PRINTED: 02/10/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			l ` ′	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		345270	B. WING _		01	/25/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
THE ODE	THE AT EDDINGE DINES			218 LAUREL CREEK COURT			
THE GREE	ENS AT SPRUCE PINES			SPRUCE PINE, NC 28777			
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			,	BEHOLING			
F 000	INITIAL COMMENTS		FO	000			
F 580 SS=K	COVID-19 Focused In conducted on 01/18/2 total of 15 allegations were substantiated: N NC00196138, NC00 #NC00196138 results Event ID #0IJK11. Immediate Jeopardy CCFR 483.24 at tag F7 K. CFR 483.24 at tag F7 K. CFR 483.24 at tag F7 K. The tag F760 constitutions removed 1/20/20 survey was conducted Notify of Changes (In CFR(s): 483.10(g)(14) Notific (i) A facility must immediate with the residuconsistent with his or representative(s) whe (A) An accident involved.	was identified at: 580 at a scope and severity 755 at a scope and severity 760 at a scope and severity 1ted Substandard Quality of 1began on 12/11/2022 and 123. A partial extended 1cd. 1cjury/Decline/Room, etc.) 1c)(i)-(iv)(15) 1cation of Changes. 1cediately inform the resident; 1cent's physician; and notify, 1cent's physician; and	F 5	80		1/25/23	
I ARORATORY	physician intervention	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

02/08/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345270	B. WING _			C 1/25/2023	
NAME OF PROVIDER OF				STREET ADDRESS, CITY, STATE, ZIP COI 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		11/23/2023	
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(B) A signental, deterior status in clinical (C) A not a need treatme comme (D) A deresident §483.15 (ii) When (14)(i) call pertire is available physicial (iii) The resident when the (A) A chas speced (B) A cha	or psychosocy ation in health or either life-the complications are to discontinue	ge in the resident's physical, ial status (that is, a n, mental, or psychosocial reatening conditions or); eatment significantly (that is, an existing form of erse consequences, or to m of treatment); or sfer or discharge the lity as specified in fication under paragraph (g) the facility must ensure that on specified in §483.15(c)(2) ded upon request to the lent representative, if any, or roommate assignment 10(e)(6); or ent rights under Federal or ns as specified in paragraph . record and periodically mailing and email) and	F 5	80			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345270	B. WING _		0.	C 1/ 25/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL			
				218 LAUREL CREEK COURT			
THE GREI	ENS AT SPRUCE PINES			SPRUCE PINE, NC 28777			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 580	by: Based on record rev Assistant (PA), and N interviews, the facility when two medication antibiotic and an antia medicine used to trea unable to be delivere notify the physician w unable to be adminis three doses of the IV the antiarrhythmic me the facility. Additiona the physician when R additional doses of th antibiotic being unava sampled residents re (Resident #1). By not there was the high lik regrowth, sepsis, resi arrhythmias and/or re Immediate jeopardy th facility failed to notify medications (an intra antiarrhythmic medica administered to Resid was removed on 01/2 implemented an acce of immediate jeopard remains out of compl severity of "E" no act more than minimal has	iews, staff, Physician Medical Director (MD) If ailed to notify the physician Is, an intravenous (IV) Intravenous Intraven	F 5	Preparation and/or execution of correction does not constit admission or agreement by the truth of the facts alleged conclusions set forth in the sideficiencies. The plan of coprepared and executed becarequired by the provisions of state law. F 580 Resident #1 was admitted on 11, 2022, with a primary diagonal chronic respiratory failure afthospitalization for GI Bleed, If and atrial fibrillation. From December 11 through If 21, 2022, facility failed to ensordered IV antibiotic to treat seesident #1 was available for ordered administrations and ensure an antiarrhythmic meavailable for 4 missed doses #1 *Resident #1 was at risk of sithe deficient practice placing increased risk for rehospitalize however showed no adverse a result of non-compliance. Eplanned discharge to home cand continued his Cefazolin I with a stop date of 12/28/22.	the provider of or tatement of trection is use it is federal and December nosis of er a Bacteremia December sure an sepsis for r 6 of the 42 failed to dication was for Resident uffering from him at tation, outcome as Resident had on 12/22/2022		

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		345270	B. WING _			01/	25/2023	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
THE GREE	ENS AT SPRUCE PINES			2	18 LAUREL CREEK COURT			
THE OILE	INO AT OF ROOL TIMES			S	SPRUCE PINE, NC 28777			
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F 580	Continued From page	⊋3	F 5	580				
	order dated 12/10/22 Cefazolin Sodium-De (GM)/100Milliliters (M	scharge summary physician revealed an order for extrose Solution 2-4 Grams IL)-% (antibiotic used to treat			*All other residents prescribed medications are also at risk from suffer from the deficient practice. On 01/18/23, an audit of all residents was also at all residents was also at all residents was also at all residents.	J		
	every 8 hours for bac	se 100 ML intravenously teremia for 18 days.			orders for IV medications ordered between 12/11/2022 and 01/18/2023 w conducted by the Director of Nursing (DON) with no unavailable IV medication			
	Flecainide Acetate Ta (medication used to p	revealed an order for ablet 100 milligrams (MG) prevent irregular heartbeat).			or missed medications identified. An a of all medications was completed on 1/19/23 for all residents from 1/12/23 to)		
	fibrillation (A-fib).	th two times a day for atrial			1/19/23 by DON, ADON, and MDS Nur to identify other missed doses. All residents/responsible parties and the			
	bacteremia due to me	h diagnoses to include			physician were notified of any identified missed medications for further guidance and orders for the audit of 1/19/23.			
	diabetes.	with Nurse #1 on 01/19/22 at			" Specify the action the entity will take alter the process or system failure to prevent a serious adverse outcome fro			
	12:20 PM revealed sh medication orders and	ne confirmed Resident #1's			occurring or recurring, and when the action will be complete			
	have his IV antibiotic medication available not receive them until	vare Resident #1 did not and antiarrhythmic upon admission and would I the following day, Monday stated she did not notify the			On 01/18/2023, the DON was educated Regional Clinical Director on the proce for obtaining all medications from pharmacy, the utilization of the stat saf (an electronic emergency/stat dose	SS		
	physician about Residue being available upon doses on 12/11/22.	dent #1's medications not admission or any missed Administration Record			medication cabinet), the process of obtaining back up services from pharmacy, and the requirement to notif the DON and Physician of any medicat	ion		
	was to receive the fol " Cefazolin Sodiun GM/100ML-%. Use 10	n-Dextrose Solution 2-4 00ML intravenously every 8			that cannot be obtained through the sta safe, or the backup services provided the pharmacy.			
	hours (6AM, 2PM, 10	PM) for bacteremia for 18			On 01/18/2023, the DON educated all			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	345270	B. WING			01/2	25/2023	
NAME OF PROVIDER OR SUPPLIER			SI	FREET ADDRESS, CITY, STATE, ZIP CODE			
THE OPENIO AT OPPHIOE DINES			21	8 LAUREL CREEK COURT			
THE GREENS AT SPRUCE PINES			S	PRUCE PINE, NC 28777			
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 580 Continued From page 4 days starting 12/10/22. Res administered doses on 12/1 12/12/22 at 6AM, 12/12/22 2PM, 12/19/22 at 10PM, an due to being on order from available at facility. " Flecainide Acetate Tab (MG). Give one tablet by me (8AM, 8PM) for atrial fibrilla 12/10/22. Resident #1 was doses on 12/11/22 at 8PM, 12/12/22 at 8PM, and 12/13 being on order from pharma at facility. Review of Resident #1's ele record and physician corres revealed there was no docu physician being notified of F medication doses or medica available at facility. A telephone interview was of #2 on 01/19/23 at 5:45 PM arrived at work on 12/11/22 7AM shift she was told Res admission and his medication sent to pharmacy and medical arriving until the following di stated a notebook had beer station for nursing staff to le or notify the physician abou to include issues with medic not recall if she informed ph note in the notebook of Res doses of IV antibiotic or ant not being available to be add	at 2PM, 12/19/22 at d on 12/20/22 at 6AM pharmacy and not let 100 milligrams outh two times daily tion (A-fib) starting not administered 12/12/22 at 8AM, 8/22 at 8AM due to acy and not available actronic medical spondence notebook amentation of the Resident #1's missed ations not being conducted with Nurse revealed when she for her 6:30PM to ident #1 was a new on orders had been cations would not be ay, 12/12/22. She in available at nurse's eave correspondence it issues with residents cations, but she does aysician or made a sident #1's missed itarrhythmic medication	F	580	licensed nurses, including agency nurs in person or via phone on the process obtaining medications from pharmacy, utilization of the stat safe, the process obtaining back up services from pharmacy and the requirement to notify the physician of any medication that cannot be obtained through the stat safe or the backup The Director of nursing will review the MAR for missed administration, and ensure if medications are missed that it was notified for further direction. This is be completed 5X's a week for 4 weeks and then 2 X's a week X 4 weeks. Findings shall be presented to QAPI committee and audits shall continue at recommendation of the committee. The Director of Nursing is responsible to the Plan of Correction. Corrective action was completed on 1-25-23	for the of / fe, MD will ,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345270	B. WING _			C 01/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		3112012023
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F 580	familiar with Residen medications upon his the evening of 12/12 arrived at work on 12 7PM shift she was to admission and his mpharmacy and were facility and his medication and medication and medication and medication and medication and medications. She been available at nur to correspond with pl with residents but sh correspondence abo assumed the nurse finotified physician. A second interview won 01/19/23 at 12:20 she was administerin medications and his She revealed she do physician of Residen antibiotic on 12/19/23 shift. Nurse #1 stated nurse's station for phinclude issues with mrecall writing down a Resident #1's missed being available. A telephone interview #4 on 01/23/23 at 11 familiar with Residen responsible for admired.	at 1 PM revealed she was t #1 and not receiving his admission on 12/11/22 until /22. She stated when she //12/22 for her 6:30AM to ld Resident #1 was a new redications had been sent to waiting for arrival to the ations to include his IV retion for atrial fibrillation had revealed a notebook had se's station for nursing staff revealed a notebook had se's station for nursing staff revealed any issues redid not leave any at Resident #1 because she from previous shift had reas conducted with Nurse #1 PM. She stated on 12/19/22 reg Resident #1 his result informing the transition of the recombination of the respondence to redications, but she does not recombine to the does and medication not was conducted with Nurse and respondence about a doses and medication not was conducted with Nurse respondence about a doses and medication not was conducted with Nurse respondence about a doses and medication not was conducted with Nurse respondence about a doses and medication not was conducted with Nurse respondence about a doses and medication not was conducted with Nurse respondence about a doses and medication not was conducted with Nurse respondence about a doses and medication had revealed she was	F 5	80		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345270	B. WING _			01/2	25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 0 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	CODE	01/2	23/2023
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F 580	Resident #1. She reve Resident #1 evening Nurse #4 stated she #1's morning dose of due to the medication available at the facilit notify the physician Fhis IV antibiotic on 12. An interview was con Assistant (PA) on 01/Resident #1 was adm Sunday 12/11/22 and 12/12/22 by Resident been delayed and who Resident #1 medicate enroute from pharmal later that day. The Phaware of Resident #1 antibiotic on 12/19/22 been told she could have of receiving the aculture to see if there A second interview who Assistant (PA) on 01/revealed Resident #1 diagnosis of having a can cause an irregula ordered an antiarrhyth administered two times he was not notified doses of his a-fib me through 12/12/22) and available at the facilitic could have administered.	and had been assigned to realed she did not administer dose of his IV antibiotic. did not administer Resident if his IV antibiotic on 12/20/22 in being on order and not by. She revealed she did not Resident #1 missed doses of 2/19/22 or 12/20/22. Inducted with Physician 1/18/23 at 4:18 PM revealed inted to the facility on the was made aware on the was told they were been asked nursing staff about from was told they were been and would be available and revealed she was not made and missed doses of his IV 2 and 12/20/22 and had she have investigated another antibiotic and ordered a shad been any growth. The was admitted with physician 1/19/23 at 12:54 PM that the was admitted with atrial fibrillation (a-fib) which	F	580			

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	ROVIDER OR SUPPLIER ENS AT SPRUCE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		J 1/29/2023	
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F 580	and Director of Nursin 5:56 PM revealed the Resident #1 and had today by the State Agnot being administere when admitted and d pharmacy issues. The medical providers we missed doses of his I Administrator and DC should have contacte note in the medical provider in the medical provider in the medical provide in the resident in the facility and was familistated he had not begin in the saw resident in the medications and pharmacould medications and pharmacould medications and pharmacould have looked at medications for Residential in the facility was notificationally of the facility provided the facility provided the moval. O Identify those recipions to determine the state of the provided the moval.	ducted with Administrator or or (DON) on 01/18/23 at any were both familiar with not been made aware until ency of the issues with him and ordered medications with the stay due to be expected of Resident of the issues with him and ordered medications with the stay of the issues with him and ordered medications with the stay of the issues with him and ordered medications. The stay of the issues with the issu	F 5	80			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
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	ROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		1 01/23/2023	
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F 580	Continued From page a result of the nonco		F 58	30			
	2022, with a primary respiratory failure af Bleed and Bacterem From December 11 facility failed to ensure treat sepsis for Resisthe 42 ordered admix *Resident #1 was at deficient practice play rehospitalization, how outcome as a result had planned discharand continued his Castop date of 12/28/2 *All other residents play also at risk from suffigractice. On 01/18/23, an audit for IV medications of and 01/18/2023 was Nursing (DON) with	through December 21, 2022, are an ordered IV antibiotic to dent #1 was available for 6 of inistrations. Trisk of suffering from the acing him at increased risk for wever showed no adverse of non-compliance. Resident age to home on 12/22/2022 refazolin IV antibiotic with a 2. Drescribed medications are fering from the deficient dit of all residents with orders redered between 12/11/2022 is conducted by the Director of					
	audit of all medication 1/19/23 for all reside by DON, ADON, and missed doses. All reand the physician with missed medications orders for the audit of the properties of the audit of the physician with th	ons was completed on ents from 1/12/23 to 1/19/23 d MDS Nurse to identify other esidents/responsible parties ere notified of any identified for further guidance and					

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	ROVIDER OR SUPPLIER	;		STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	•	01/23/2023	
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F 580	adverse outcome from when the action will on 01/18/2023, the Exegional Clinical Direction obtaining all medical utilization of the state emergency/stat dose process of obtaining pharmacy, and the reand Physician of any obtained through the services provided by On 01/18/2023, the nurses, including agree phone on the process from pharmacy, the process of obtaining pharmacy and the rephysician of any merobtained through the services provided by Licensed nurses and hired including agento working their initial orientation. The DOI	ailure to prevent a serious om occurring or recurring, and be complete DON was educated by rector on the process for tions from pharmacy, the safe (an electronic el	F 5	80			
	The education consi " Medications mu by the medical provi ordered the nurse/m to medicate the resid	sted of the following: st be administered as ordered der. When a medication is edication aide is responsible					

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NAME OF PF	ROVIDER OR SUPPLIER	040270	1	STREE	T ADDRESS, CITY, STATE, ZIP CODE	<u> U1/</u>	25/2023
THE GREE	NS AT SPRUCE PINES			218 LA	UREL CREEK COURT CE PINE, NC 28777		
	OLUMBA DV OT	ATEMENT OF RESIDIENCIES		0. 10	·		0.5
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F 580	Continued From page	± 10	F 5	580			
	provider and documer well as an order to su " When all medical electronically, betwee Monday through Frida electronically alerted, prepared and will arriv pharmacy delivery to orders confirmed electronically alerted, prepared and will arriv pharmacy delivery to orders confirmed electronically and on other scheduled closu confirming the order epharmacy and speak to initiate back up service or other stat back up service medication(s) cannot regular or back up stat the scheduled administration.	tions orders are confirmed in the hours of 9am - 5pm ay, the pharmacy is and medications are we on the next scheduled the facility. All medication stronically during the hours weekends, holidays, or any are, requires the individual electronically to call with the on-call pharmacist vices through the stat safe, services. If prescribed be obtained by utilizing at pharmacy services prior to stration time of the cian must be notified for					
	Alleged IJ removal da	te is 01/20/2023.					
F 677	immediate jeopardy re was validated by the forevealed they had rec when to notify the on-medications were not be administered. The in-service education in-service education validity provided evident	vas completed for staff. The	F€	577			1/28/23
SS=D	CFR(s): 483.24(a)(2)						

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F 677	out activities of daily services to maintain a personal and oral hyd. This REQUIREMENT by: Based on record revistaff interviews, the fassistance with bathir residents (Resident # activities of daily living The findings included Resident #12 was ad 12/12/22 with diagno of prostate and blade chronic obstructive period failure and was dischon 01/17/23. Review of Resident # Data Set (MDS) asservealed he was severand required extensive assistance hygiene and bathing revealed Resident #1 behaviors. Review of Resident #1 behaviors.	lent who is unable to carry living receives the necessary good nutrition, grooming, and giene; is not met as evidenced liews, family member, and acility failed to provide ing for 1 of 3 dependent (12) reviewed for providing g (ADL) care to residents. It: In the session of the local hospital lies and to the local hospital lies and toileting and required of 1 staff with personal lies and toileting and required of 1 staff with personal lies are plan dated thad a focus area for having living (ADL) self-care	F 67	F 677 Criteria 1 - Corrective Action: Resident #12 was discharged to hosp with return not anticipated on 1/17/23. Criteria 2 - Identification of other residents: All other residents who are dependent bathing and residing in the facility are at risk of not receiving at least 2 showers/baths in a 7-day period. On January 26, 2023 an audit was completed by the Assistant Director of Nursing, (ADON) and the facility MDS nurse to identify any resident residing the facility that had not had at least 2 showers documented during the 7 day period starting on 1/19/23 and ending 1/25/23. The shower audit revealed 10 residents who did not have document that they received 2 showers during the period of 1/19/23 to 1/25/23 and were out of the facility on a leave of absence that the company of the society of the societ	t for also f in / on 0 ation ne not ee or).
	expected related to h			shower/bath between 1/26/23 and 1/27/23. Criteria 3 - Measures for systemic Change:	

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					18 LAUREL CREEK COURT		
THE GREE	ENS AT SPRUCE PINES				PRUCE PINE, NC 28777		
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F 677	Continued From page	e 12 ance, and limited mobility.	F 6	677	All licensed nurses and Certified Nursi	na	
	The interventions include the resident required staff with bathing/sho	uded: bathing/showering extensive assistance of 1 wering as necessary, bed			Assistants (CNA) were educated by the Director of Nursing (DON) or designee between 1/26/23 and 1/27/23 on the	e	
	mobility the resident required extensive assistance of 2 staff, dressing the resident required extensive assistance of 1 staff, encourage the resident to participate to the fullest shower sheets. Through the shower						
	encourage the resident to participate to the fullest extent possible with each interaction, encourage the resident to use bell to call for assistance, Hygiene/grooming the resident required extensive				shower sheets. Through the shower sheet process, nurses will pull the show schedules for that day and provide sheets for each resident with a schedules.	wer	
	assistance of 1 staff, assistance of 2 staff assistance of 2 staff.	toileting extensive and transfers extensive			shower to the CNA son their hallway. The CNA will shower resident and retu the completed shower sheet to their nubefore the end of their shift. Any refus	ir hallway. It and return to their nurse	
	where the resident re was scheduled for be				of bathing will be documented in the patient s record by the nurse.		
	PM) each week.	on first shift (7:00 AM to 3:00			Any new employee (including agency) receive this education prior to working their first shift.	will	
	_	g report for Resident #12 h 01/17/23 revealed the			Criteria 4 - Monitoring performance: The Director of Nursing, or designee, s audit 5 random residents, 5 days per	shall	
		why it was not provided.			week x 4 weeks, and will audit 5 rando residents per day, 3 days per week x 4 weeks for a total of 8 weeks to ensure	ļ	
	shower and was not	l (Friday) - resident refused provided bed bath - no why bed bath not provided.			residents receive a minimum of 2 showers/bed baths per week. Findings these audits shall be reported to QAPI		
	12/20/22 - missed be documentation as to	d bath/shower - no why it was not provided.			committee; audits will continue at discretion of QAPI committee.		
	12/23/22 - missed be documentation as to	d bath/shower - no why it was not provided.			Criteria 5 - Dates when corrective action will be completed: The Director of Nursing is responsible the Plan of Correction.		
	12/27/22 - missed be	d bath/shower - no					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345270	B. WING				0
		345270	B. WING			01/	25/2023
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
THE GREE	ENS AT SPRUCE PINES				118 LAUREL CREEK COURT		
				5	SPRUCE PINE, NC 28777		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	SHOULD BE COMPLETION	
F 677	Continued From page	. 12	_	077			
F 077	Continued From page		F 67				
	documentation as to	why it was not provided.			Corrective action was completed on		
	12/29/22 at 3:47 PM (shower was provided	(Thursday) - bed bath or			1-28-23		
	12/30/22 - missed bedocumentation as to had received one the	why it was not provided but					
	01/02/23 - missed bedocumentation as to	d bath/shower - no why it was not provided.					
	01/06/23 at 11:42 AM shower was provided	l (Saturday) - bed bath or					
	01/09/23 at 10:42 AM shower was provided	l (Tuesday) - bed bath or					
	01/12/23 - missed bedocumentation as to	d bath/shower - no why it was not provided.					
	01/16/22 at 3:46 PM (shower was provided	(Tuesday) - bed bath or					
		ity's documentation, 6 bed baths/showers out of 12/22 through 01/17/23.					
	Resident #12's family visited him every wee distance of the facility family member stated his bed baths or show because of the way h quality time she prefet to be spent providing on the weekend. She	01/24/23 at 10:35 AM with member revealed she exend because of the from her residence. The difference that the resident was not getting exers like he was supposed to be looked and smelled so the erred to spend with him had him care and bathing him be further stated when she exend, he looked disheveled,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345270	B. WING _			01/2	25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		1 01/2	10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
F 677	Continued From page	e 14	F 6	677			
	expressed her feeling Resident #12 on the	r. She indicated she had us to the nurses caring for weekends she had visited er concerns to the Hospice eresident.					
	Aide (NA) #1 who car 01/12/23 along with N schedule for each hal showers scheduled for always documented N (POC) which was the system for Nurse Aide why Resident #12's be provided and said it n was assigned to give his shower was not in assignment. NA #1 nor showered Residen	eported she had not bathed t #12 on 01/12/23.					
	the Hospice nurse rev payor to the Veteran's #12 and provided nur chaplan services for t provided nurse aide a The Hospice nurse fu	01/24/23 at 4:27 PM with wealed they were secondary is Administration for Resident rising, social services and the resident but had not assistance for the resident. In ther stated the facility was lies of daily living care for the					
	NA #3 who cared for revealed she was not not received his show had been pulled to ar caring for residents. schedule did not alway	01/25/23 at 3:00 PM with Resident #12 on 12/13/22 sure why Resident #12 had ver on 12/13/22 unless she nother hall to assist with She further stated the ays match the showers may have been missed for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	MULTIPLE CONSTRUCTION JILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ENS AT SPRUCE PINES			STREET ADDRESS, CITY, STATE, ZIP COE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	ΣE			
(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 CC ((EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
F 677		ndicated the facility had not and what was documented	F 6	377				
	who was assigned to	e made to contact NA #4 care for Resident #12 on 2/27/22 and 01/02/23 with o return call.						
F 691 SS=D	the Director of Nursin not aware that Reside during his stay at the not aware of the sche showers daily and sait they were including sithe day before for who further stated she worto assure it was accurassignments given to was her expectation to showers as scheduled then the refusal should attention and docume Colostomy, Urostomy	the NAs. She indicated it hat residents received their d unless they refused and d be brought to the nurse's ented in the record.	F€	991			1/28/23	
	care. The facility must ensurequire colostomy, unservices, receive such professional standard comprehensive personal standard the resident's goals a	ostomy, or ileostomy in care consistent with is of practice, the in-centered care plan, and ind preferences. It is not met as evidenced		F 691				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL			
				218 LAUREL CREEK COURT			
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(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 691	Continued From page	e 16	F 69	91			
	member staff and P	hysician's Assistant (PA)					
	I .	/ failed to change a urostomy		Criteria 1 - Corrective Action			
	_	d to collect urine on the					
		/al of the bladder), as		The facility failed to change a	urostomy		
	ordered for 1 of 1 res	ident (Resident #12)		bag on Resident # 12. Resid			
	reviewed for providing	g care for urostomy as		discharged to the hospital on	1/17/23 with		
	ordered by the physic	cian.		return not anticipated.			
	The findings included	d:		Criteria 2 - Identification of ot residents:	her		
	Resident #12 was ad	mitted to the facility on		All residents with an ostomy	are at risk for		
		ses which included a history		this deficient Practice.			
	_	ler cancer with urostomy,		On 1/26/23 Assistant Director	r of Nursing,		
	chronic obstructive p	ulmonary disease, and heart		(ADON) conducted a 100% a	udit of all		
	failure.			residents with ostomy to ensu	ıre physician		
				order ostomy changes were			
		n order written for Resident		ordered. Any deficient practic			
	I .	ealed the following order:		during audit was immediately	corrected by		
	Change urostomy ba every 4 days effective	g every 4 days on day shift e 12/15/22.		the ADON.			
				Criteria 3 - Measures for syst	emic		
		12's admission Minimum		Change:			
	, , ,	essment dated 12/19/22					
		extensive assistance of 1 to		On 1/26/23 -1/27/23, the DOI	•		
		vities of daily living (ADL).		provided education to all licer			
	The assessment also			on ostomy care which include			
		and bladder and had a		requirement to follow all osto			
	urostomy bag.			orders and to provide accurate documentation.	le ostomy		
	Review of Resident #	t12's care plan dated		Treatment administration reco	ords will he		
		had a focus area for having		reviewed in morning clinical r			
		ge bag related to malignant		Director of Nursing, or design			
	neoplasm of bladder			ensure all ostomy physician of			
		d hand washing before and		followed and documentation			
		observe for signs and					
	symptoms of discomf			Any new employee (including	g agency) will		
	frequency, observe/d	ocument for pain/discomfort		receive this education prior to	working		
	due to urostomy and	observe/record/report to		their first shift.			
	provider any signs ar	nd symptoms of urinary tract					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345270	B. WING		C 01/25/2023		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	, 0.120,2020		
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F 691	urine, cloudiness, no color, increased pulse frequency, foul smelli altered mental status, change in eating patter Review of Resident # Administration Recorrevealed his urostomy changed on 12/15/22 was initialed it had be Phone interview on 0 family member revea 12/18/22 Resident #1 from 12/12/22 which is She stated it had not admission to the facil Interview on 01/24/23 who was assigned to revealed she had initi bag being patent and without difficulty but a changed on 12/12/22 Nurse #5 stated she I Manager and asked it changed and said she not been changed. Review of Resident # revealed his urostomy changed on 01/08/23 was blank. The bag wagain on 01/12/23 and states and and said she again on 01/12/23 and again on 01/12/23 and said she again on 01/12/23 and said	a, burning, blood tinged output, deepening of urine e or temperature, urinary ing urine, fever, chills, change in behavior and erns. 12's Treatment d (TAR) for December 2022, y bag was scheduled to be in the block for 12/15/22 in changed by Nurse #5. 1/24/23 at 10:35 AM with the end when she visited on 2 still had the same bag on was the date on the bag. been changed since his ity. 1 at 1:42 PM with Nurse #5 Resident #12 on 12/15/22 aled the treatment as his flowing into the urinary bag dmitted she had not y bag because it was and it had not been 4 days. and spoken with the Unit	F 69	Criteria 4 - Monitoring performance The Director of Nursing, or designe audit all ostomies 5 x weekly x 4 w and then 3 x weekly x 4 weeks to e the requirement to follow all ostomy physician orders and to provide accostomy documentation. Findings of audits shall be reported to QAPI committee; audits will continue at discretion of the QAPI committee. Criteria 5 - Dates when corrective a will be completed: The Director of Nursing is responsitive Plan of Correction. Corrective action was completed on 1-28-23	ee, shall eeks ensure y curate f these action		

		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	·	:	STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	1 0112012020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)) BE COMPLETION
F 691	family member reveal Resident #12 on the urostomy bag had not dated 01/04/23. The the Hospice Nurse we resident on 01/09/23 change the bag on his stated she had visited 01/15/23 and said on was dated 01/09/22 on 01/12/23 as scheol literview on 01/24/2 who was assigned to revealed she had initiag being patent and without difficulty but changed the urostom changed on 01/09/25 had not been 4 days been changed on 01 had not changed it of the TAR. Nurse #5 in changed the urostom Phone interview on 01/08/25 as scheol to go back and chanday. Nurse #6 further to go back and chanday. Nurse #6 further changing the urostom #6 indicated she had 01/15/23 because the changed. Nurse #6 further changed. Nurse #6	o1/24/23 at 10:35 AM with the aled when she visited evening of 01/08/23 the ot been changed and was a family member contacted who agreed to visit the and told her she would her visit. The family member at Resident #12 again on that visit the urostomy bag and had not been changed duled. 3 at 1:42 PM with Nurse #5 or Resident #12 on 01/12/23 tialed the treatment as his diflowing into the urinary bag admitted she had not my bag because it was 3 by the Hospice Nurse and it with the contact of the property of the contact of the property of the contact of the property of t	F 691		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	I	01/25/2023	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 691	Manager told her no changed it the day be block for 01/16/23 at Several attempts we Manager by phone a return call. Phone interview on Resident #12 reveal between the family rensure the resident's ordered by the physistated there had becurostomy bag change correctly on the Trea (TAR). An interview on 01/2 Physician's Assistant revealed she had spand she had informed bag had not been che physician's order. The discussed the concepting changed with was told by the DON ensure the bag was a phone interview of the Director of Nursi devised a plan with member to ensure he changed as ordered	hanged but said the Unit to change it since she had before and just to mark the set though she had changed it. For emade to contact the Unit and voicemails left with no contact the was assigned to care for ed she tried to coordinate member and facility staff to so bag was changed as ician. The Hospice nurse and difficulty trying to get the led and the changes recorded atment Administration Record contact (PA) working at the facility oken with the Hospice nurse and her the resident's urostomy branged according to the he PA stated she had are the resident's bag was not the Director of Nursing and I there was a plan in place to	F 68	91			
	being changed with was told by the DON ensure the bag was A phone interview of the Director of Nursi devised a plan with member to ensure his changed as ordered out to the hospital between the DON stated she	the Director of Nursing and I there was a plan in place to changed. n 01/25/23 at 3:36 PM with ng (DON) revealed she had Resident #12's family is urostomy bag was but said he was discharged					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345270	B. WING _			01/	25/2023
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THE GREE	ENS AT SPRUCE PINES				18 LAUREL CREEK COURT		
					PRUCE PINE, NC 28777		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755 SS=K	further stated she was blank on 01/08/23 but not been changed as The DON indicated sl #12's urostomy bag h 12/15/22 as ordered be would have expected changed his urostomy with the Unit Manage Nursing, or her if them the order or they need Review of Resident # revealed he was disclouded pneumonia at The culture from the udifferent bacteria for viplaced on intravenous resident was discharged 01/20/23. Interview on 01/25/23 (MD) he remembered specifics about him with chart. The MD stated anything about his urochanged as ordered. Urostomy bag should ordered. Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)(s) \$483.45 Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)(s)	a the part of Nurse #5. She is unsure why it was left it could only assume it had scheduled by Nurse #6. The was not aware Resident ad not been changed on by Nurse #5 and said she all the nurses to have y bag as ordered or consult it, Assistant Director of the were any questions about ded further direction. 12's hospital record that was a significant with diagnoses which and urinary tract infection. 12's hospital record that with diagnoses which and urinary tract infection. 12's hospital record that with diagnoses which and urinary tract infection. 12's hospital record that with diagnoses which and urinary tract infection. 12's hospital record that with diagnoses which and urinary tract infection. 12's hospital record that with diagnoses which and urinary tract infection. 12's hospital record that with diagnoses which are urinally in the local hospital intendition. 12's hospital record that with diagnoses which are urinally in the local hospital intendition. 12's hospital record that with diagnoses which are urinally in the local hospital intendition. 12's hospital record that with diagnoses which are urinally in the local hospital intendition. 12's hospital record that with diagnoses which are urinally in the local hospital intendition. 12's hospital record that with diagnoses which are urinally in the local hospital intendition. 12's hospital record that with diagnoses which are urinally in the local hospital intendition. 12's hospital record that with diagnoses which are urinally in the local hospital intendition.		755			1/25/23
		ide routine and emergency to its residents, or obtain ment described in					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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INE GREI	ENS AT SPRUCE PINES			S	PRUCE PINE, NC 28777		
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F 755	personnel to administ permits, but only under a licensed nurse. §483.45(a) Procedure pharmaceutical service that assure the accuratispensing, and administed pharmacist, and administed pharmacist whose services of the provision that facility. §483.45(b)(1) Provide aspects of the provision the facility. §483.45(b)(2) Establiant facility. §483.45(b)(2) Establiant facility. §483.45(b)(2) Establiant facility. §483.45(b)(3) Determore order and that an accomposition and the service of the provision of the provis	ity may permit unlicensed are drugs if State law er the general supervision of es. A facility must provide ces (including procedures ate acquiring, receiving, nistering of all drugs and me needs of each resident. Consultation. The facility in the services of a licensed es consultation on all con of pharmacy services in eshes a system of records of in of all controlled drugs in able an accurate enter that drug records are in count of all controlled drugs in including the controlled drugs in its indically reconciled. The is not met as evidenced ews, staff, Pharmacist, PA), and Medical Director facility failed to have an acce to ensure a physician	F	755	F 755 Resident #1 was admitted on December 11, 2022, with a primary diagnosis of chronic respiratory failure after a hospitalization for GI Bleed, bacteremia atrial fibrillation. From December 11 through December 21, 2022, facility failed to ensure an	a,	

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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	
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NAME OF P	ROVIDER OR SUPPLIER		_	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	20/2020	
				2	18 LAUREL CREEK COURT			
THE GREE	ENS AT SPRUCE PINES			s	SPRUCE PINE, NC 28777			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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F 755	Continued From page	2 22	F	755				
	· -	ree doses of the antibiotic	•		ordered IV antibiotic to treat sepsis was	s		
	due to the medication				available for 6 of the 42 ordered	,		
	pharmacy and not av	-			administrations,			
	•	eceive another three doses			and failed to ensure an antiarrhythmic			
	of the IV antibiotic be	ginning on 12/19/22 due to			medication was available for 4 missed			
	being on reorder from	n the pharmacy and staff not			doses for Resident #1.			
	checking the facility b							
		#1 was also ordered an						
	antiarrhythmic medication for atrial fibrillation				*Resident #1 was at risk of suffering fro	mc		
(A-fib) and did not receive the first four doses of				the deficient practice placing him at				
		o the medication being on			increased risk for rehospitalization,			
		and not available at the ng these medications there			however showed no adverse outcome a result of non-compliance. Resident h			
		nd for bacterial regrowth,			planned discharge to home on 12/22/2			
	_	antibiotic, heart arrhythmias			and continued his Cefazolin IV antibiot			
	or return to hospital.				with a stop date of 12/28/22.	-		
		pegan on 12/11/22 when			*All other residents prescribed			
		Resident #1's antibiotic and			medications are also at risk from suffer	ing		
	antiarrhythmic medica was removed on 01/2	ations. Immediate jeopardy 20/23 when the facility			from the deficient practice.			
		ptable credible allegations			On 01/18/23, an audit of all residents w	/ith		
	of immediate jeopard	y removal. The facility			orders for IV medications ordered			
		ance at a lower scope and			between 12/11/2022 and 01/18/2023 w	as		
	severity of "E" no act	ual harm with potential for			conducted by the Director of Nursing			
		arm that is not immediate			(DON) with no unavailable IV medication			
		onitoring systems and staff			or missed medications identified. An a	udit		
	education put into pla	ice are effective.			of all medications was completed on	_		
	Findings included:				1/19/23 for all residents from 1/12/23 to 1/19/23 by DON, ADON, and MDS Nui			
	i mumga muuucu.				to identify other missed doses. All	30		
	Review of facility med	dication order policy revised			residents/responsible parties and the			
	July 2022 revealed re				physician were notified of any identified	t		
	_	dical order: Clarify order and			missed medications for further guidance			
		ally submit the medication			and orders for the audit of 1/19/23.			
		The facility began using the						
	current pharmacy on				0n 01/18/2023, the DON was educated	l by		
					Regional Clinical Director on the proce	ss		
	Review of the hospital	ıl discharge physician order			for obtaining all medications from			

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NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
THE GREE	ENS AT SPRUCE PINES			218 LAUREL CREEK COURT			
IIIL OILL	INO AT OF ROOL THEO			SPRUCE PINE, NC 28777			
(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 SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 755	Continued From page	≥ 23	F 75	5			
	dated 12/10/22 reveal Sodium-Dextrose Solium-Dextrose Solium-Dextrose Solium-Dextrose Solium-Dextrose Solium-Dextrose Solium-Dextrose Solium-Dextrose Solium-Dextrose Solium-Develope Solium-Dextrose Solium-D	led an order for Cefazolin ution 2-4 Grams IL)-%. Use 100 ML hours for bacteremia for 18 Il discharge physician order led order for Flecainide illigram (MG). Give 1 tablet day for atrial fibrillation		pharmacy, the utilization of the sign (an electronic emergency/stat dimedication cabinet), the process obtaining back up services from pharmacy, and the requirement the DON and Physician of any rithat cannot be obtained through safe, or the backup services propharmacy. On 01/18/2023, the DON education licensed nurses, including agen in person or via phone on the probtaining medications from pharmacy.	ose s of to notify medication the stat byided by ated all cy nurses, rocess for rmacy, the rocess of		
	Interview conducted of 12:20 PM revealed sl Resident #1 and had completing his admis his medication orders electronically to the p #1 stated she was aw have his ordered med antibiotic and his anti available upon admis available upon admis available until the foll #1 revealed residents medications upon add ay or two to receive pharmacy was an one residents admitted or pharmacy not deliver weekends. She states	with Nurse #1 on 01/19/22 at the was familiar with been responsible for sion paperwork, confirming and sending the orders harmacy on 12/11/22. Nurse ware Resident #1 did not dications including his IV arrhythmic medication sion and would not be owing day 12/12/22. Nurse anot receiving their ordered mission and having to wait a their medications from the going issue, especially for a the weekends due to the ing medications on the ed unless the medication for ble in the facility back-up		pharmacy and the requirement the physician of any medication cannot be obtained through the or the backup services provided pharmacy. Licensed nurses and medication newly hired including agency wieducation prior to working their as part of their orientation. The designee is responsible to ensueducation occurs by obtaining a attestation of education. The education consisted of the "Medications must be admir ordered by the medical provider medication is ordered the nurse/medication aide is responsedicate the resident as ordered "If the medication is not ava	to notify that stat safe, I by n aides Il receive initial shift DON or ire a signature following: histered as the When a assible to ed.		

PRINTED: 02/10/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
		345270	B. WING				C (25/2022	
NAME OF DE	ROVIDER OR SUPPLIER	0.02.0		ς.	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	25/2023	
NAME OF T	TOVIDEN ON SOLT LIEN							
THE GREE	NS AT SPRUCE PINES				18 LAUREL CREEK COURT			
				S	PRUCE PINE, NC 28777			
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 755	Continued From page	e 24	F 7	755				
					medical provider and document the			
	Review of the Medica	ation Administration Record			providers response as well as an order	to		
	(MAR) for December	2022 revealed the following:			support the response.			
	, ,	n-Dextrose Solution 2-4			" When all medications orders are			
		00ML intravenously every 8			confirmed electronically, between the			
		PPM) for bacteremia for 18			hours of 9am □ 5pm Monday through			
		2. Resident #1 was not			Friday, the pharmacy is electronically			
	,	at 10 PM on 12/11/22, 6AM			alerted, and medications are prepared			
		12/12/22, 2PM on 12/19/22,			and will arrive on the next scheduled			
	10PM on 12/19/22, a	nd 6AM on 12/20/22 due to			pharmacy delivery to the facility. All			
	being on order from p	pharmacy and not available			medication orders confirmed electronic	ally		
	at facility.	•			during the hours of 5pm □ 9am, and or	1		
	" Flecainide Aceta	te Tablet 100 MG. Give 1			weekends, holidays, or any other			
	tablet by mouth two ti	imes a day (8AM, 8PM) for			scheduled closure, requires the individu	ual		
	atrial fibrillation. Resid	dent #1 was not			confirming the order electronically to ca	all		
	administered schedul	led doses at 8PM on			pharmacy and speak with the on-call			
	12/11/22, 8AM on 12/	/12/22, 8PM on 12/12/22,			pharmacist to initiate back up services			
	and 8AM on 12/13/22	2 due to being on order from			through the stat safe, or other stat back	(
	pharmacy and not av	ailable at facility.			up services. If prescribed medication(s cannot be obtained by utilizing regular			
	A telephone interview	conducted with Nurse #2			back up stat pharmacy services prior to)		
	on 01/19/23 at 5:45 P	PM revealed she was familiar			the scheduled administration time of the	е		
	with Resident #1 and	not having medications			medication, the physician must be notif	ied		
		mission on 12/11/22 until the			for further guidance and orders.			
		ated when she arrived at						
	work on 12/11/22 at 6				The director of nursing or assistant			
	Resident #1 was a ne				director of nursing will review 5			
		d been sent to pharmacy			admissions for 4 weeks then 2			
		ld not be arriving until the			admissions for 4 weeks to ensure			
		vealed there have been			medications were available upon			
		pharmacy and resident's not			admission via pharmacy or stat safe to			
	having their prescribe	•			ensure meds were given timely and			
	,	g to wait a day or two to			appropriately.			
		ions and nursing staff has			F. J.			
		es to the Director of Nursing			Findings shall be presented to QAPI			
	(DON). She stated sh				committee and audits shall continue at	tne		
		safe to see if there were			recommendation of the committee.			
	-	lable including Resident #1's medication that could have			The Director of Nursing is responsible t	or		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345270	B. WING _			01/25/2023		
	ROVIDER OR SUPPLIER			21	TREET ADDRESS, CITY, STATE, ZIP CODE 8 LAUREL CREEK COURT PRUCE PINE, NC 28777	1 011	123/2023	
(X4) ID PREFIX TAG			ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 755	been administered. A telephone interview on 01/19/23 at 6:41 F with Resident #1 and medications upon his the evening of 12/12/ arrived at work on 12 told Resident #1 was medication orders ha and were waiting for none of his medication for at administered. She stapharmacy who stated were enroute. She re on-going issue with president medications medications not being wait a day or two for arrive to be administered weekly and the issue brought to the Director attention and it continues and it con	or conducted with Nurse #3 PM revealed she was familiar him not having received his admission on 12/11/22 until 22. She stated when she /12/22 at 6:30 AM she was a new admission and his d been sent to pharmacy arrival to the facility and has to include his IV antibiotic rial fibrillation had been ated she contacted the I Resident #1 medications vealed this had been an harmacy and not having available upon admission or g reordered and having to resident medications to bred. Nurse #3 stated their medications happens s with pharmacy have been or of Nursing's (DON) hued to happen. She recall if she had checked the o see if IV antibiotic or a-fib able that could have been dent #1. ed with Nurse #1 on I revealed she was familiar had been responsible for dications. She stated on	F 7	755	the Plan of Correction. Corrective action was completed on 1-25-23			
	administering his med 12/19/22 she was admedications and his I She revealed she con was told IV antibiotic							

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345270	B. WING _			C 01/25/2023		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	•			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 755	having to wait for the spoken with her Dire these issues and wa issue. She revealed checked the facility be that could have been #1. A telephone interview on 01/23/23 at 11:05 familiar with Residen responsible for admi She stated she was evening of 12/19/22 Resident #1. She revening of 12/19/22 Resident #1 evening to being told by the cwas on order from the available at the facility aware. Nurse #4 state Resident #1's mornin 12/20/22 due to the land not available at the had not been gives after and was not able medications. Nurse #4 on-going issues with not being available for admission and during she had made the D	th pharmacy and not as on time and residents are medications and she had actor of Nursing (DON) about as told it was a pharmacy she does not recall if she back-up safe for medications and administered to Resident and very conducted with Nurse #4 and AM revealed she was at #1 and had been instering his medications. Working at the facility on the and had been assigned to wealed she did not administer adose of his IV antibiotic due daytime nurse the medication	F7	55				
	(PA) on 01/18/23 at 4 familiar with Residen	ted with Physician Assistant 4:18 PM revealed she was tt #1. She stated Resident #1 facility on Sunday 12/11/22						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		345270	B. WING _			01/	25/2023	
NAME OF PI	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE			
THE GREI	ENS AT SPRUCE PINES				REL CREEK COURT			
			SPRUCE	PINE, NC 28777				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 755	Continued From page		F 7	55				
	and she was made an antibiotic and antiarrh had been delayed but pharmacy and would She revealed this had pharmacy and medica upon resident admiss pharmacy herself about had also spoken with pharmacy issues and issue. A telephone interview on 01/18/23 at 4:57 Preceived the medicati	ware on 12/12/22 his IV ythmic medication for a-fib t was enroute from be available later that day. If been an ongoing issue with ations not being available ion and she has had to call but medication orders and						
	the medication order facility on 12/12/22 at if an order for medica workday prior to 2PM the same day and sel if an order for medica during the workday of the medication would next working day and lunch. The Pharmacis Resident #1 IV antibiod the pharmacy sent a antibiotic. She stated automatic reorder and filled at 8:22 PM on 1 facility between 9PM revealed the facility si	was filled and sent out to the 11:00 AM. She also stated tion was received on a the order would be filled on the out for night delivery, and tion was received after 5PM received on the weekend be filled the morning of the sent out for delivery before at revealed although otic order was for 18 days 7-day supply for the IV the IV antibiotic was on the next 7-day supply was 2/19/22 and sent out to the and 10PM. The Pharmacist thould have had enough						
	Resident #1 and shounds his doses. She stated back-up safe in the fall and 1-gram bags of the state of the st	s available on 12/19/22 for uld not have missed any of I the facility also had a ucility with extra medications ne IV medication for lable in the back-up safe.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		345270	B. WING			C		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		01/25/2023		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 755	Resident #1 the 1-g back-to-back to mal would have been m knowledge if staff ha antibiotic being avail. A follow up telephor the Pharmacist on 0 the pharmacy received the Flecainide Aceta 12/11/22 at 3:25 PM and sent out to the AM with his other m Resident #1's a-fib of the facility for his evident have been missed to being available at the An interview conductor of Nursing PM revealed they we Resident #1 and ha today of the issues administered ordere and during his stay stated when a reside to the facility, they medications prior to to send order for me resident was in the	cility could have administered ram bags of IV antibiotics are the 2 grams and no doses issed. She stated she had no ad been made aware of the IV lable in facility back-up safe. The interview conducted with particular and the medication on and the medication was filled facility on 12/12/22 at 11:00 fedications. She stated medication was available at the ening dose on 12/12/22 and for 12/13/22 and should not due to pharmacy issues or not the facility. The steed with Administrator and (DON) on 01/18/23 at 5:56 fere both familiar with donot been made aware untill with him not being and medications when admitted due to pharmacy issues. They sent was going to be admitted admission but were not able edication to pharmacy until the building. They revealed they	F 75					
	weekends but throu orders and reorders before 5PM for late and DON stated the contracts with the h	harmacy delivery times on gh the week medication had to be sent to pharmacy delivery. The Administrator facility did not have back-up ospital or any of the local evealed the pharmacy would						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345270	B. WING		C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	01/25/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 755	be responsible for compharmacy about a remaking sure resider. They stated they we medications had be back-up safe and dipharmacy did not in called on 12/19/22 abeing available for F. Administrator and D. switched to the currand there had been pharmacy and medicupon admission and to facility on time and upper management. A telephone intervied Medical Director (M. revealed he saw restriday and was fam stated he had not be issues with resident medications and ph. provide medications or during their stay and made aware of I his IV antibiotic or on the facility, and had could have looked a medications for Resuntil ordered medications revealed he had spondout the facility did contract with the hopharmacies to be at receive medications.	esident's medications and for an entreceive their medications. ere not aware of what en available in the facility do not understand why form nursing staff when they about back-up IV antibiotics. Resident #1. The ION stated the facility had ent on pharmacy on 07/01/22 on-going issues with cations not being available of not being reordered or sent do they have spoken with about the issues. In was conducted with D) on 01/19/23 at 3:02 PM esidents at the facility every iliar with Resident #1. He een made aware of any	F 75	5	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CON	ISTRUCTION	(X	3) DATE SURVEY COMPLETED
		345270	B. WING				C 01/25/2023
	ROVIDER OR SUPPLIER			218 L	AUREL CREEK COURT JOE PINE, NC 28777		0112012020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 755	pharmacies if they had A telephone interview Physician on 01/23/2 was familiar with Reshim prior to his admis multiple medical issu which is bacterial infeatrial fibrillation (a-fib heartbeat is out of rhheartbeat. He stated and IV antibiotic to be every 8 hours for 18 bacteremia. He reveal have been for Reside his scheduled doses doses could have car a possible return to hordered antiarrhythm #1 to be administered heartbeat at a normathis medication as proposed to missed doses of a Physician stated ever differently and some miss doses of medication and it would respond. He returned to an endication to ensur available for resident	ible for contacting other ad issues with medications. If conducted with Hospital 3 at 3:22 PM revealed he sident #1 and had treated asion to the facility for es including bacteremia ection in the bloodstream and) which is when the ythm or an irregular he had ordered Resident #1 e administered uninterrupted	F	755			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	E SURVEY PLETED	
		345270	B. WING			25/2023	
	ROVIDER OR SUPPLIER ENS AT SPRUCE PINES		•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 18 LAUREL CREEK COURT PRUCE PINE, NC 28777		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
F 755	then the facility would discharge so the resi hospital for another of medication doses the be discharged to acc to receive medication next dose and keep multiple doses of their The facility was notifi 01/19/23 at 10:10 AM. The facility provided removal. Resident #1 was adm 2022, with a primary respiratory failure after Bleed, bacteremia, at From December 11 the facility failed to ensure the sepsis was available for 4 mm. *Resident #1 was at deficient practice place rehospitalization, how outcome as a result of had planned discharge and continued his Cestop date of 12/28/22. *All other residents p	e available upon admission, d inform the hospital prior to dent could remain at the lay and receive their ordered e following morning and then commodate facility being able as from pharmacy in time for residents from missing ir ordered medications. ed of immediate jeopardy on of the following plan for IJ mitted on December 11, diagnosis of chronic er a hospitalization for GI trial fibrillation. hrough December 21, 2022, re an ordered IV antibiotic to lable for 6 of the 42 ordered an antiarrhythmic medication hissed doses for Resident #1. risk of suffering from the cing him at increased risk for ever showed no adverse of non-compliance. Resident ge to home on 12/22/2022 efazolin IV antibiotic with a	F	755			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		345270	B. WING		C		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	01/25/2023		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION		
F 755	for IV medications of and 01/18/2023 was Nursing (DON) with medications or miss audit of all medication 1/19/23 for all reside by DON, ADON, and missed doses. All reside by DON, ADON, and missed medications orders for the audit of the observation of the action process or system for adverse outcome frowhen the action will on 01/18/2023, the Regional Clinical Di obtaining all medical utilization of the state emergency/stat dos process of obtaining pharmacy, and the read and Physician of an obtained through the services provided by On 01/18/2023, the nurses, including agphone on the process.	dit of all residents with orders ordered between 12/11/2022 is conducted by the Director of no unavailable IV sed medications identified. An ons was completed on ents from 1/12/23 to 1/19/23 id MDS Nurse to identify other esidents/responsible parties are notified of any identified of for further guidance and of 1/19/23. The entity will take to alter the aillure to prevent a serious or occurring or recurring, and be complete DON was educated by rector on the process for itions from pharmacy, the it safe (an electronic e medication cabinet), the graduirement to notify the DON y medication that cannot be e stat safe, or the backup	F 75	55			
	pharmacy and the rephysician of any me	g back up services from equirement to notify the edication that cannot be e stat safe, or the backup					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	(X3) DATE SURVEY COMPLETED
D WING	С
NAME OF PROVIDER OR SUPPLIER THE GREENS AT SPRUCE PINES STREET ADDRESS, CITY, STATE, ZI 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	01/25/2023 ZIP CODE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE
F 755 Continued From page 33 services provided by pharmacy. Licensed nurses and medication aides newly hired including agency will receive education prior to working their initial shift as part of their orientation. The DON or designee is responsible to ensure education occurs by obtaining a signature attestation of education. The education consisted of the following: "Medications must be administered as ordered by the medical provider. When a medication is ordered the nurse/medication aide is responsible to medicate the resident as ordered. "If the medication is not available to be administered the nurse must notify the medical provider and document the providers response as well as an order to support the response. "When all medications orders are confirmed electronically, between the hours of 9am - 5pm Monday through Friday, the pharmacy is electronically alerted, and medications are prepared and will arrive on the next scheduled pharmacy delivery to the facility. All medication orders confirmed electronically during the hours of 5pm - 9am, and on weekends, holidays, or any other scheduled closure, requires the individual confirming the order electronically to call pharmacy and speak with the on-call pharmacist to initiate back up services through the stat safe, or other stat back up services through the stat safe, or other stat back up services through the stat safe, or other stat back up stat pharmacy services prior to the scheduled administration time of the medication, the physician must be notified for further guidance and orders.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345270	B. WING		C 01/25/2023	
	ROVIDER OR SUPPLIER ENS AT SPRUCE PINES		:	STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	, , , , , , , , , , , , , , , , , , , ,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
F 755	immediate jeopardy r was validated by the revealed they had recomedication administratorium through pharmacy, and or in-house provider in available. Facility state locked medication rowhere nursing staff henter for access to refor residents and staff resident medication cart they and if not there then to other option for receive physicians of missing completed to resident medication and missed residents in the facility Residents are Free of CFR(s): 483.45(f)(2) The facility must ensure §483.45(f)(2) Resident medication errors. This REQUIREMENT by: Based on record revent physician Assistant (fand Hospital Physician and Hospital Physician failed to administer and (Resident #1) reviewed Resident #1 was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of an Intravence of the resident was not doses of the resident was not doses of the recombination and misser and the resident was not doses of the recombination and misser and the resident was not doses of the recombination and misser and the resident was not doses of the recombination and misser and the recombination and the	ty's credible allegation for emoval effective 1/20/23 following: Staff interviews beived education on ation, obtaining medicine and how to notify the on call of medicines are not at safe was observed in pom behind nurse's station ave a personalized code to receive back-up medications of interviews revealed if was not available on were to utilize stat safe first to contact pharmacy about wing medication. Audits were to who had received IV end medication for all y. If Significant Med Errors The is not met as evidenced in the safe first to contact the safe first to contact pharmacy about wing medication and to notify medication. Audits were the same that its are safe first to contact pharmacy about wing medication for all y. If Significant Med Errors The is not met as evidenced in the safe for pharmacist, pandical Director (MD) an interviews, the facility intibiotics for 1 of 3 residents and interviews, administered the first three	F 760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY	
		345270	B. WING _			1	C 01/25/2023	
NAME OF PE	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	20/2020	
					18 LAUREL CREEK COURT			
THE GREE	ENS AT SPRUCE PINES				SPRUCE PINE, NC 28777			
CUMMARY CTATEMENT OF DEFICIENCIES		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG	×	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 760	Continued From page	35	F 7	760				
	being on order from p	harmacy and not available			On December 11, 12, 19 & 20, 2022,			
		l did not receive another			facility failed to administer six doses of			
	three doses of the IV	antibiotic beginning on			ordered intravenous (IV)antibiotic,			
	12/19/22. The facility	also failed to administer the			Cefazolin, and four doses of and			
	first four doses of an a	antiarrhythmic medication			antiarrhythmic medication, Flecainide			
	(medication used to tr	eat or prevent irregular			Acetate, to Resident #1 with no advers	е		
	heartbeats) due to be	ing on order from the			outcome.			
		ot checking the facility						
		nedication. There was the			*Resident #1 was at increased risk for			
	_	cterial regrowth, sepsis,			rehospitalization as result from the			
	resistance to antibiotic, heart arrhythmias, or				deficient practice; however, resulted in	no		
	return to hospital due	to the missed medications.			adverse outcomes.			
	Immediate jeopardy b	egan on 12/11/22 when			*All other residents prescribed an			
		ister Resident #1's antibiotic			intravenous (IV) antibiotic and			
	medication and antiar	rhythmic medication.			antiarrhythmic medications are also at	risk		
		vas removed on 01/20/23 emented an acceptable			from suffering from the deficient practic	e.		
	credible allegation of				Resident #1 was discharged home fror	n		
	removal. The facility r	emains out of compliance at			the facility on 12/22/22 with a written or	rder		
	a lower scope and se	verity of "E" no actual harm			for IV antibiotic, Cefazolin, with the stop	p l		
	with potential for more	e than minimal harm that is			date of 12/28/22.			
		dy to ensure monitoring						
	-	ıcation put into place are			On 01/18/23, an audit of all residents w	/ith		
	effective.				orders for IV medications ordered	ſ		
	.				between 12/11/2022 and 01/18/2023 w	as		
	Findings included:				conducted by the Director of Nursing	ſ		
	4 5 :1 (//4	1 20 14 0 6 22			(DON) with no unavailable IV medication			
		admitted to the facility on			or missed medications identified. An a	uait		
	Sunday 12/11/22 with				of all medications was completed on			
	bacteremia due to me	etnicillin susceptible is (an infection the blood			1/19/23 for all residents from 1/12/23 to 1/19/23 by DON, ADON, and MDS Nur			
		•			to identify other missed doses. All	5 C		
		s and death), chronic atrial			1	ſ		
	home on 12/22/2022.	es. Resident discharged			residents/responsible parties and the physician were notified of any identified	4		
	1101116 011 12/22/2022.				missed medications for further guidance			
	Review of bospital dia	scharge summary dated			and orders from the audit of 1/19/23.	-		
		sident #1was anticipated to			and orders norm the addition 1/19/23.	ſ		
	be discharged to facil				" Specify the action the entity will take	io		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		345270	B. WING			C 01/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	DE	0.120,2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE
F 760	Continued From page	e 36	F 76	60		
	staphylococcus aureu to positive blood cultu ordered medications	methicillin susceptible us (MSSA) bacteremia due ure for growth. Physician included an intravenous (IV) grams) every 8 hours with 222.		alter the process or system far prevent a serious adverse ou occurring or recurring, and whaction will be complete.	tcome from hen the	
	dated 12/10/22 revea Sodium-Dextrose So (GM)/100Milliliters (M			On 01/18/2023, the DON was Regional Clinical Director on for obtaining medications fror the utilization of the stat safe, of obtaining back up services pharmacy and the requirementhe physician of any medicaticannot be obtained through the	the process m pharmacy, the process from nt to notify on that	
	(MAR) for December "Cefazolin Sodiur GM/100ML-%. Use 1 hours (6AM, 2PM, 10 days starting 12/10/2 administered doses a on 12/12/22, 2PM on 10PM on 12/19/22, a being on order from pat facility.	ation Administration Record 2022 revealed the following: n-Dextrose Solution 2-4 00ML intravenously every 8 iPM) for bacteremia for 18 2. Resident #1 was not at 10 PM on 12/11/22, 6AM 12/12/22, 2PM on 12/19/22, and 6AM on 12/20/22 due to bharmacy and not available		or the backup services provided pharmacy. On 01/18/2023, the DON eduction of the pharmacy of the obtaining medications from putilization of the stat safe, the obtaining back up services from pharmacy and the requirement of the physician of any medication of the obtained through the pharmacy the obtained through the pharmacy and the requirement of the obtained through the pharmacy and the requirement of the obtained through the pharmacy and the requirement of the physician of the obtained through the pharmacy.	led by licated all ency nurses, e process for harmacy, the e process of om nt to notify on that he stat safe,	
	Physician on 01/23/2 was familiar with Reshim prior to his admis multiple medical issumethicillin-susceptible (bacterial infection in had ordered an IV an Resident #1's MSSA uninterrupted every 8 12/28/22 and administration prescribed was best prescribed was best prescribed.	es including bacteremia and e staph bacteremia or MSSA bloodstream). He stated he tibiotic as treatment for		or the backup services provided pharmacy. Licensed nurses and medicated newly hired including agency education prior to working the as part of their orientation. The designee is responsible to entire education occurs by obtaining attestation of education. The education consisted of the	tion aides will receive eir initial shift ne DON or asure g a signature	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION		E SURVEY IPLETED
			A. BUILDII	NG _			0
		345270	B. WING				C
NAME OF D	ROVIDER OR SUPPLIER	343270	5: 11::10		TREET ADDRESS, CITY, STATE, ZIP CODE	01	1/25/2023
NAME OF PI	ROVIDER OR SUPPLIER						
THE GREI	ENS AT SPRUCE PINE	S			18 LAUREL CREEK COURT		
					PRUCE PINE, NC 28777		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	Continued From pa	ge 37	F7	760			
	-	ge of ordered medications to			" Medications must be administered	d as	
		ions would be available for			ordered by the medical provider. Whe		
		pon admission. He stated if			medication is ordered the		
		able to ensure medications			nurse/medication aide is responsible t	0	
	-	upon admission, then the			medicate the resident as ordered.		
		the hospital prior to			" If the medication is not available t	o be	
	discharge so the re-	sident could remain at the			administered the nurse must notify the	}	
	hospital for another			medical provider and document the			
		ne following morning and then			providers response as well as an orde	r to	
		ccommodate facility being able			support the response.		
		ons from pharmacy in time for			" When all medications orders are		
		residents from missing			confirmed electronically, between the		
	multiple doses of th	eir ordered medications.			hours of 9am □ 5pm Monday through		
	Davieus ef educiacie				Friday, the pharmacy is electronically	ı	
		n nursing note written by			alerted, and medications are prepared and will arrive on the next scheduled	i	
		11/22 at 1:53 PM read in part: I via hospital van to the facility			pharmacy delivery to the facility. All		
		n. He was alert and oriented to			medication orders confirmed electroni	cally	
		, and event. Resident #1 had a			during the hours of 5pm 9am, and c	•	
		d central catheter (PICC),			weekends, holidays, or any other		
		arge central veins near the			scheduled closure, requires the individ	lual	
		eceive medications through			confirming the order electronically to co		
	the PICC line.	· · · · · · · · · · · · · · · · ·			pharmacy and speak with the on-call		
					pharmacist to initiate back up services	į	
	Review of admissio	n Minimum Data Set (MDS)			through the stat safe, an electronic		
	dated 12/18/22 reve	ealed Resident #1 was			emergency/stat dose medication cabir	net,	
	cognitively intact an	nd coded for intravenous			or other stat back up services. If		
	medications and red	ceiving antibiotics.			prescribed medication(s) cannot be		
					obtained by utilizing regular or back up)	
		d with Nurse #1 on 01/19/22 at			stat pharmacy services prior to the		
	_	she was familiar with			scheduled administration time of the		
		d been responsible for			medication, the physician must be not	itied	
		ission paperwork, confirming			for further guidance and orders.		
		ers and sending the orders			Director of Nursing as assistant director	or of	
	· ·	pharmacy on 12/11/22. Nurse			Director of Nursing or assistant director	N OT	
		aware Resident #1 did not edications including his IV			nursing will review medication	sk.	
		<u> </u>			administration audit report 5 X's a week	:K	
		upon admission and did not he following day. Nurse #1			for 4 weeks, 2X week for 4 weeks to ensure every resident received		
	i receive uletti uttill li	ne ronowing day. Nulse # I			Chaule every residelli leceived		1

Facility ID: 952989

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345270	B. WING_				C / 25/2023
	ROVIDER OR SUPPLIER ENS AT SPRUCE PINES			21	TREET ADDRESS, CITY, STATE, ZIP CODE 18 LAUREL CREEK COURT PRUCE PINE, NC 28777	1 01/	23/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	revealed residents not medications upon adrigations upon adrigations and day or two to receive pharmacy was an ongresidents admitted on pharmacy not delivering weekends. She states a resident was available as for them to use, ordered medications apharmacy. Review of nursing not 12/11/22 revealed Cesolution 2-4 GM/1001 intravenously every 8 Days. On order. Review of nursing not 12/12/22 revealed Cesolution 2-4 GM/1001 intravenously every 8 Days. On order. A telephone interview on 01/19/23 at 5:45 Pwith Resident #1 and upon his admission of day. She stated when 12/11/22 she was told worked the previous admission and his mesent to pharmacy and arriving until the follow have been on-going is and resident's not have medications upon adding or two to receive	treceiving their ordered mission and having to wait a their medications from going issue, especially for the weekends due to the ng medications on the d unless the medication for ole in the facility back-up residents would not receive until they arrived from the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ML hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18 the written by Nurse #2 dated fazolin Sodium-Dextrose ML-%. Use 100 ml hours for bacteremia for 18	F	760	medications as ordered and were free from significant med errors. Findings of this audit shall be presente QAPI committee and audits shall continuate the recommendation of the committee. The Director of Nursing is responsible the Plan of Correction. Corrective action was completed on 1-25-23	nue ee.	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		TE SURVEY
		345270	B. WING			C 01/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		7172372023
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 760	does have a back-up can be administered receive their medicates the could not recall it safe to see if there we include Resident #1's. A telephone interview on 01/19/23 at 6:41 F with Resident #1 and medications upon ad evening of 12/12/22 at work on 12/12/22 at work on 12/12/22 who had worked the was a new admission been sent to pharma arrival to the facility at o include his IV antitatrial fibrillation had be revealed this has been pharmacy not having available upon admission and having to wait a medications to arrive #3 stated when a resmedications she look had been ordered and she checked to see it available in the facilities he did not recall if she back-up safe to see it antibiotic were availated administered to Residence.	safe for medications that to residents until they ions from the pharmacy, but if she checked the back-up ere any medications to salvantibiotic. If conducted with Nurse #3 If many medications to salvantibiotic. If conducted with Nurse #3 If many medications has arrived she was told by Nurse #2 If previous shift, Resident #1 If and his medications had coy and were waiting for and none of his medications bootic and medication for one administered. She en an on-going issue with resident medications sistent medications day or two for resident to be administered. Nurse ident did not have their ted to see if the medications d sent to pharmacy and then if the medications to include IV ble that could have been dent #1. If we written by Nurse #1 dated efazolin Sodium-Dextrose	F 70	50		
		ML-%. Use 100 ml 3 hours for bacteremia for 18				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345270	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		01/25/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 760	o1/19/23 at 12:20 P with Resident #1 an administering his m 12/19/22 she was a medications and his She revealed she of told the IV antibiotic enroute to facility. Nongoing issue with pmedications on time for their medications her supervisors about she did not recall if back-up safe for the Review of nursing m 12/19/22 read in pa Solution 2-4 GM/10 intravenously every Days. Awaiting phant A telephone intervie on 01/23/23 at 11:05 familiar with Reside responsible for adm She stated she was evening of 12/19/22 Resident #1. She re Resident #1's eveni	cted with Nurse #1 on M revealed she was familiar d had been responsible for edications. She stated on dministering Resident #1 his is IV antibiotic was unavailable. contacted pharmacy and was thad been reordered and was lurse #1 stated this was an charmacy and not receiving and residents having to wait and she had spoken with but these issues. She revealed she checked the facility medications. Tote written by Nurse #4 dated of Cefazolin Sodium-Dextrose OML-%. Use 100 ml 8 hours for bacteremia for 18 of AM revealed she was of the facility on the contacted with Nurse #4 S AM revealed she was of the facility on the contacted she did not administer of dose of his IV antibiotic	F 76			
	medication was one not available at the aware. Nurse #4 sta Resident #1's morni 12/20/22 due to the	the daytime nurse the order from the pharmacy and facility and the MD had been ated she did not administer ing dose of his IV antibiotic on medication being on order the facility. She stated she				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345270	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		01/25/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 760	and would not have there were any back Resident #1 that co Nurse #4 revealed to issues with pharmar available for resider during their stay at the supervisors inclusion concerns and was to and nothing else was and nothing else was a resident #1 had been admitted from the hospital with to include methicilling aureus infection and IV antibiotic for treat every 8 hours for 18 speaking with Reside medications had no and he was concern he had to wait much medication administinated medication er An interview conduct (PA) on 01/18/23 at familiar with Reside was admitted to the and she was made Resident #1 his IV and when she check Resident #1's medicipharmacy and woul She revealed this his pharmacy and medicipon resident admission resident resident resident resident resident resident resi	been able to check and see if the components of the facility back-up safe able to check and see if the components of the facility and she had made and the facility and she facility on 12/11/22 the multiple medical diagnosis and susceptible staphylococcus and bacteremia with an ordered the facility on the facility on the facility and the facility on the facil	F 76	50		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	, ,	TE SURVEY MPLETED
		345270	B. WING _			C 1/25/2023
	ROVIDER OR SUPPLIER	es		STREET ADDRESS, CITY, STATE, ZIP CO 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	•	11/23/2023
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 760	pharmacy issues a issue. The PA reve of Resident #1's mi on 12/19/22 and 12 she could have invirceeiving the antibisee if there had be She stated Resider antibiotic could have sepsis, or to become She revealed Resider antibiotic ordered because of antibiotic ordered wand not any antibiotic ordered because of antibiotic ordered wand not any antibiotic ordered because of antibiotic ordered wand not any antibiotic ordered because of antibiotic ordered wand not any antibiotic ordered wand sent out to the AM. The Pharmacist on 01/2 pharmacy received electronically for Replacement of the AM. The Pharmacist of the AM. The Pharmacist of the AM. The Pharmacist is liverally antibiotic or pharmacy sent out supply. She stated automatic reorder a filled at 8:22 PM or facility between 9P revealed the facility doses of IV antibiotic Resident #1 and she his doses. She stated back-up safe in the and 1-gram bags of Resident #1. She madministered Resident intibiotics back-to-	ith the DON about the nd was told it was a pharmacy aled she was not made aware issed doses of his IV antibiotic 2/20/22 and had she been told estigated another way of otic and ordered a culture to en any new bacterial growth. In the stress of his IV we caused bacterial growth, he resistant to the antibiotic. It was specific to his treatment of the could have been used. The we conducted with the facility as specific to his treatment of the medication orders esident the medication orders esident the medication order was filled facility on 12/12/22 at 11:00 for revealed although Resident of the antibiotic in a 7-day the IV antibiotic was on and the next 7-day supply was in 12/19/22 and sent out to the M and 10PM. The Pharmacist of should have had enough the savailable on 12/19/22 for mould not have missed any of the IV medication ordered for everled the facility could have lent the 1-gram bags of IV back to make the 2 grams and the been missed. The	F7	760		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		345270	B. WING _			C 01/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	<u>'</u>	01/20/2020
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 760		esident #1's IV antibiotic had	F 7	60		
	time, the IV antibiotic					
	Director of Nursing (I PM revealed they we Resident #1 and had	not been made aware until				
	and during his stay d stated when a reside	I medications when admitted ue to pharmacy issues. They nt was going to be admitted				
	medications prior to a to send order for med resident was in the b	ceived a list of ordered admission but were not able dication to pharmacy until the uilding. They revealed they armacy delivery times on				
	weekends but throug orders and reorders I before 5:00 PM for Ia	h the week medication nad to be sent to pharmacy				
	have back-up contract the local pharmacies pharmacy would be r	cts with the hospital or any of . They revealed the esponsible for contacting				
	another local pharma medications and for r received their medica not aware of what me	naking sure resident ations. They stated they were				
	available in the facilit understand why the p nursing staff when th	y back-up safe and did not bharmacy did not inform ey called on 12/19/22 about				
	Resident #1 in the sa DON revealed nursin the back-up safe for i	otics being available for fe. The Administrator and g staff should always check medications that could have residents. They stated there				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		345270	B. WING _			C 01/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	'	01/20/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 760	Continued From page		F 7	60		
	medications not being	sues with pharmacy and g available upon admission red or sent to facility on time.				
	dated 12/16/22 revea admitted to the facility hospital with multiple bacteremia and meth staphylococcus aurei	us infection as the cause of sewhere and will continue IV				
	Director (MD) on 01/r he saw residents at the was familiar with Resonot been made award residents not receiving pharmacy not being a upon resident admiss at facility. He reveale Resident #1 missing of his a-fib medication had he been made at at prescribing similar to be administered unarrived. He stated Resordered as a treatment have been given as prescribing as prescribing similar to be administered unarrived. He stated Resordered as a treatment have been given as prescribing similar to be administered unarrived.	ag their medications and able to provide medications sion and or during their stay d he was not made aware of doses of his IV antibiotic or n while at the facility, and ware he could have looked medications for Resident #1 ntil ordered medications esident #1's IV antibiotic was nt for sepsis and should prescribed and by not doing d bacterial growth or for him				
	discharge summary of order for Flecainide A	an order for Resident #1 from dated 12/10/22 revealed acetate Tablet 100 milligram y mouth two times a day for).				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED	
		345270	B. WING			C 01/25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	<u> </u>	01/23/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 760	12/11/22 (Sunday) very sepsis due to methic staphylococcus auro and diabetes. Review of the admission.	witted to the facility on with diagnoses to include cillin susceptible eus, chronic atrial fibrillation, esion minimum data set 22 revealed Resident #1 was	F 76	60		
	Interview conducted 12:20 PM revealed 13:20 PM revealed 14:20 PM revealed 15:20 PM r	with Nurse #1 on 01/19/22 at she was familiar with d been responsible for ssion paperwork, confirming rs, and sending the orders pharmacy on 12/11/22. Nurse ware Resident #1 did not edications including his a-fib e upon admission and was not a the following day. Nurse #1 not receiving their ordered dmission and having to wait a se their medications from angoing issue, especially for on the weekends due to ering medications on the led unless the medication for able in the facility back-up, resident would not receive a until they arrived from				
	(MAR) for Decembe was to receive Fleca Give 1 tablet by mon 8PM) for atrial fibrilla administered sched	on administration record or 2022 revealed Resident #1 ainide Acetate Tablet 100 MG. outh two times a day (8AM, ation. Resident #1 was not culled doses at 8PM on 2/12/22, 8PM on 12/12/22,				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345270	B. WING _			C 01/25/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	01/25/2025	,
THE ODE	ENS AT SPRUCE PINES			218 LAUREL CREEK COURT			
THE GREE	ENS AT SPRUCE PINES			SPRUCE PINE, NC 28777			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE / CROSS-REFERENCED 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		i) ETION E
F 760	Continued From page	e 46	F 7	760			
	pharmacy and not average Review of nursing not 12/11/22 revealed Fle MG. Give 1 tablet by atrial fibrillation (A-fib) A telephone interview on 01/19/23 at 5:45 P	te written by Nurse #2 dated ecainide Acetate Tablet 100 mouth two times a day for					
	upon his admission o day. She stated when PM on 12/11/22 she was new admission and his been sent to pharmach not be arriving until the revealed there have to pharmacy and reside prescribed medication having to wait a day of medications and nurse these issues to superfacility does have a both that can be administed.	n 12/11/22 until the following in she arrived at work at 6:30 was told Resident #1 was a is medication orders had by and medications would be following day. She been on-going issues with ant's not having their ins upon admission and					
	stated she did not red back-up safe to see if to include Resident # fibrillation that could h Resident #1 until his in A telephone interview on 01/19/23 at 6:41 P with Resident #1 and available until the followshe arrived at work on Resident #1 was a ne medications had been	call if she checked the if there were any medications 1's medications for atrial have been administered to medications arrived. If conducted with Nurse #3 If medications arrived with nurse #3 If medications was familiar hot having his medications bowing day. She stated when in 12/12/22 she was told					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILD	NG _		(c
		345270	B. WING			01/	25/2023
	ROVIDER OR SUPPLIER ENS AT SPRUCE PINES	S		2	TREET ADDRESS, CITY, STATE, ZIP CODE 18 LAUREL CREEK COURT SPRUCE PINE, NC 28777		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	fibrillation had been contacted the pharm medications were e Resident #1 and his been an on-going is resident medication not being reordered two for resident medication was did not have their medication was back-up safe. She retheir medication was back-up safe. She retheir medications have been brown she revealed she we nursing staff who have been brown staff who have been brown was a staff who have been brown which was a staff who have been brown which was a staff who have been brown staff who have been br	administered. She stated she nacy who stated Resident #1's nroute and she informed wife. She revealed this has sue with pharmacy not having a available upon admission or and having to wait a day or dications to arrive to be a #3 stated when a resident hedications she would first look tions had been ordered and and then she checked to see if available in the facility evealed residents not having appens weekly and the issues aght to supervisors' attention. The adworked the previous day of medication being available on the facility due dication cart. Nurse #3 also been made aware Resident in had been available for his available at the facility due dication as ordered. She decall if she had checked the end 12/12/22 or 12/13/22 to a ratrial fibrillation was have been administered to the Resident #1 order for an a-fib 1/22 at 3:25 PM and the dand sent out to the facility	F	760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345270		1 ' '	1 ' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		B. WING _			C 01/25/2023		
NAME OF PROVIDER OR SUPPLIER THE GREENS AT SPRUCE PINES				STREET ADDRESS, CITY, STATE, ZIP COL 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		11/23/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 760	medication was avail evening dose on 12/2 on 12/13/22 and show due to pharmacy issue the facility. An interview conduct Director of Nursing (IDPM revealed they we Resident #1 and had today of the issues of medications for atrial stated nursing staffs safe to see if there we medications that could have a day at 1 was admitted to the having atrial fibrillation irregular heartbeat an antiarrhythmic medication (a-fib) show prescribed and when caused the heart to get the same and the s	ted Resident #1's a-fib able at the facility for his 12/22 and his morning dose ald not have been missed les or not being available at ed with Administrator and 20N) on 01/18/23 at 5:56 re both familiar with not been made aware until f him not being administered fibrillation (a-fib). They hould checked the back-up as a back-up supply of the day been administered. The facility with diagnosis of an (a-fib) which can cause an ation to be administered two revealed medication for atrial ald have been given as not given could have et out of rhythm which could	F 7				
	Director (MD) on 01/2 Resident #1 a-fib me administered as pres could had resulted in A telephone interview Physician on 01/23/2 was familiar with Res him prior to his admis multiple medical issu	v conducted with Medical 19/23 at 3:02 PM revealed dications should had been cribed and missing doses irregular heartbeats. v conducted with Hospital 3 at 3:22 PM revealed he ident #1 and had treated					

CENTER	3 FOR MEDICARE &	MEDICAID SERVICES				OIVID IVC	7. 0930 - 0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			B 14//NO			1	C
		345270	B. WING			01/	25/2023
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
THE COE	NO AT ODDUCE DINES			218	8 LAUREL CREEK COURT		
THE GREE	ENS AT SPRUCE PINES			SF	PRUCE PINE, NC 28777		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD I		COMPLETION DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DAIL
F 760	Continued From page	e 49	F	760			
		r heartbeat. He stated he					
	had ordered antiarrhy						
		ministered twice daily to					
		at at a normal rhythm and					
	_	edication as prescribed was					
		ealed Resident #1 missing					
		medication was a potential resident being different in					
	how they respond to						
	medication. The Hos						
	resident responds to						
	residents might be ab						
	medication and have						
	residents may miss o						
	_	a-fib and they would have					
		spital and there is no way of					
		sident would respond. He					
	revealed the hospital	informs the facility prior to					
	, ,	ered medications to ensure					
		d be available for resident at					
	, ,	on. He stated if the facility					
		re medications would be					
	•	sion, then the facility would					
		ior to discharge so the					
		n at the hospital for another					
		ordered medication doses					
		and then be discharged to being able to receive					
		armacy in time for next dose					
		om missing multiple doses					
	of their ordered medi	- · · · · · · · · · · · · · · · · · · ·					
	01/19/23 at 10:10 AM	ed of immediate jeopardy on 1.					
	The facility provided tremoval.	the following plan for IJ					
	o Identify those recipi	ients who have suffered, or					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345270	B. WING				C 25/2023
NAME OF PROVIDER OR SUPPLIER THE GREENS AT SPRUCE PINES			•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 18 LAUREL CREEK COURT SPRUCE PINE, NC 28777	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	a result of the noncor Resident #1 was adm 2022, with a primary or respiratory failure afte Bleed, Bacteremia, an On December 11, 12, to administer six dose (IV)antibiotic, Cefazol antiarrhythmic medical Resident #1 with advo *Resident #1 was at ir rehospitalization as re practice; however, resoutcomes. *All other residents production and antiarrh at risk from suffering antibiotic and antiarrh at risk from suffering antibiotic, Cefazolin, value and the playsician we Resident #1 was disc facility on 12/22/22 we antibiotic, Cefazolin, value and 01/18/23, an audifor IV medications or and 01/18/203 was and 01/18/203 was and 01/18/203 was and 01/18/203 for all resider by DON, ADON, and missed doses. All resident we and the physician we	serious adverse outcome as inpliance nitted on December 11, diagnosis of chronic er a hospitalization for Gl and atrial fibrillation. 19 & 20, 2022, facility failed es of ordered intravenous lin, and four doses of and ation, Flecainide Acetate, to erse outcome. Increased risk for esult from the deficient sulted in no adverse rescribed an intravenous (IV) sythmic medications are also from the deficient practice. The property of the sultenance of the sulte	F	760			

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345270	B. WING		C 01/25/2023	
NAME OF PROVIDER OR SUPPLIER THE GREENS AT SPRUCE PINES				STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	1 01/20/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
F 760	process or system fa	of 1/19/23. he entity will take to alter the ilure to prevent a serious m occurring or recurring, and	F 760			
	obtaining medications utilization of the states obtaining back up set the requirement to no medication that cann	ector on the process for s from pharmacy, the				
	nurses, including age phone on the process from pharmacy, the u process of obtaining pharmacy and the re- physician of any med	OON educated all licensed ency nurses, in person or via so for obtaining medications utilization of the stat safe, the back up services from quirement to notify the lication that cannot be stat safe, or the backup pharmacy.				
	hired including agend to working their initial	occurs by obtaining a				
		sted of the following: st be administered as ordered ler. When a medication is				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULI IDENTIFICATION NUMBER: A. BUILD		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345270	B. WING _			C 01/25/2023	
NAME OF PROVIDER OR SUPPLIER THE GREENS AT SPRUCE PINES				STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 760	to medicate the resid " If the medication administered the nur provider and docume well as an order to su " When all medical electronically, betwee Monday through Frid electronically alerted prepared and will arr pharmacy delivery to orders confirmed ele of 5pm - 9am, and or other scheduled clos confirming the order pharmacy and speak to initiate back up se an electronic emerge cabinet, or other stat prescribed medication utilizing regular or baservices prior to the stime of the medication notified for further guard. Alleged IJ removal definition of the facility immediate jeopardy in the statement of the medication	edication aide is responsible lent as ordered. It is not available to be see must notify the medical ent the providers response as apport the response. In it is not available to be see must notify the medical ent the providers response as apport the response. It is not available to be see must notify the medical ent the providers are confirmed ent the hours of 9am - 5pm ay, the pharmacy is and medications are ive on the next scheduled the facility. All medication ctronically during the hours in weekends, holidays, or any ure, requires the individual electronically to call with the on-call pharmacist revices through the stat safe, ency/stat dose medication back up services. If in(s) cannot be obtained by it is cannot be obtained by it is cheduled administration in, the physician must be idance and orders. Attention available to be seemed and in the physician must be idance and orders. The provider is not available to be a must be idance and orders. The provider is not available to be a must be idance and orders.	F 7	60			
	medication administr through pharmacy, a or in-house provider available. Facility sta locked medication ro	ation, obtaining medicine nd how to notify the on call					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345270	B. WING			C
NAME OF PROVIDER OR SUPPLIER THE GREENS AT SPRUCE PINES			B. Wille	STREET ADDRESS, CITY, STATE, ZIP C 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	CODE	01/25/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 760	enter for access to re for residents and staf resident medication v medication cart they and if not there then other option for recei- physicians of missing	receive back-up medications if interviews revealed if was not available on were to utilize stat safe first to contact pharmacy about ving medication and to notify medication. Audits were ts who had received IV ed medication for all	F	760		