DEPART	MENT OF HEALTH AN	D HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>). 0938-0391</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>`</i>			COM	E SURVEY PLETED
		345026	B. WING				C /04/2023
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 10	04/2023
ROYAL PA	ARK REHAB & HEALTH (	TR OF MATTHEWS		270	0 ROYAL COMMONS LANE		
				MA	TTHEWS, NC 28105		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 0	00			
		tion survey was conducted n 10/04/23. Event ID#					
	The following intakes NC00201474, NC002 NC00207227. Three allegations resulted ir	03604, NC00205139, and of the 10 complaint					
F 755 SS=D	Pharmacy Srvcs/Proc	edures/Pharmacist/Records	F 7	55			10/11/23
	drugs and biologicals them under an agree §483.70(g). The facil personnel to administ	ide routine and emergency to its residents, or obtain nent described in ity may permit unlicensed					
	pharmaceutical servic that assure the accur dispensing, and admi	es. A facility must provide ces (including procedures ate acquiring, receiving, nistering of all drugs and ne needs of each resident.					
		onsultation. The facility n the services of a licensed					
	§483.45(b)(1) Provide aspects of the provisi the facility.	es consultation on all on of pharmacy services in					
		shes a system of records of n of all controlled drugs in ble an accurate					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURI	E		TITLE		(X6) DATE
Electroni	cally Signed						10/23/2023

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.

CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES				OMB NC	APPROVE 0. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE SURVEY COMPLETED	
		345026	B. WING			C 10/04/2023	
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ROYAL PA	ARK REHAB & HEALTH	CTR OF MATTHEWS			00 ROYAL COMMONS LANE ATTHEWS, NC 28105		
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 755	Continued From page reconciliation; and	e 1	F	755			
	order and that an acc is maintained and per This REQUIREMENT by: Based on record rev interview, Pharmacy Practitioner, and Phy failed to acquire and resident as ordered b failed reorder and ad medication for 1 of 3 pharmaceutical servic failure resulted in Res dose of an oral anti-d consecutive days. The findings included	is not met as evidenced iew and staff, resident Technician, Nurse sician interviews, the facility provide medication to a by the Physician when staff minister an oral anti-diabetic residents reviewed for ces (Resident #5). This sident #5 missing a daily iabetic medication for 6			The statements made on this plan of correction are not an admission to an not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or wit take the actions set forth in this plan of correction. The plan of correction constitutes the facility alleged deficiencies cited have been or will be corrected by the dates indicated.	ili of	
	with diagnoses that ir An annual Minimum I	hitted to the facility on 2/1/21 Included diabetes, Data Set dated 7/2/23 for I she was cognitively intact			PharmacySvcs/Procedures/Pharmaci ecords Corrective action for resident(s) affec by the alleged deficient practice:		
	with no behaviors or Physician's orders for Glimepiride Tablet 4 r tablet by mouth one t Take with a meal, init The electronic Medic (eMAR) for Resident Glimepiride 4mg was 10th, 11th, 12th, 13th, 1 through the 14th the a	rejection of care. r Resident #5 revealed milligrams (mg). Give 1 ime a day for diabetes.			On 10/3/2023 the Director of Nursing assessed resident # 5, those findings were no harm noted to resident #5. Medication error completed for misse does on 6/10/2023, 6/11/2023, 6/12/2 6/13/2023, 6/14/2023, and 6/15/2023 Additionally, the MD was notified of medication error and that medication on hand and resident had not missed additional dosed. On 10/3/23, the Dire of Nursing verbally reeducated nurses medication aides related to utilizing	d 023, was any ector	

Facility ID: 923542

If continuation sheet Page 2 of 13

					1	
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	· · ·	DATE SURVEY
		345026	B. WING			С
		545026		STREET ADDRESS, CITY, STATE, ZIP COE		10/04/2023
NAME OF PF	ROVIDER OR SUPPLIER					
ROYAL PA	RK REHAB & HEALTH (	CTR OF MATTHEWS		2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIC DATE
		_				
F 755	Continued From page		F 75			
		ninistration was coded as		emergency medication backu		
	#5, #5 chart code rea	d hold/see nurse notes.		any medication unavailable o		
	Review of an eMAR r	medication administration		cart prior to documenting me unavailable and notifying the		
		s Glimepiride dated 6/10/23		director	medical	
		mented by Nurse #6, the				
		reason for the missed dose.		Corrective action for resident	s with the	
				potential to be affected by the	e deficient	
		on multiple unsuccessful		practice:		
	attempts were made t	to contact Nurse #6.		All resident receiving medica		
		medication administration		potential to be affected. On 1		
		s Glimepiride dated 6/11/23		the Director of Nursing audite resident medication administ		
		mented by Nurse #5 and		records to identify any medic		
	read: medication not	-		documented as not administe		
				medication unavailable. The	results of the	
	-	n 10/3/23 at 4:58 PM Nurse		audit were no medication not	ed not	
		ed for an agency and had		administered due to medicati		
		cility one time. She recalled		unavailable. Additionally, the		
	caring for Resident #	ent #5 was not in the cart.		audited the emergency medic		
		ent #5 was not in the cart. (ed the entire cart but could		backup system to ensure me stock. Any medication with lo		
	not find the medicatio			not available was replenished		
		on or notifying the provider.				
	U U			Measures /Systemic changes	s to prevent	
		medication administration		re-occurrence of alleged defi	cient	
		s Glimepiride dated 6/12/23		practice:		
		umented by Nurse #4 and			f Nie was in	
	read: awaiting deliver	у.		On 10/9/2023 the Director o began educating all full time,	-	
	During an interview of	n 10/3/23 at 4:14 PM Nurse		and PRN (as needed) license		
		ed for an agency and had		and medication aides, and ag		
		Resident #5 once or twice.		the following topics: Medicat		
	She did not recall a sl	hift when Resident #5		Omission/Medication Error P	revention to	
		de. She further stated she		assure that medications are p		
	would document "awa			residents per medical order a		
		dy been ordered and she		take if a medication error occ		
	was waiting for it to be	e aenverea.		medication is unavailable. The Nursing will ensure any regis		

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If continuation sheet Page 3 of 13

	FOR	PRINTED: 11/07/2023 FORM APPROVED OMB NO. 0938-0391				
TATEMENT C	S FOR MEDICARE & OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE	D. 0938-03 SURVEY PLETED
		345026	B. WING			C / <b>04/2023</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				2700 ROYAL COMMONS LANE		
ROYAL PA	RK REHAB & HEALTH	CTR OF MATTHEWS		MATTHEWS, NC 28105		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 755	Continued From pag	e 3	F 75	5		
1755	1.0	e o medication administration	F / 5	licensed practical nurse, or med	lication	
		s Glimepiride dated 6/13/23		aide who has not completed tra		
		imented by Unit Manager		10/10/2023 will not be allowed t		
	(UM) #1 and read: ca			until training is completed. In ad		
				this, The Director of Nursing wil		
		/23 at 2:16 PM with UM #1		that any newly hired/agency nu		
		on the cart for the hall		medication aide who has not co		
		esided on a shift in June		education by 10/10/2023 will red	ceive	
		Il out. She further revealed bice her concerns. She		education on Medication Omission/Medication Error Prev	vention	
	recalled that Resider			related to Plan of Correction du		
		limepiride on the cart.		orientation and any agency	inig	
	-	she had not received the		nurse/medication aide utilized b	v the	
	medication for a cou	ple of days, and she had		facility will receive education on		
	asked the other nurs	es about it. Resident #5 told		Medication Omission/Medication	n Error	
		by another nurse that the		Prevention related to Plan of Co	orrection	
		ady ordered. UM #1 revealed		prior to working their shift.		
		er carts and could not find				
		hen called the pharmacy.		Monitoring Procedure to ensure		
		pharmacy; they did not see		plan of correction is effective an		
		n had been ordered. UM #1 ed the medication, but it was		specific deficiency cited remains and/or in compliance with regula		
	•	shift. Pharmacy deliveries		requirements:	atory	
		ig shift. She stated she		Beginning the week of 10/16/20	23, The	
		Director of Nursing (DON)		Director of Nursing or designee		
	and the Nurse Practi	,		monitor Compliance with the reg		
				requirements utilizing F-755 QA		
		medication administration		monitoring Medication Availabili		
		s Glimepiride dated 6/14/23		Monitoring will include reviewing	•	
		Imented by Medication Aide		observing medications on cart to		
	(MA) #1, the note did missed dose.	I not record a reason for the		meds are available to be admin ordered. The audit is be comple		
	1113364 4036.			weekly for 4 weeks, then month		
	During the investigat	ion multiple unsuccessful		months. The findings will be re		
	attempts were made	-		the weekly Quality assurance (		
				meeting. The weekly QA Meetin		
	Review of an eMAR	medication administration		attended by the Administrator, [		
		s Glimepiride dated 6/15/23		Nursing, Nurse Managers, Wou	ind Nurse,	
	at 11:45 AM was doo	umented by Nurse #7 and		MDS Coordinator, Therapy Mar	nager,	

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		MEDICAID SERVICES				O. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION	· · ·	E SURVEY PLETED
					с	
		345026	B. WING		10	/04/2023
NAME OF PI	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE		
ROYAL PA	RK REHAB & HEALTH	CTR OF MATTHEWS		2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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 755	Continued From page 4		F 755			
	read: medication on o	order.		Health Information Manager, ar Dietary Manager.	nd the	
	During the investigati attempts were made	on multiple unsuccessful to contact Nurse #7.		Date of Compliance: 10/11/202	3	
	2023 she missed her Glimepiride. She sta regular nurse was ou emergency and the n cart were either agen worked on other halls familiar with her med looked like. She thou the Glimepiride was r She mentioned it to th her there were none recall the name of the was from an agency. she ordered the med stated she mentioned brought her medication she mentioned the m told they could not fin for pharmacy to send revealed UM #2 told medication, and it wa that night. She stated not think staff checked because she did not that day either. The fin her Glimepiride.	some time back in June of diabetic medication called ted during that time her t on leave related to a family urses that were working the cy or nurses that usually a. She explained she was ications and knew what they ught the first day she noticed missing was a Saturday. The nurse and the nurse told left. Resident #5 did not e nurse, she thought she The nurse did not tell her if fication or not. Resident #5 d this to each nurse that ons for the 6 days. When issing medication, she was d it, or she they were waiting the medication. She her she had ordered the s supposed to be delivered d the following day she did d the pharmacy delivery receive her medication on following day she received				

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-		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 11/07/2023 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	ES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345026	B. WING				( 10/	04/2023
NAME OF PROVIDER OR S	UPPLIER		•	S	TREET ADDRESS, CITY, STA	TE, ZIP CODE		
ROYAL PARK REHAB	& HEALTH (	CTR OF MATTHEWS			700 ROYAL COMMONS LAI IATTHEWS, NC 28105	NE		
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
staff should carts, call t use their b provider. During an i Certified P Pharmacy was an orc Glimepiride medication 6/14/23. S of who entr An intervie PM with th stated one facility a nu her Glimepi the resider doses whe the medica resident we learned the receiving th staff canno- if a resider should not During an former Med recall Resi and she co or not. Shi Glimepiride continuous glucose lev	as missing d look throu- the pharma ack up pha ack up pha ack up pha interview o harmacy Te that service ler entered e 4mg for Fe was delive the stated s ered the or w was con- e Nurse Pr day in Jun- urse told he biride. She thad alrea in she was ation had be ould receive e resident h he medicat of thissed a ify her as s interview o dical Direct dent #5 no ould not say e stated a s elevated g vels could p	a medication in the cart, ugh the cart and in other icy to order the medication, irmacy if needed and call the n 10/3/23 at 5:09 PM the echnician from the ed the facility revealed there into the system for Resident #5 on 6/13/23. The ered to the facility on she could not see the details	F	755				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						PRINTED: 11/07/202 FORM APPROVE OMB NO. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED	
		345026	B. WING			/ <b>04/2023</b>	
NAME OF PF	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE			
ROYAL PA	RK REHAB & HEALTH	CTR OF MATTHEWS	2	700 ROYAL COMMONS LANE			
			N	ATTHEWS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 755	Continued From page	e 6	F 755				
	· ·	of diabetes that occurs					
	-	ose is elevated for long					
	•	ing to dehydration and her stated she expected staff					
		rom the pharmacy, use the					
	backup pharmacy if r						
		itions as they are ordered					
	and notify her if they	were unable to do so.					
	During an interview o	on 10/4/23 at 12:30 PM the					
	DON revealed she wa	as not aware of a time when					
	Resident #5 ran out o						
		not recall anyone reporting I further revealed when the					
		redications from the card					
	appropriately there w	ill be a blue strip on the card					
	as a reminder to reor						
		is not in the cart the nurses					
		tire cart is checked, they ner carts. If the medication					
	was not found, they s						
		Pharmacy. They should					
		edication could be pulled					
		medication dispensing cation could not be pulled					
		ey were waiting for the					
		vered the staff should utilize					
		y. The DON further stated					
	staff should always n Resident missed a m	otify the provider if the					
F 760		f Significant Med Errors	F 760			10/11/23	
SS=E	CFR(s): 483.45(f)(2)						
	The facility must ensu						
	9483.45(T)(Z) Reside	nts are free of any significant				1	
		, ,					
	medication errors.	Γ is not met as evidenced					

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11/07/202 FORM APPROVE OMB NO. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		345026	B. WING		10/04/2023
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	·
ROYAL PA	RK REHAB & HEALTH (	CTR OF MATTHEWS		2700 ROYAL COMMONS LANE MATTHEWS, NC 28105	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
F 760	Nurse Practitioner, ar facility failed to ensure significant medication administer an oral and of 3 residents reviewe errors (Resident #5). Resident #5 missing a anti-diabetic medication The findings included Resident #5 was adm with diagnoses that in An annual Minimum E Resident #5 revealed with no behaviors or r A care plan for Reside revealed the resident diabetes with risk for interventions included ordered by doctor. Re episodes to the MD a nurse any of the follow hyperglycemia: increas frequent urination, we poor wound healing, r pain, acetone breath coma.	ew and staff, resident, ad Physician interviews, the e a resident was free from a a error when staff failed to ti-diabetic medication for 1 ed for significant medication This failure resulted in a daily dose of an oral on for 6 consecutive days. : hitted to the facility on 2/1/21 acluded diabetes. Data Set dated 7/2/23 for she was cognitively intact rejection of care. ent #5 revised on 7/16/23 was care planned for	F 7	<ul> <li>The statements made on correction are not an administer not constitute an agreeme alleged deficiencies. To recompliance with all federal regulations the facility has take the actions set forth in correction. The plan of correctives the facility's all compliance such that all a deficiencies cited have bee corrected by the dates ind</li> <li>F760- Residents Are Free Med Errors</li> <li>Corrective action for reside by the alleged deficient prational of the section of the sect</li></ul>	ssion to and do nt with the main in I and state taken or will n this plan of rection egation of lleged en or will be icated. of Significant ent(s) affected actice: r of Nursing se findings ident #5. d for missed 023, 6/12/2023, 16/15/2023. notified of medication was not missed any '23, the Director ated nurses and o utilizing ckup system for e on medication
	tablet by mouth once with a meal, initiated	nilligrams (mg). Give 1 a day for diabetes. Take on 1/5/23. gar three times a day (TID).		Cart prior to documenting r unavailable and notifying t director. Corrective action for reside potential to be affected by	he medical ents with the

Facility ID: 923542

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						NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	· · · ·	DATE SURVEY
						С
		345026	B. WING			10/04/2023
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP C	ODE	
ROYAL PA	RK REHAB & HEALTH	CTR OF MATTHEWS		2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 760	Continued From page	e 8	F 76	50		
	<ul> <li>F 760 Continued From page 8 Call the Nurse Practitioner if the blood sugar is greater than 300 or less than 120, initiated on 12/14/22.</li> <li>Resident #5's blood glucose readings from 6/3/23 through 6/9/23 ranged from 123-309.</li> <li>The electronic Medication Administration Record (eMAR) for Resident #5 revealed a medication Glimepiride 4mg was not administered on June 10th, 11th, 12th, 13th, 14th or 15th. On June 10th through the14th the administration was coded as #9. #9 chart code read, other/see nurse notes. On June 15th the administration was coded as #5. #5 chart code read hold/see nurse notes.</li> </ul>			practice: All resident receiving medic potential to be affected by t deficient practice. On 10/10 Director of Nursing audited resident medication admini records to identify any med documented as not adminis medication unavailable. Th audit were no medication n administered due to medica unavailable. Additionally, th audited the emergency me backup system to ensure m in stock. Any medication wi not available was replenish Measures /Systemic chang	the alleged D/2023, the 100% of stration lications stered due to e results of the oted not ation he pharmacy dication hedications are ith low stock or led.	
	Resident #5's Glimep	iride dated 6/10/23 at 2:24 by Nurse #6, the note did		re-occurrence of alleged de practice: On 10/9/2023 the Director of	eficient	
	revealed blood glucos 179 on that day.	glucose readings for 6/10/23 se levels of 155, 221, and on multiple unsuccessful		began educating all full time and PRN (as needed) licen and medication aides, and the following topics: Medic Omission/Medication Error	e, part time, used nurses agency staff on ation	
	attempts were made	to contact Nurse #6.		assure that medications are residents per medical order	e provided to r and steps to	
	Resident #5's Glimep	administration note for piride dated 6/11/23 at 1:16 by Nurse #5 and read: ble.		take if a medication error of medication is unavailable. Nursing will ensure any reg licensed practical nurse, or aide who has not complete	The Director of stered nurse, medication	
		glucose readings for 6/11/23 se levels of 152 and 189 on		10/10/2023 will not be allow until training is completed. this, The Director of Nursin that any newly hired/agenc	In addition to g will ensure	
	During an interview o	n 10/3/23 at 4:58 PM Nurse		medication aide who has n		

Facility ID: 923542

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			()(0) <b>1</b> ··· · <del>-</del> ·-			NO. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	ATE SURVEY OMPLETED
			A. BUILDING	3		С
		345026	B. WING			10/04/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		. 5, 0-1, 2023
				2700 ROYAL COMMONS LANE		
ROYAL PA	ARK REHAB & HEALTH	CTR OF MATTHEWS		MATTHEWS, NC 28105		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETION DATE
F 760	Continued From page	e 9	F 76	50		
	#5 revealed she work	ked for an agency and had		education by 10/10/2023	will receive	
		cility one time. She recalled		education on Medication		
	caring for Resident #			Omission/Medication Erro	or Prevention	
		ent #5 was not in the cart.		related to Plan of Correcti	ion during	
	She stated she check	ked the entire cart but could		orientation and any agend		
		on. She did not recall		nurse/medication aide util		
	ordering the medicati	ion or notifying the provider.		facility will receive educat		
				Medication Omission/Med		
		administration note for		Prevention related to Plar		
	-	biride dated 6/12/23 at 11:44		prior to working their shift		
		l by Nurse #4 and read:				
	awaiting delivery.			Monitoring Procedure to e		
				plan of correction is effect		
		glucose readings for 6/12/23		specific deficiency cited re		
	-	se levels of 173, 292, and		and/or in compliance with	regulatory	
	211 on that day.			requirements:	146/2022 The	
	During on interview of	n 10/2/22 at 4:14 DM Nursa		Beginning the week of 10		
		on 10/3/23 at 4:14 PM Nurse		Director of Nursing or des monitor Compliance with		
		ked for an agency and had Resident #5 once or twice.		requirements utilizing F-7	• •	
		shift when Resident #5		monitoring Missed Medica		
	missed her Glimepirio			Monitoring will include rev		
				observing medications on		
	An eMAR medication	administration note for		meds are available to be		
		biride dated 6/13/23 at 4:26		ordered. The audit is be c		
	-	by Unit Manager (UM) #1		weekly for 4 weeks, then		
	and read: call pharma			months. The findings will		
		-		the weekly Quality assurate	•	
	Resident #5's blood g	glucose readings for 6/13/23		meeting. The weekly QA	· · ·	
	revealed a blood glud	cose levels of 221, 359, and		attended by the Administr		
	191 on that day.			Nursing, Nurse Managers MDS Coordinator, Therap		
	An interview on 10/3/	/23 at 2:16 PM with UM #1		Health Information Manag		
		on the cart for the hall		Dietary Manager.	Joi, and the	
		esided on a shift in June				
		Il out. She further revealed		Date of Compliance: 10/1	1/2023	
		lice her concerns. She			., 2020	
	recalled that Residen					
		limepiride on the cart.				

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	FORM	M APPROVED 0. 0938-0391						
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE		
		345026	B. WING _				C / <b>04/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
ROYAL P	ARK REHAB & HEALTH (	CTR OF MATTHEWS		2700 ROYAL COMMONS LANE MATTHEWS, NC 28105				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 760	Resident #5 told her s medication for a coup asked the other nurse UM #1 she was told b medication was alrea An eMAR medication Resident #5's Glimep AM was documented the note did not recor dose. Resident #5's blood g revealed blood glucos 192 on that day. During the investigati attempts were made An eMAR medication Resident #5's Glimep AM was documented medication on order. Resident #5's blood g revealed blood glucos 149 on that day. During the investigati attempts were made During an interview o Resident #5 revealed 2023 she missed her Glimepiride. She stat regular nurse was our emergency and the n cart were either agen	she had not received the ble of days, and she had es about it. Resident #5 told by another nurse that the dy ordered. administration note for iride dated 6/14/23 at 9:47 by Medication Aide (MA) #1, d a reason for the missed glucose readings for 6/14/23 se levels of 126, 248, and on multiple unsuccessful to contact MA #1. administration note for iride dated 6/15/23 at 11:45 by Nurse #7 and read: glucose readings for 6/15/23 se levels of 193, 206, and on multiple unsuccessful	F	760				

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	-	D HUMAN SERVICES MEDICAID SERVICES			F	ITED: 11/07/2023 ORM APPROVED NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		(X3) [	DATE SURVEY OMPLETED
		345026	B. WING			C 10/04/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	E, ZIP CODE	
ROYAL PA	ARK REHAB & HEALTH C	CTR OF MATTHEWS		2700 ROYAL COMMONS LANI MATTHEWS, NC 28105	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 760	they looked like. She noticed the Glimepiric Saturday. She mention nurse told her there we Resident #5 stated she Glimepiride to each ne medications for the 6 during the days she ne did not feel sick. She was not receiving her any of the carbohydra did not want her blood elevated. An interview was come PM with the Nurse President had alreat when she was notified medication had been would receive her new the resident had alreat when she was notified medication had been would receive her new the resident had miss receiving the medicat #5 had any adverse et doses of Glimepiride. cannot obtain a medic resident missed a me notify her as soon as During an interview of former Medical Direct recall Resident #5 not and she could not say or not. She stated alt experience any adver	medications and knew what thought the first day she le was missing was a oned it to the nurse and the vas none left on the cart. The mentioned her missing urse that brought her days. Resident #5 revealed nissed her Glimepiride she further revealed when she Glimepiride she did not eat thes on her meal trays. She d sugars to become very ducted on 10/4/23 at 1:30 actitioner (NP). The NP e when she was in the er Resident #5 was out of further stated she thought day missed 2 or three doses d. Staff assured her the ordered and the resident at dose. She later learned ed six doses before ion. She did feel Resident offects from her missed The NP indicated if staff cation for a resident or if a dication dose, they should	F 76			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 11/07/2023 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345026	345026 B. WING				C 10/04/2023	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE			
ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS				2700 ROYAL COMMONS LANE MATTHEWS, NC 28105				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		SHOULD BE COMPLETION		
F 760	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 760				t Page 13 of 13	