faci	with the facility's contracted RD) on 03/12/25 revealed: oplied diet menus and diet lity by emailing them to the representative, who in turn and extensions to the				
	-She was familiar with that was to be served chops, green collards	n the regular lunch menu l on 03/11/25 (revealed pork s, corn muffin, pinto beans, es) and ice cream was not				
	things from the regula would be pureed and -lce cream liquefies to	o thin liquids once it's placed ld cause choking or gagging shagia.				
	then thickened with the -She expected meals	if the ice cream was melted nickener. to be served according to and therapeutic diet orders.				
	4:00pm revealed: -The cook was responses food per the cook was response pureed diet which was dessert to be served?	nsible for preparing the eir order. nsible for using the menu for yould have contained the for a nectar thickened diet.				

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		HAL059035	B. WING		03/12/2025
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE	
MARION A	ASSISTED LIVING		226 SOUTH NC 28752		
(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 310	Continued From page	21	D 310		
	nectar thickened liqui	d.			
D 358	10A NCAC 13F .1004 Administration	ł(a) Medication	D 358		
	(a) An adult care hon preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies			
	This Rule is not met a				
	facility failed to ensure administered as order residents (#1, #3 and	red for 3 of 5 sampled #5) related to medications I potassium (#1), a urinary			
	The findings are:				
	01/09/25 revealed: -Diagnoses included of bone) of the right foot, right schizophrenia and blitagenerate was an order of potassium)10gm packtimes a day.	ndness. for lokelma (to treat elevated k mixed with liquid three			
	Review of Resident #	1's signed physician orders			

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					PLETED
	HAL059035	B. WING		03	3/12/2025
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
ASSISTED LIVING					
	MARION	N, NC 28752			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
dated 01/16/25 reveal 10gm pack mixed with Review of the facility's medications from home there were 10 packet available for administ Review of Resident # revealed his potassiu per liter mmol/L (norm 3.5mmol/L-5.1mmol/L Review of Resident # Medication Administrate revealed:  -There was an entry finixed with liquid three 1:00pm and 7:00pm, -The lokelma was do on 01/20/25, 01	led an order for lokelma h liquid three times a day.  Is receipt of Resident #1's ne dated 01/09/25 revealed s of lokelma 10gm packets ration.  I lab results dated 01/17/25 m level was 5.3 milimoles nal was -).  I's January 2025 electronic ation Record (eMAR)  For lokelma 10gm pack et times a day, at 7:00am, with a start date of 01/09/25. cumented as "unavailable" of and 01/30/25 at 7:00am. cumented as "unavailable" of o1/25/25 and 01/29/25 at nted a "refused" on 03/12/25 cumented as "unavailable" m. cumented as not	D 358			
contracted pharmacy revealed: -On 01/09/24, the fac dated 01/09/25 with a mix with liquid three t -On 01/09/25, the pha	on 03/12/25 at 2:53pm ility faxed Resident #1's FL2 in order for lokelma 10gm, imes a day. armacy required a prior				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR IN TREGULATORY OR IN TR	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 22 dated 01/16/25 revealed an order for lokelma 10gm pack mixed with liquid three times a day.  Review of the facility's receipt of Resident #1's medications from home dated 01/09/25 revealed there were 10 packets of lokelma 10gm packets available for administration.  Review of Resident #1 lab results dated 01/17/25 revealed his potassium level was 5.3 milimoles per liter mmol/L (normal was 3.5mmol/L-5.1mmol/L).  Review of Resident #1's January 2025 electronic Medication Administration Record (eMAR) revealed:  -There was an entry for lokelma 10gm pack mixed with liquid three times a day, at 7:00am, 1:00pm and 7:00pm, with a start date of 01/09/25.  -The lokelma was documented as "unavailable" on 01/20/25, 01/29/25 and 01/30/25 at 7:00am.  -The lokelma was documented as "unavailable" on 01/19/25, 01/20/25, 01/25/25 and 01/29/25 at 1:00pm.  -The lokelma was documented as "unavailable" on 01/19/25 at 7:00pm.  -The lokelma was documented as "unavailable" on 01/29/25 at 7:00pm.  -The lokelma was documented as "unavailable" on 01/29/25 at 7:00pm.  -The lokelma was documented as not administered 9 out of 93 opportunities.  Telephone with a Pharmacist from the facility's contracted pharmacy on 03/12/25 at 2:53pm revealed:  -On 01/09/24, the facility faxed Resident #1's FL2 dated 01/09/25 with an order for lokelma 10gm, mix with liquid three times a day.  -On 01/09/25, the pharmacy required a prior authorization and faxed the physician and the	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 22  dated 01/16/25 revealed an order for lokelma 10gm pack mixed with liquid three times a day.  Review of the facility's receipt of Resident #1's medications from home dated 01/09/25 revealed there were 10 packets of lokelma 10gm packets available for administration.  Review of Resident #1 lab results dated 01/17/25 revealed his potassium level was 5.3 millimoles per liter mmol/L (normal was 3.5mmol/L-5.1mmol/L).  Review of Resident #1's January 2025 electronic Medication Administration Record (eMAR) revealed: -There was an entry for lokelma 10gm pack mixed with liquid three times a day, at 7:00am, 1:00pm and 7:00pm, with a start date of 01/09/25The lokelma was documented as "unavailable" on 01/20/25, 01/29/25 and 01/30/25 at 7:00amThe lokelma was documented as "unavailable" on 01/19/25, 01/20/25, 01/25/25 and 01/29/25 at 1:00pm, -The lokelma was documented as "unavailable" on 01/19/25 at 7:00pmThe lokelma was documented as "unavailable" on 01/29/25 at 7:00pmThe lokelma was documented as "unavailable" on 01/29/25, 01/25/25 and 01/29/25 at 1:00pm, -The lokelma was documented as "unavailable" on 01/29/25, 01/25/25 at 7:00pmThe lokelma was documented as not administered 9 out of 93 opportunities.  Telephone with a Pharmacist from the facility's contracted pharmacy on 03/12/25 at 2:53pm revealed: -On 01/09/24, the facility faxed Resident #1's FL2 dated 01/09/25 with an order for lokelma 10gm, mix with liquid three times a dayOn 01/09/25, the pharmacy required a prior authorization and faxed the physician and the facility.	SSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  PREFIX TAG TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TAG  PREFIX TA	SSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  REACH DEFICIENCY MUST BE PRECIDED BY FILL.  REGULATORY RUST BE PRECIDED BY FILL.  REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 22  dated 01/16/25 revealed an order for lokelma 10gm pack mixed with liquid three times a day.  Review of the facility's receipt of Resident #1's medications from home dated 01/09/25 revealed there were 10 packets of lokelma 10gm packets available for administration.  Review of Resident #1 lab results dated 01/17/25 revealed his potassium level was 5.3 millimoles per liter mmol/L (normal was 3.5mmol/L-5, 1mmol/L.).  Review of Resident #1's January 2025 electronic Medication Administration Record (eMAR) revealed:  -There was an entry for lokelma 10gm pack mixed with liquid three times a day, at 7:00am, 1:00pm and 7:00pm, with a start date of 01/09/25The lokelma was documented as "unavailable" on 01/12/025, 01/29/25 and 01/30/25 at 7:00amThe lokelma was documented as "unavailable" on 01/19/25, 01/20/25, 01/25/25 and 01/29/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/19/25, 01/20/25 at 01/20/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/29/25 at 7:00pm.  The lokelma was documented as "unavailable" on 01/29/25, 01/20/25 at 01/20/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/29/25, 01/20/25, 01/25/25 and 01/29/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/29/25, 01/20/25, 01/25/25 at 01/29/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/29/25, 01/20/25, 01/25/25 and 01/29/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/29/25, 01/20/25, 01/25/25 at 01/29/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/29/25, 01/25/25, 01/25/25 and 01/29/25 at 1:00pm.  The lokelma was documented as "unavailable" on 01/29/25, 01/25/25, 01/25/25 at 01/25/25, 01/25/25, 01/25/25 at 01/25/25/25/25/25/25/25/25/25/25/25/25/25/

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  **STATE** ADDRESS** CITY ADDRESS** CITY, STATE, ZIP CODE  **STATE** ADDRESS** CITY ADDRES	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  **STREET ADRESS, CITY, STATE, ZIP CODE  **STREET ADDRESS, CITY, STATE, ZIP CODE  **STREET A							
MARION ASSISTED LIVING    CX4) ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D   PREFIX TAG   DEFICIENCY OR LSC IDENTIFYING INFORMATION)   D   PREFIX TAG   DEFICIENCY DEFICIENCY OR LSC IDENTIFYING INFORMATION)   D   358      D   D   D   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)   D   D   PREFIX TAG   D   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DEFICIENCY)   D   PREFIX TAG   D   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D			HAL059035	B. WING		03/12/2025	
MARION ASSISTED LIVING  MARION, NC 28752  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 23  on the prior authorization, and because the prior authorization was not completed the pharmacy could only completed 3-day doses of the lokelma until 01/29/25.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/10/25 at 2:05am.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/13/25 and delivered to the facility lock box on 01/14/25 at 2:20am.	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 23  on the prior authorization, and because the prior authorization was not completed the pharmacy could only completed 3-day doses of the lokelma until 01/29/25.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/10/25 at 2:05am.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/13/25 and delivered to the facility lock box on 01/14/25 at 2:20am.	MARION ASSISTED LIVING						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 23  on the prior authorization, and because the prior authorization was not completed the pharmacy could only completed 3-day doses of the lokelma until 01/29/25.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/10/25 at 2:05am.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/13/25 and delivered to the facility lock box on 01/114/25 at 2:20am.		OLIMANA DV. OT	<u> </u>		DDOVIDEDIO DI AN OF CODDECTIO	<u> </u>	
on the prior authorization, and because the prior authorization was not completed the pharmacy could only completed 3-day doses of the lokelma until 01/29/25.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/09/25 and delivered to the facility lock box on 01/10/25 at 2:05am.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/13/25 and delivered to the facility lock box on 01/14/25 at 2:20am.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE	
authorization was not completed the pharmacy could only completed 3-day doses of the lokelma until 01/29/25.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/09/25 and delivered to the facility lock box on 01/10/25 at 2:05am.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/13/25 and delivered to the facility lock box on 01/14/25 at 2:20am.	D 358	Continued From page	e 23	D 358			
-The pharmacy did not receive signed physician's order dated 01/16/25 for lokelma 10gm.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/20/25 and delivered to the facility lock box on 01/21/25 at 2:57am.  -The pharmacy dispensed lokelma 10gm packets, 9 packets, a 3-day supply on 01/25/25 and delivered to the facility lock box on 01/26/25 at 12:44am.  -Resident #1 required 66 doses of lokelma from 01/10/25 to 01/31/25 and the pharmacy dispensed 36 doses.  -The lokelma was used to decrease the amount of potassium in body and missed doses could cause Resident #1 to experience cardiac arrythmias.  Review of Resident #1's February 2025 eMAR revealed:  -There was an entry for lokelma 10gm pack mixed with liquid three times a day, at 7:00am, 1:00pm and 7:00pm, with a start date of 01/09/25.  -The lokelma was documented as administered 02/01/25 to 02/28/25 at 7:00am, 1:00pm and 7:00pm.	D 3300	on the prior authorizal authorization was not could only completed until 01/29/25.  -The pharmacy dispe packets, 9 packets, a and delivered to the fat 2:05am.  -The pharmacy dispe packets, 9 packets, and delivered to the fat 2:20am.  -The pharmacy did no order dated 01/16/25.  -The pharmacy dispe packets, 9 packets, and delivered to the fat 2:57am.  -The pharmacy dispe packets, 9 packets, and delivered to the fat 2:57am.  -The pharmacy dispe packets, 9 packets, and delivered to the fat 12:44am.  -Resident #1 required 01/10/25 to 01/31/25 dispensed 36 doses.  -The lokelma was used for potassium in body cause Resident #1 to arrythmias.  Review of Resident #1 revealed:  -There was an entry finixed with liquid thred 1:00pm and 7:00pm,  -The lokelma was dod 02/01/25 to 02/28/25	tion, and because the prior completed the pharmacy 3-day doses of the lokelma nsed lokelma 10gm 3-day supply on 01/09/25 acility lock box on 01/10/25 nsed lokelma 10gm 3-day supply on 01/13/25 acility lock box on 01/14/25 of receive signed physician's for lokelma 10gm 3-day supply on 01/20/25 acility lock box on 01/21/25 nsed lokelma 10gm 3-day supply on 01/20/25 acility lock box on 01/21/25 nsed lokelma 10gm 3-day supply on 01/25/25 acility lock box on 01/26/25 da 66 doses of lokelma from and the pharmacy ed to decrease the amount and missed doses could experience cardiac et's February 2025 eMAR for lokelma 10gm pack times a day, at 7:00am, with a start date of 01/09/25. cumented as administered	D 336			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAI 059035	B. WING		0.0	2/42/2025
		HAL059035			03	3/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MADION	ASSISTED LIVING	5235 NC	226 SOUTH			
WARION	433131ED LIVING	MARION	I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	revealed: -On 01/09/24, the fact dated 01/09/25 with a mix with liquid three the order of the fact of	on 03/12/25 at 2:53pm  ility faxed Resident #1's FL2 an order for lokelma 10gm, imes a day. nsed lokelma 10gm a 30-day supply on 01/30/25 acility lock box on 02/01/25	D 358			
	contracted pharmacy revealed: -On 01/09/24, the fact dated 01/09/25 with a mix with liquid three the The pharmacy dispersackets, 90 packets, and delivered to the fat 11:29pmResident #1 required 03/01/25 to 03/11/25 pharmacy dispensed -According to the dispensed would have been out and did not receive log-The lokelma was use	nsed lokelma 10gm a 30-day supply on 03/04/25 acility lock box on 03/05/25 d 35 doses of lokelma from at 1:00pm and the 90 doses. bense history, Resident #1 of the lokelma on 03/02/25				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPL	EIED
		HAL059035	B. WING		03/1	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING	5235 NC 2				
		MARION, N	NC 28752			
(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 25	D 358			
	cause Resident #1 to arrythmias.					
	administration on 03/ -There was a plastic I lokelma 10gm packet 03/04/25, to be admir and 7:00pm, with 24   -There was a plastic I lokelma 10gm packet 03/04/25, to be admir and 7:00pm, with 50   Interview with the Rec (RCC) on 03/12/25 at					
	was sent to another p case manager at the -Resident #1 was adr 01/09/25 with 10 pack -She faxed the FL2 d pharmacy that same -The lokelma required the pharmacy contact -With the confusion of prescription for lokeling authorization the facilithree days at a time s	mitted to the facility on kets of lokelma 10gm. ated 01/09/25 to the facility's day. d a prior authorization which ted the physician to obtain. If two pharmacies getting the na and trying to get the prior lity was getting refills for she did not know that administered the lokelma as me doses.				
	supplies, she called the full 30-day amount of the Telephone interview when the Primary Care Provides 10:01am revealed:	he pharmacy and received a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:		
		HAL059035	B. WING		03	3/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MADION	ACCIOTED I IVINO	5235 NC 2	26 SOUTH			
MARION A	ASSISTED LIVING	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	26	D 358			
D 358	-She ordered labs dur Resident #1's lokelma 01/09/25Resident #1 was pre potassium in the bloo -On 01/30/25, she sat upShe review Resident and noted that he was due to the facility did administerShe also reviewed hi 5.3mmol/LA potassium level of -She was concerned history of diabetes an high potassium level i was at risk of cardiac -When potassium level the high potassium in electrical signal causi ventral fibrillation and are life threatening. -Increased levels of p also cause muscle we -She expected the sta as ordered and to not not getting the medical Interview with the Bus (BOM) on 03/12/25 at	ring the visit and continued a from his FL2 dated scribed lokelma to treat high d. w Resident #1 for a follow #1's January 2025 eMAR is not given lokelma 8 times not have to lokelma to is potassium level which was 5.3mmol/L was high. because of Resident #1's d hypertension and now a in the blood, Resident #1 arrhythmia. els were high in the blood, terfere with the hearts ing arrythmias such as ventricle tachycardia which otassium in the body can eakness and numbness. aff to administer the lokelma ify her with any issues with ation.	D 358			
	Resident #1's guardia happened. -The only medication by the pharmacy durir -The pharmacy comp	led the pharmacy and in to find out what cart audits performed was ng their pharmacy reviews. leted a pharmacy review on ot indicate an issue with the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL059035	B. WING		03	3/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	·	
MARION	ASSISTED LIVING		226 SOUTH			
040.15	CLIMMADY CT	ATEMENT OF DEFICIENCIES	N, NC 28752	PROVIDER'S PLAN OF	CORRECTION	0/5
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 27	D 358			
	lokelma.					
		ministrator on 03/12/25 at did not know that Resident e lokelma as ordered.				
	Refer to interview wit 03/11/25 at 4:30pm.	h a second shift MA on				
	Refer to interview wit on 03/11/25 at 4:30pr	h another second shift MA n.				
	Refer to interview wit Coordinator (RCC) or	h the Resident Care n 03/12/25 at 9:09am.				
	Refer to interview wit Manager (BOM) on 0					
	Refer to interview wit 03/12/25 at 4:00pm.	h the Administrator on				
	01/16/25 revealed a	t #3's current FL-2 dated diagnosis of traumatic brain disturbance, epilepsy, pression.				
	summary dated 01/15 order for Duricef (cefa	3's hospital discharge 5/25 revealed there was an adroxil) 500mg (used to treat ule two times daily for six				
	01/20/2025 revealed and start macrobid (a	#'3's physician orders dated an order to stop antibiotic medication used to treat s) 100mg two times a day				
	Review of Resident # Medication Administra	3's January 2025 electronic ation Record (eMAR)				

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	of Fleatiff Service Regu				T	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND LEAN (	J. JOHNLOHON	IDENTI IOATION NOWIDER.	A. BUILDING: _		JOINI LETED	
		HAL059035	B. WING		03/12/2025	
NAME OF T	DO//IDED OD 6/ 122/ 122		DDDE00 0:T/ 0=:	TE 310 0005		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	I E, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH			
	Г	MARION	, NC 28752			
(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 APPROP		
170		,	170	DEFICIENCY)		
D 250	0 ( 15	00	D 250			
D 358	58 Continued From page 28		D 358			
	revealed:					
	-There was an entry f	for cefadroxil 500mg take				
	one capsule two time	s a day for six days.				
		tation that cefadroxil 500mg				
		given on 01/16/25 and				
	01/17/25, at 7:00am a	and 7:00pm.				
	-There was documen	tation that cefadroxil 500mg				
	was not administered	on 01/18/25 at 7:00am and				
	7:00pm with a reasor	code of medication not				
	available					
	-There was documen	tation that cefadroxil 500mg				
	was not administered	on 01/19/25 at 7:00am with				
	a reason code of med	dication not available.				
	-There was documen	tation that cefadroxil 500mg				
	was administered as	given on 01/19/25 at				
	7:00pm.					
	-There was documen	tation that cefadroxil 500mg				
	was not administered	on 01/20/25 at 7:00am with				
	a reason code of med	dication not available.				
	-There was documen	tation that cefadroxil 500mg				
	was administered as	given on 01/20/25 at				
	7:00pm.					
	Review of a text mes	sage exchange from the				
	Residential Care Cod	ordinator (RCC) to the				
	Primary Care Provide	er (PCP) dated 01/19/25				
	revealed:					
	"Resident #3 came ba	ack from the hospital with a				
		ary tract infection, he hasn't				
		I (RCC) was just notified				
		at It hadn't come, but I				
		on errors because they				
	(staff) were marking t	hat it was here, can I have a				
	new order? Or do you	u want another urinalysis				
		lained of any symptoms".				
	-Response from the F	PCP read "no start it".				
	-Response from the F					
		shift medication aide (MA) on				
	3/12/25 at 11:00am re	evealed:				

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NAME OF PROVIDER OR SUPPLIER  MARION ASSISTED LIVING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  5235 NC 226 SOUTH	
MARION ASSISTED LIVING 5235 NC 226 SOUTH	ER'S PLAN OF CORRECTION (X5)
MARION ASSISTED LIVING	ER'S PLAN OF CORRECTION (X5)
MADION NO 007F0	ER'S PLAN OF CORRECTION (X5)
MARION, NC 28752  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH COF	RECTIVE ACTION SHOULD BE COMPLETE RENCED TO THE APPROPRIATE DATE DEFICIENCY)
D 358 Continued From page 29 D 358	
-She could not recall any information related to Resident #3's cefadroxil in January 2025They do medication cart audits, but she only works four days a week and was not sure when they it had been done last, but thought it had been a long time since a medication cart audit was completedShe thought the Business Office Manager (BOM) was the person responsible for completing the medication cart audits.  Interview with a second shift medication aide (MA) on 03/12/25 at 4:55pm revealed: -She identified her initials on the January 2025 eMAR for Resident #3 of cefadroxil 500mg documented as administered on 01/19/25 at 7:00pm and 01/20/25 at 7:00pmShe did not know why she documented the cefadroxil as administered, and thought it was a mistake that she marked the medication as givenShe thought she might have been in a hurry, but did not remember that far back and did not remember Resident #3 ever being on an antibiotic.	
Telephone interview with a Pharmacist from the facility's contracted pharmacy on 03/12/25 at 8:54am revealed: -Cefadroxil did not show on Resident #3's profile in January 2025 An order for Macrobid 100mg 2 x day for 10	
days was received on 01/20/25 and a 10-day supply was delivered on 01/20/25.	
Telephone interview with a representative (Quality Assurance Specialist) from the facility's contracted pharmacy on 03/12/25 at 3:10pm revealed: -The pharmacy would put the orders on the eMAR once they receive the order.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL059035	B. WING		03/1	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING	5235 NC 2 MARION,	26 SOUTH NC 28752			
(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	for cefadroxil on the e-Cefadroxil was enter on 01/15/25 at 8:55pr initials from the staff with facility.  Interview with RCC or revealed: -She was responsible to the pharmacyShe could not recall receive the order for the forgotten to fax it to the she was order for the cefadroxing as a been getting cefadroxing as a been getting cefadroxing as a been getting cefadroxing the cefadroxil when it to the ce	any orders in January 2025 a MAR for Resident #3. and manually by the facility an and could identify the and could identify the and of the order from an 03/12/25 at 3:20pm befor faxing any new orders and why the pharmacy did not and the cefadroxil and must have been. bethe one who entered the ail on the eMAR. avare Resident #3 had not ail until 01/19/25. be were marking they gave be was not here.  with the former PCP on bevealed: and was not notified of the droxil but then was informed and recalled being notified. at #3 not getting cefadroxil an re-hospitalization or sepsis.	D 358	DEFICIENCY		
	on 03/11/25 at 4:30pr	n the Resident Care				
	Coordinator (RCC) or	1 03/12/23 at 9:09am.	I			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL059035	B. WING		03/12	2/2025
	ROVIDER OR SUPPLIER	STREET ADD 5235 NC 22 MARION, N		TE, ZIP CODE		
(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 31		D 358			
	03/12/25 at 4:00pm.  3. Review of Residen revealed diagnoses in developmental delay, anxiety, DM II, schizo disorder, hypertension hypothyroidism, hypothyroid	3/12/25 at 11:00am.  In the Administrator on  It #5's FL-2 dated 11/08/24 Included intellectual disability, Imajor depressive disorder, In the Administrator on  It #5's FL-2 dated 11/08/24 Included intellectual disability, Imajor depressive disorder, In approximately disorder, In the Administrator on  It #5's physician order dated It will be a simulated order to hold simulated order to hold simulated order to lower cholesterol), It is a simulated order to treat  It is a simulated order order dated It is a simulated order order order order to hold simulated order to lower cholesterol), It is a simulated order or				
	revealed: -There was an entry f night at 8:00pm, with -The simvastatin was from 01/01/25 to 01/3	or simvastatin 20mg every an original date of 10/09/24. documented a administered 1/25 at 8:00pm. nentation the simvastatin				
	revealed: -There was an entry f night at 8:00pm, with -The simvastatin was from 02/01/25 to 02/2	nentation the simvastatin				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
		HAL059035	B. WING		03/	12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING	5235 NC 2 MARION,	26 SOUTH NC 28752			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	COMPLETE DATE
D 358	Continued From page	e 32	D 358			
	facility's contracted pl 11:01am revealed: -On 01/31/25, the fac order for Paxlovid use -The pharmacy dispe 20 tablets, a 5-day su back-up pharmacy. -The pharmacy faxed the facility on 02/01/2 taking Paxlovid. -Simvastatin and Pax cause an increased p pharmacological effect Telephone interview v Care Provider (PCP) revealed the facility s simvastatin while adm	nsed Paxlovid 150-100mg, apply on 02/01/25 from a a drug interaction notice to 5 to hold simvastatin while alovid taken together could alasma concentration and				
	revealed: -The fax machine was -The MA didn't have a -The RCC or busines received faxes and co eMAR if needed.  Interview with the RC revealed: -The RCC was respon	access to the fax machine. s office manager (BOM) prrected orders on the C on 03/12/25 at 4:00pm nsible for obtaining orders				
	pharmacyThe RCC was responsinteraction notices fro facility provider for an	nsible for sending drug ment the pharmacy to the ny orders.  ht #5's FL-2 dated 11/08/24				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL059035	B. WING		03/	12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING	5235 NC 2 MARION, I				
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRE	CTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE
D 358	Continued From page	e 33	D 358			
	revealed an order for	Paxlovid use as directed.				
	Medication Administrate revealed:					
	twice a day for five da	for Paxlovid 150-100mg ays, at 8:00am and 8:00pm, of 02/01/25 and a stop date				
	-There was no docum administered on 02/0	nentation the Paxlovid was 1/25 at 8:00am.				
	Telephone interview with a Pharmacist from the facility's contracted pharmacy on 03/12/25 at 11:01am revealed:					
	order for Paxlovid use	ility faxed over a verbal e as directed. nsed Paxlovid 150-100mg,				
	_	upply on 02/01/25 from a nd arrived at the facility in the				
		clovid would have been on				
	Care Provider (PCP)	with Resident #5's Primary on 03/12/25 at 4:33pm should have received the n for treatment to be				
	on 03/12/25 at 3:15pi contact the superviso	with a medication aide (MA) m revealed the MA should or if a resident has ng after the order stop date.				
	Interview with a second: 3:07pm revealed: -She administered method the eMAR and the Particular seconds.	nd MA on 03/12/25 at edication that were active on axlovid was not active on and 02/06/25 at 8:00am.				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		SURVEY PLETED
		HAL059035	B. WING		03	/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	left because the Paxle eMAR on 02/06/25 at -The MAs should con has medications remadateThe RCC should conneeded.  Interview with the RC revealed: -She was responsible the physician and serpharmacyThe MAs were responsible addressing possible remadaddressing possible remacks after the discorremancy entered and serpharmacy, the old of the pharmacy entered and serpharmacy, the old of the pharmacy entered and serpharmacyThe pharmacy entered eMAR but because the backup pharmacy, the old of the pharmacy entered and serious medication and for the MAs to adminity was not administered.  Refer to interview with old of the mass of the mass of the pharmacy entered and the pharmacy entered an	If any Paxlovid tablets were ovid was not active on the 8:00am. tact the RCC if a resident aining after the order stop rect orders on the eMAR if  C on 03/12/25 at 4:00pm  for obtaining orders from ading orders to the mailing orders to the ications remaining in the pill attinue date. for evaluating and medication errors. The end the Paxlovid on the end Paxlovid did not start until and there would have been aministered on 02/06/25 at attinue date. If the paxlovid was not all did not show on the eMAR ster, one dose of Paxlovid on the ster, one dose of Paxlovid manother second shift MA on the Resident Care	D 358			
	Refer to interview with	the Business Office				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COM	PLETED
		HAL059035	B. WING		03	3/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
		5235 NC	226 SOUTH			
MARION	ASSISTED LIVING	MARION	, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	= 35	D 358			
	Manager (BOM) on 0					
	manager (Beill) en e	0, 12,20 at 11.00am.				
	Refer to interview with the Administrator on 03/12/25 at 4:00pm.					
	4:30pm revealed: -She was trained to be eMAR, pull the medication cart, scan medication matched acould then administer correct residentIn January 2025, she from the medication revold line up to receit puring that time it was during the medication pufferent residents with medications as she with medications to another	as very busy and noisy n pass. rould ask for their ras administering er resident.				
	but click it as administo know if the medica -The MAs did not contained she was not sure -She would re-order range out and she wou Coordinator (RCC) known the count more than to	nplete medication cart audits who did. medications if the resident ld let the Resident Care now when a medication had wo days. nsible for calling the namedication that did not				
	pack to confirm the ri					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL059035	B. WING		03/12/2025	
NAME OF PROVIDER OR SUPPLIE	<b>'</b>	DRESS, CITY, STA	TE, ZIP CODE	00:12:2020	
MARION ASSISTED LIVING	5235 NC 2 MARION,	26 SOUTH NC 28752			
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
administered the She sometimes being administer medication and administered sh medications all ashe did not per she did not per she did not know She would re-out through the The RCC was repharmacy if their medications.  Interview with the (RCC) on 03/12 She was responsively and the element of the number of match the number of match the number of match the number of match the next of She was not trade audits because monthly.  Interview with the (BOM) on 03/12 The MAs were	nd document that she medication. documented the medication as ed without scanning the after all of the medication were e would document the it once because it was very busy. form medication cart audits and if who did. der medications when they were computer. sponsible for calling the e was an issue with missing  e Resident Care Coordinator 25 at 9:09am revealed: usible for faxing orders to the exponsible for matching the AR with the medication, scan the in provides a second verification out medication for the resident, edication and then click the	D 358			

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL059035	B. WING		03/	12/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
MARION A	ASSISTED LIVING	5235 NC	226 SOUTH				
- INPARTOR P	TOOIGTED LIVING	MARION,	NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL 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	
	a secondary verificati the correct medicatio documentation that the administered.	what happened. onsible for scanning a vas administered to provide on that the medication was n and dosage and then ne medication was					
	4:00pm revealed: -The MAs were trained medications per the pure of the order then they wull the order then they was to reorder the medication was the order	chysician's orders.  Ild not be administered per ere to notify the RCC. Insible for notifying the ey related to the issue. Insible for notifying the ey related					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	1 ' '	E SURVEY PLETED	
		HAL059035	B. WING		03	/12/2025
	ROVIDER OR SUPPLIER ASSISTED LIVING	5235 NC	DDRESS, CITY, STAT 226 SOUTH NC 28752	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	-The BOM was respo reports to check for m scan/click percentage	nsible for completing eMAR nissed medication and es. ut the audits and how often	D 358			
	lower Resident #1's p potassium level of 5.3 at an increased risk o arrhythmia (#1) a resi of cefadroxil resulting re-hospitalization or s not receiving a medic order for it to be effect	epsis (#3), and a resident ation to treat COVID-19 in tive. This failure placed the al risk for serious physical				
	this violation.  CORRECTION DATE	131D-34 on 03/12/25 for				
D 367	<ul><li>(j) The resident's merecord (MAR) shall be following:</li><li>(1) resident's name;</li><li>(2) name of the medical</li></ul>	H(j) Medication  Hedication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S		
		IDENTIFICATION NOMBER.				
		HAL059035	B. WING		03/1	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH			
	QUILLEN/ QT		NC 28752			
(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 367	Continued From page	e 39	D 367			
	(4) instructions for ad or treatment; (5) reason or justificat medications or treatm documenting the resu (6) date and time of a (7) documentation of medications or treatm omission, including re (8) name or initials of the medication or treasignature equivalent to	tion for the administration of the as needed (PRN) and alting effect on the resident; dministration; any omission of the tents and the reason for the effusals; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication				
	reviews the facility fai medication administra accurate for 2 of 5 sa related to the failure that administration of a metal potassium (#1), and a second of the findings are:  1. Review of Residen 01/09/25 revealed: -Diagnoses included foot, chronic diabetic right foot neuropathy, blindnessAn order for lokelma potassium) 10gm pactimes a day.	ns, interviews, and record led to ensure the electronic ation records (eMARs) were impled residents (#1 and #3) of accurately document the edication used to treat high an antibiotic (#3).  It #1's current FL-2 dated in the electronic of the right foot, in the electronic of the right foot, in the electronic of the right foot, in the electronic of the electronic of the right foot, in the electronic of the e				

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL059035	B. WING		03/	12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE FO THE APPROPRIATE	(X5) COMPLETE DATE
D 367	10gm pack mixed with Review of Resident # Medication Administratevealed: -There was an entry finited with liquid thre 1:00pm, and 7:00pm, 01/09/25The lokelma was do on 01/20/25, 01/29/25The lokelma was do on 01/19/25, 01/20/25The lokelma was do on 01/19/25, 01/20/25The lokelma was do on 01/19/25 at 7:00pmThe lokelma was do on 01/29/25 at 7:00pm. Review of Resident # revealed: -There was an entry finited with liquid thre 1:00pm, and 7:00pm, 01/09/25The lokelma was do 02/01/25 to 02/28/25 7:00pm. Review of Resident # revealed: -There was an entry finited with liquid thre 1:00pm, and 7:00pm, 01/09/25The lokelma was do 03/01/25 to 03/10/25	led an order for lokelma h liquid three times a day.  21's January 2025 electronic ation Record (eMAR)  For lokelma 10gm pack e times a day, at 7:00am, with a start date of cumented as "unavailable" 5 and 01/30/25 at 7:00am. cumented as "unavailable" 5, 01/25/25 and 01/29/25 at nted a "refused" on 03/12/25 cumented as "unavailable" m.  21's February 2025 eMAR  25's February 2025 eMAR  26's rolkelma 10gm pack e times a day, at 7:00am, with a start date of cumented as administered at 7:00am, 1:00pm, and  26's March 2025 eMAR  26's March 2025 eMAR  26's rolkelma 10gm pack e times a day, at 7:00am, and	D 367	DEFICIE	ENCY)	
	7:00pm.	nd shift MA on 03/11/25 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL059035	B. WING		0;	3/12/2025
	PROVIDER OR SUPPLIER  ASSISTED LIVING	5235 NC	DDRESS, CITY, STATE  226 SOUTH  , NC 28752	, ZIP CODE		
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	4:30pm revealed: -In January 2025, she medications from the residents would line used during that time it was during the medication -Different residents would medications as she would medication to another -She sometimes would but click it as administ to know if the medication for Reside as administered on the line of the line o	e administered Resident #1's medication room and the up to receive their as very busy and noisy pass. ould ask for their was administering er resident. Id not scan the medication tered and there was no way tion was there or not. at she administered every ent #1 that was documented be eMAR.  Sident Care Coordinator as 9:09am revealed she was ere documenting mistered Resident #1's e building.  The ham a second shift MA on the Resident Care in 03/12/25 at 9:09am.  The the Business Office	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING: _	A. BUILDING:		
		HAL059035	B. WING		03/	12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MARION A	ASSISTED LIVING		226 SOUTH NC 28752			
(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 367	manic depression.  Review of Resident # summary dated 01/15 order for Duricef (cefa to treat infections), 50 daily for six days.  Review of Resident # Medication Administra revealed: -There was an entry for one capsule two time -There was document was administered as 01/17/25, at 7:00am at a daministered areason code of medication and administered areason code of medication areason code of medica	ce, epilepsy, anxiety and  23's hospital discharge 5/25 revealed there was an adroxil) (a medication used 20mg one capsule two times  23's January 2025 electronic ation Record (eMAR)  25 a day for six days.  25 tation that cefadroxil 500mg given on 01/16/25 and and 7:00pm.  26 tation that cefadroxil 500mg on 01/18/25 at 7:00am and on code of medication not available.  27 tation that cefadroxil 500mg given on 01/19/25 at 7:00am with dication that cefadroxil 500mg given on 01/19/25 at 7:00am with dication that cefadroxil 500mg given on 01/19/25 at 7:00am with dication that cefadroxil 500mg given on 01/20/25 at 7:00am with dication not available.  28 tation that cefadroxil 500mg given on 01/19/25 at 7:00am with dication not available.  29 tation that cefadroxil 500mg given on 01/20/25 at 7:00am with dication not available.	D 367			
	-	iotic for a urinary tract otten it yet because I (RCC)				

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MARION ASSISTED LIVING  SUMMARY STATEMENT OF DEPICIENCIES  (X4) ID  REGEL ADDRESS, CITY, STATE, ZIP CODE  SUMMARY STATEMENT OF DEPICIENCIES  (X4) ID  REGEL ADDRESS, CITY, STATE, ZIP CODE  SUMMARY STATEMENT OF DEPICIENCIES  (X4) ID  REGULATORY OR LISC IDENTIFYING INFORMATION)  D 367  Continued From page 43  was just notified yesterday evening that It hadn't come, but I (RCC) have medication errors because they (staff) were marking that it was here (in the facility).  Interview with a second shift medication aide (MA) on 03/12/25 at 4:55pm revealed: -She identified her initials on the eMAR for Resident #3 of cefadroxil 500mg documented as administered on 01/18/25 at 7:00pm and 01/20/25 at 7:00pmShe thought it was a mistake that she marked the medication and may have been in a hurry, but did not remember that far back and did not remember Resident #3 ever being on an antibiotic.  Interview with RCC on 03/12/25 at 3:20pm revealed: -She was responsible for faxing any new orders to the pharmacyShe could not recall why the pharmacy did not receive the order for the cefadroxil and must have forgotten to fax it to themShe verified her initials, and she was the one who entered the order for the cefadroxil and not been getting cefadroxil until 01/19/25 at 7:00pm -She town and advance Resident #3 had not been getting cefadroxil until 01/19/25 when one of the MA's told herShe was not made aware Resident #3 had not been getting cefadroxil until 01/19/25 when one of the MA's told herShe expected the MA's to notify her when medication was not available and to document to the medication was not available and to document to the medication was not available and to document to the medication was not available and to document to the medication was not available and to document to the medication was not to document to the medication was not available and to document to the medication was not available and to document to the medication was not available and to document to the market to the market to the medication was	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
INAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, 2IP CODE  \$235 NC 226 SOUTH MARION, NC 28752  [MAI)D PREFIX TAG  CONTINUED FROM ELECTRIC SECURITY STATE MORE SUMMARY STATEMENT OF DEFICIENCIES ((ACH) DEPICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REFERENCED TO THE APPROPRIATE  D 367  Continued From page 43  was just notified yesterday evening that It hadn't come, but I (RCC) have medication errors because they (staff) were marking that it was here (in the facility)."  Interview with a second shift medication aide ((MA) on 03/12/25 at 4:55pm revealed: -She identified her initials on the eMAR for Resident #3 of certainx is on the sharp of commendation and may have been in a hurny, but did not remember that far back and did not remember from the certainx is one of the MAR sold herShe was responsible for faxing any new orders to the pharmacyShe could not recall why the pharmacy did not receive the order for the cefadroxil and must have forgotten to fax it to themShe verified her initials, and she was the one who entered the order for the cefadroxil on the eMARShe was not made aware Resident #3 had not been getting cefadroxil until 01/19/25 when one of the MAR stold herShe expected the MAs to not by her when				D MINO			
MARION ASSISTED LIVING    CAN ID   COMPANDED   CAN ID   PREFIX TAG			HAL059035	B. WING		03/1	2/2025
MARION, NC 28752   MARION, NC	NAME OF P	ROVIDER OR SUPPLIER			TE, ZIP CODE		
PREFIX TAG  Continued From page 43  Was just notified yesterday evening that It hadn't come, but I (RCC) have medication errors because they (staff) were marking that it was here (in the facility).  Interview with a second shift medication aide (MA) on 03/12/25 at 4:55pm revealed:  -She identified her initials on the eMAR for Resident #3 of cefadroxil 500mg documented as administered on 01/19/25 at 7:00pm.  -She thought it was a mistake that she marked the medication and may have been in a hurry, but did not remember that far back and did not remember that far back and did not remember that far back and did not receive the order for the cefadroxil and must have forgotten to fax it to them.  -She was responsible for faxing any new orders to the pharmacy.  -She could not receil why the pharmacy did not receive the order for the cefadroxil and must have forgotten to fax it to them.  -She verified her initials, and she was the one who entered the order for the cefadroxil on the eMAR.  -She was not made aware Resident #3 had not been getting cefadroxil until 01/19/25 when one of the MAs tol her.  -She communicated in writing to the PCP regarding the missed cefadroxil.  -She expected the MAs to notify her when	MARION A	ASSISTED LIVING					
was just notified yesterday evening that It hadn't come, but I (RCC) have medication errors because they (staff) were marking that it was here (in the facility)."  Interview with a second shift medication aide (MA) on 03/12/25 at 4:55pm revealed: -She identified her initials on the eMAR for Resident #3 of cefadroxil 500mg documented as administered on 01/19/25 at 7:00pm and 01/20/25 at 7:00pmShe thought it was a mistake that she marked the medication and may have been in a hurry, but did not remember that far back and did not remember Resident #3 ever being on an antibiotic.  Interview with RCC on 03/12/25 at 3:20pm revealed: -She was responsible for faxing any new orders to the pharmacyShe could not recall why the pharmacy did not receive the order for the cefadroxil and must have forgotten to fax it to themShe verified her initials, and she was the one who entered the order for the cefadroxil on the eMARShe was not made aware Resident #3 had not been getting cefadroxil until 01/19/25 when one of the MA's told herShe communicated in writing to the PCP regarding the missed cefadroxilShe expected the MAs to notify her when	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	COMPLETE
Telephone interview with a Pharmacist at the facility's contracted pharmacy on 03/12/25 at 8:54am revealed cefadroxil did not show on	D 367	was just notified yeste come, but I (RCC) habecause they (staff) where (in the facility)."  Interview with a secon (MA) on 03/12/25 at 4-She identified her init Resident #3 of cefadradministered on 01/19 01/20/25 at 7:00pm.  She thought it was a the medication and midd not remember that remember Resident # antibiotic.  Interview with RCC or revealed:  She was responsible to the pharmacy.  She could not recall receive the order for the forgotten to fax it to the she verified her initial who entered the order eMAR.  She was not made a been getting cefadrow the MA's told her.  She communicated i regarding the missed she expected the Mamedication was not a correctly.  Telephone interview with a second the Mamedication was not a correctly.	erday evening that It hadn't ve medication errors were marking that it was and shift medication aide 4:55pm revealed: tials on the eMAR for roxil 500mg documented as 9/25 at 7:00pm and mistake that she marked may have been in a hurry, but at far back and did not a ever being on an an on 03/12/25 at 3:20pm and a for faxing any new orders why the pharmacy did not the cefadroxil and must have nem. The cefadroxil and must have nem. The cefadroxil on the ware Resident #3 had not all until 01/19/25 when one of an writing to the PCP cefadroxil. As to notify her when vailable and to document with a Pharmacist at the narmacy on 03/12/25 at	D 367			

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DIVISION	of Health Service Regu	liation			
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED
		HAL059035	B. WING		02/42/2025
		HAL059055			03/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		5235 NC	226 SOUTH		
MARION A	ASSISTED LIVING	MARION	NC 28752		
240.15	CUMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	M ozer
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	()
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
				DEFICIENCY)	
D 367	Continued From page	2.44	D 367		
D 307	Continued From page	<del>5 44</del>	D 307		
	A second telephone i	nterview with a			
	representative from the	ne facility's contracted			
	pharmacy on 03/12/2	5 at 3:10pm revealed:			
	-The pharmacy would	d put the orders on the			
	eMAR once they rece	eive the order.			
	-They did not enter a	ny orders for cefadroxil on			
	the eMAR for Reside	nt #3.			
	-Cefadroxil was enter	ed manually by the facility			
	on 01/15/25 at 8:55pr	m and could see the initials			
	from the staff from the	e facility.			
	Refer to interview wit	h a second shift MA on			
	03/11/25 at 4:30pm.				
	Refer to interview wit	h another second shift MA			
	on 03/11/25 at 4:30pr	m.			
	Refer to interview wit				
	Coordinator (RCC) or	n 03/12/25 at 9:09am.			
	Refer to interview wit				
	Manager (BOM) on 0	3/12/25 at 11:00am.			
		h the Administrator on			
	03/12/25 at 4:00pm.				
	lakamia	and a biff NAA am 00/44/05 at			
		nd shift MA on 03/11/25 at			
	4:30pm revealed:				
		oring up the resident on the			
		cation from the drawer on the			
	·	the bubble pack and if the			
		the order in the eMAR she			
		the medication to the			
	correct resident.	a administared mandination			
		e administered medication			
		room and the residents			
	would line up to recei				
	uring that time it wa	as very busy and noisy			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SU COMPLE		
AND PLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _	A. BUILDING:		IED
		HAL059035	B. WING		03/12	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
MARION	ASSISTED LIVING	5235 NC	226 SOUTH			
WARION	433131 ED LIVING	MARION,	NC 28752			
(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 SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 367	Continued From page	e 45	D 367			
	during the medication -Different residents we medications as she we medications to another. She sometimes would but click it as administ to know if the medication into the medication into the medication into the medication and dadministered the medication and after administered we medication and after administered she woom medications all at once the light of the medication and after administered we medication and after administered she woom medications all at once the light of the	n pass. Yould ask for their Yas administering er resident. Id not scan the medication stered and there was no way tion was there or not.  For second shift MA on evealed: Can the residents bubble ght medication, pop the nedication cup, administer ocument that she dication.  Jumented the medication as without scanning the all of the medication were uld document the ce because it was very busy.				
	that its the correct me	edication for the resident, ation and then click the				
	medication as admini -The BOM was respo	stered. onsible for reviewing the				
	report that included n medications should n medications.	umber of scanned natch the number of clicked				
	(BOM) on 03/12/25 a -The MAs were responded it is a secondary verification.					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL059035	B. WING		03/12/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MARION A	ASSISTED LIVING	5235 NC 22 MARION, N			
(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 367	reports, and knew the MA not scanning a madministration which a some missed medicar. The RCC was not trainedication cart audits staff were still in the pon the job duties of a linterview with the Adri 4:00pm revealed:  The MAs were trained medication that was a self a medication was redocument it as administred and if no commedication and docur administered and if no comment section.  The BOM was resported to the control of the second medication was resported to check for medical of the control of the second medication and docur administered and if no comment section.	e scan/click percentage rate ere was a problem with the edication before could be the reason for tions.  A sined to complete so, because the management process of training the RCC RCC.  Ininistrator on 03/12/25 at add to document the administered.  Inissing the MA was not to istered.  Indicate the document the edication, administer the ment if the medication was not then put a reason in the ensible for completing eMAR assed medication and ess.  In wedication audits and	D 367		

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