DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				D. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	i		PLETED
		346996	B. WING			С
	ROVIDER OR SUPPLIER	34G006	D. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	04/	/21/2023
NAME OF Pr	ROVIDER OR SUPPLIER			5840 GREENWOOD AVENUE		
BEAR CRI	EEK			LA GRANGE, NC 28551		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETION DATE
				DEFICIENCY)		
W 000	INITIAL COMMENTS		W 00	0		
	A complaint survey w intakes #NC0020018	vas completed on 4/21/23 for 5, #NC00200251 and				
	#NC00200176. The osubstantiated. Deficie					
W 141	W 141 CLIENT FINANCES CFR(s): 483.420(b)(1)(ii) The facility must establish and maintain a system that precludes any commingling of client funds		W 14	1		
	other than another cli	vith the funds of any person ent. not met as evidenced by:				
	facility failed to preve	iew and interviews, the nt commingling of personal				
	funds with clients acc audit clients (#7 and #	ounts. This affected 2 of 14 #9). The finding is:				
		the Resident Statement ed on 2/22/23 for client #9				
	for personal expenses	wo withdrawals were made s which totaled \$1,125.77.				
	name of client #7 han					
	and \$144.10 on 5/10/	881.83 on 5/2/22, \$93.94 /22. An additional review on rly RSL for client #9 ranging				
	from 1/4/23 to 4/3/23	revealed there was no returned to his account.				
	revealed last year the	with the guardian of client #9 facility accidentally took				
	•	's account and paid 7. The guardian revealed about it in June 2022, she				
	requested a refund th					
		ent #9 had not received the				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 04/27/2023

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/27/2023 M APPROVED O. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		34G006	B. WING				C / 21/2023
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BEAR CR	EEK				5840 GREENWOOD AVENUE		
					LA GRANGE, NC 28551		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 141	Continued From page requested refund yet.	9 1	w	141	1		
W 318	Interview on 4/20/23 of discovered the facility #7's purchases with of 2022. The QIDP reve guardian, she reques business office mana- had not yet approved Interview on 4/20/23 of received receipts last reimburse money spe- client #9. The BOM re- name on the invoice of paid for client #7's ite actions until the QIDF when she reviewed the withdrawal. The BOM 4/2/23 when she requered with the accounts rec- told they did not hand The BOM revealed she refund approved. Interview on 4/21/23 of Operations Eastern F he was unaware of the issue until today. The look into it and would be transferred from cli- reimburse client #9 for HEALTH CARE SERV CFR(s): 483.460	ger (BOM) but the facility refunding the account. with the BOM revealed she year from the QIDP to ent for online purchases for evealed she mistook the for client #9 and accidentally ms but was not aware of her p spoke to her on 2/22/23 he RSL and noticed the extra had emails, starting with lested a refund for client #9 eivable department but was le refunds for petty cash. he was still trying to get the with the Director of tegion (DOER) revealed that e resident funds account DOER revealed he would authorize for the money to ient #7's account to r the accidental withdrawal. //ICES	W	318	3		

Facility ID: 922017

If continuation sheet Page 2 of 17

		ND HUMAN SERVICES MEDICAID SERVICES				F	NTED: 04/27/202 ORM APPROVE NO. 0938-039	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		STRUCTION	(X3)	DATE SURVEY COMPLETED	
		34G006	B. WING			C 04/21/2023		
NAME OF PI	ROVIDER OR SUPPLIER	·	STREET ADDRESS, CITY, STATE, ZIP					
				5840 GF	REENWOOD AVENUE			
BEAR CR	ER			LA GR	ANGE, NC 28551			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 318	Continued From page	e 2	W 3	18				
W 331	The facility failed to: regarding the adminis (W331), failed to ens medications refilled a medications were adminis (W375). The cumulative effect practices resulted in fast statutorily mandated NURSING SERVICE CFR(s): 483.460(c) The facility must proviservices in accordance This STANDARD is a Based on record revisacion facility failed to: provisaccordance with the clients (#1, #2, #3, #4 and #14. The findings A. Review of medication 2/12/23-4/17/23 reveat which included: 1. Client #4: (2/12/23 morning medication in medications. Gave La "Staff not paying clos 2. Client #4: (2/14/23 tablet 25 mg.) 2 dose 3. Client #10 : (2/21/2	te recording was available ts of these systemic the facility's failure to provide services in health care. S vide clients with nursing ce with their needs. not met as evidenced by: iew and interviews, the de nursing services in needs of 11 of 14 audit 4, #6, #8, #10, #11, #12, #13 s are: vition error reports between aled 15 medication errors) Staff gave morning nstead of evening acosamide Tablet 100mg. e attention.") Tramadol HCL 50 mg. (1/2	W 3	31				

Facility ID: 922017

If continuation sheet Page 3 of 17

	S FOR MEDICARE &					IO. 0938-039	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	· · · ·	E SURVEY IPLETED	
		34G006	B. WING			C	
		348000		STREET ADDRESS, CITY, STATE, ZIP CODE		4/21/2023	
NAME OF P	ROVIDER OR SUPPLIER				-		
BEAR CR	EEK			5840 GREENWOOD AVENUE LA GRANGE, NC 28551			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
W 331	omitted at 12pm. 5. Client #11: (3/9/23) Naltrexone 50 mg. (1 not given, MAR was 3 6. Client #14: (3/10/2) administer Metformin 5pm. MAR was signe 7. Client #14: (3/10/2) administer Prednison 3/10/23 and MAR wa 8. Client #14: (3/10/2) Naltrexone 50 mg. (1 pass. Pill not punches administration record 9. Client #1: (3/16/23) pill in 15 day bubble a identified). 10. Client) Clonazepam 0.5mg. dose) Staff D failed to administer) tablet at 8pm. Medication signed. 3) Staff D failed to 750 mg. ER(1) tablet at d. 3) Staff D failed to e 20 mg. tablets at 5pm on s not signed. 3) Staff D did not administer) tablet at 8am medication d out but medication 	W 3				
	Clonazepam 1 mg. re 3/29/23. Noticed duri Physician notified. 13. Client #13: (4/7/2	 3) Staff C discovered amained in bubble for am medication pass. 3) Phenobarbital card had as not given at 6am on 23) Staff B administered 					

Facility ID: 922017

If continuation sheet Page 4 of 17

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	O. 0938-039 E SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	CON	IPLETED
		240000	B. WING			С
		34G006	B. WING	STREET ADDRESS, CITY, STATE, ZIP COD		/21/2023
NAME OF P	ROVIDER OR SUPPLIER			5840 GREENWOOD AVENUE	E	
BEAR CR	EEK			LA GRANGE, NC 28551		
(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)	I SHOULD BE	(X5) COMPLETIO DATE
W 331	Continued From page notified. 15. Client #8: (4/11/2 Klonopin 0.5 mg. twic notified.	3) Staff B administered	W 33	11		
	revealed the Director out on medical leave the Nurse Team Lead following up on medic retraining of staff whe identified. Further inte	with a Nurse supervisor of Nursing (DON) had been for over 2 months and that ds were responsible for cation errors and scheduling en training issues were erview confirmed there had edication administration 3.				
	had been out on med aware of the multiple 2/12/23-4/11/23. She of Nursing (ADON) have Nurse left his position interview confirmed N	ting medication errors and				
	of Nursing revealed s multiple medication e 4/11/23. Further inter had a quality assurar errors, of the medicat	ed these multiple medication				
	dated 3/21/23 revealed	3 of a disciplinary action ed staff A who was identified chnician walked out of the client #12's narcotic				

Facility ID: 922017

If continuation sheet Page 5 of 17

DEPARTMENT OF HEALTH ANI CENTERS FOR MEDICARE & N					FOR	D: 04/27/2023 M APPROVED D. 0938-0391
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		LE CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
	34G006	B. WING				C / 21/2023
NAME OF PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
			5	5840 GREENWOOD AVENUE		
BEAR CREEK			L	LA GRANGE, NC 28551		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
 not having this medical substantial surgical provide substantial surgical provide a Physician consult date confirmed client #12 with Negative Breast Cancel local surgical clinic. Future underwent a bilateral reveiw on 4/20/23 of provide a Statement and the statement of the substantial surgical clinic. Future 20 pills prescribes Review on 4/20/23 of the revealed there was not this medication omissis statements from staff revealed there was not this medication omissis statements from staff revealed there was not this medication omissis statements from staff revealed there was not this medication omissis statements from staff revealed there was not this medication omissis statements from staff revealed there was not this medication of the error policy dated Octor drugs, devices and reliadministered by, or un nursing or other person federal and state laws, administered in complia of the medications are admitime window, the time documented and nursi Medication given outsis constitute a medicine were revealed she worked of the worked of the state of the state and nursi medication state a medicine were should be compliaded by a meter of the state and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and nursi medication given outsing constitute a medicine were and the provide were and the provide were and the provide were and the pr	coat resulting in client #12 ation available after a ocedure. client #12's record revealed ated 5/12/22 which vas diagnosed with Triple er on the left side at the urther review confirmed she mastectomy on 2/20/23. physician notes dated hysician prescribed Narco very 6 hours for pain. There ed in the bottle. the medication error reports or medication error report for on nor were there regarding this incident. the facility's medication ober 2018 revealed all ated materials will be ider the supervision of nnel in accordance with . Medications will be iance with physician orders. ninistered outside of the of administration must be ing must be notified. ide of the time frame will variance or medication name) medication error oleted.	W	331			

Facility ID: 922017

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	: 04/27/2023 APPROVED . 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COMP	SURVEY LETED
		34G006	B. WING		-	04/2	C 21/2023
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STA	ATE, ZIP CODE		
BEAR CR	EEK			840 GREENWOOD AVENU A GRANGE, NC 28551	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI ICED TO THE APPROPRIA IEFICIENCY)		(X5) COMPLETION DATE
W 331	medication sheet arou over to the yellow unit Nurse D. Staff A state phone call around 8au pain medication in he clocked out of work au home and drove to ar Interview on 4/20/23 w was working on 3/9/24 disabilities profession was experiencing disc area on her chest. Nur the medication cart ar Narco 5/325 mg. was medication cart. Nurse began talking to staff medication. Nurse D th Supervisor heard her medication and she a tracking this medication Nurse D stated the de ahead and and give of that was also prescrib Interview on 4/20/23 w #12's Narco 5/325 mg the narcotic sheet and schedule to see who schedule to give me 3/9/23. The Nurse Su phone calls on 3/9/23 staff A and instruct he the facility. The Nurse arrived back to the fac #12's Narco 5/325 mg	and 8am and was walking to take this medication to d she received a personal m, put the bottle of narcotic r pocket and mistakenly nd took the medication nother area of the state with Nurse D revealed she 3 and qualified intellectual al (QIDP) told her client #12 comfort around the surgical rse D stated she walked to nd realized client #12's not in the locked e D stated she immediately and looking for client #12's hen confirmed that a Nurse talking about this ssumed responsibility of on down for client #12. ecision was made to go lient #12 Ibuprofen 800mg. ted for discomfort. with the Nurse Supervisor hen she discovered client g was missing, she went to d medication technician the last person was dications on the morning of pervisor stated after several they were able to locate r to come directly back to e Supervisor stated staff A cility around 6pm with client g, pill bottle and that she ach pill to make certain all	W 331				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 04/27/2023 FORM APPROVED B NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		34G006	B. WING				C 04/21/2023
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BEAR CR	EEK				5840 GREENWOOD AVENUE LA GRANGE, NC 28551		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 331	Continued From page	÷7	w	331			
	was unaware of this r 3/9/23 by staff A takin medication out of the revealed this incident up as a medication er statements and need Interview on 4/20/23 of revealed there was not this incident dated 3/5 what happened to the this was a medication revelaed the facility ta a written disciplinary a Additional interview re additional medication the last inservice date C. Nursing failed to for medication administra required. Review on 4/20/23 of administration record revealed the following 1. Narco 5/325mg. Gi 6 hours for pain. (pres	ed medication re-training. with the administrator o medication error report for 0/23 because they knew e medication and did not feel o error. Further interview alked with staff A and issued action dated 3/21/23. evealed there had been no administration training since ed 1/13/23. ollow-up on several ation discrepancies as					

Facility ID: 922017

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		MEDICAID SERVICES	(X2) MULTIPL	ECONSTRUCTION	(X3) DATE	0. 0938-039 SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	PLETED
						С
		34G006	B. WING		04/	21/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BEAR CR	EEK			840 GREENWOOD AVENUE A GRANGE, NC 28551		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 331	Continued From pag 3/15/23: at 6pm, 12a		W 331			
	 2. Clindamycin 150mg. by mouth 3 times per day for 10 days #30. The following dates/times are not recorded: 3/10/23 at 6pm 3/17/23 at 6pm 					
	and administrator cor	with the Nurse Supervisor nfirmed there were no orts for these medication s for client #12.				
W 361	the Nursing Team lea	d it was the responsibility of ads to follow up on these ncies in the absence of the	W 361			
	for the provision of ro and biologicals to its biologicals may be ol	otained from community or or the facility may maintain				
		not met as evidenced by: iew and staff interviews, the				

Facility ID: 922017

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	OF DEFICIENCIES	MEDICAID SERVICES		PLE CONSTRUCTION		<u>D. 0938-039</u> E SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	. ,	G	· · ·	PLETED	
						С	
		34G006	B. WING		04	/21/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
BEAR CR	EEK			5840 GREENWOOD AVENUE LA GRANGE, NC 28551			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
W 361	facility failed to ensur 14 audit clients (#5) p medication. The findi Review on 4/20/23 of administration review client #5 revealed on Haloperidol 1mg IM a 3/30/23 the medication not documented as m Review on 4/21/23 of 3/29/23 revealed inst scheduled dose toda for crisis medication the pharmacy on 3/30 Interview on 4/20/23 only nurses give the that when the medication	Continued From page 9 facility failed to ensure pharmacy services for 1 of 14 audit clients (#5) provided prescribed medication. The finding is: Review on 4/20/23 of the medication administration review (MAR) for March 2023 for client #5 revealed on 3/28/23 she received Haloperidol 1mg IM at 9:00am. On 3/29/23 and 3/30/23 the medication was out of stock and was not documented as not given due to pharmacy. Review on 4/21/23 of the Physicians Order dated 3/29/23 revealed instructions to hold Haldol scheduled dose today. Staff may use Ativan 1mg for crisis medication until Haldol comes in from the pharmacy on 3/30/23. Interview on 4/20/23 with Nurse E revealed that only nurses give the injections. Nurse E stated that when the medications are out, they call the pharmacy to get the medication restocked. The		51			
	ordered, Nurse E sta Nurse E also stated t up pharmacy service pharmacy. Interview on 4/20/23 when the medication doctor and notify the needed; if the medica they can request bac deliver within a day. I pharmacy was unabl because of the dose. separate back up pha	when medications are ted it arrives the next day. hat they can request back s when speaking with the with Nurse A revealed that ran out, they should call the pharmacy that a refill is ation is needed immediately, k up pharmacy services to Nurse A revealed that the e to refill Haloperidol 1mg IM The pharmacy called 5 armacies but the only dose as in stock was 10 x stronger					

Facility ID: 922017

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	2: 04/27/2023 1 APPROVED 2: 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		34G006	B. WING			(04/:	C 21/2023
NAME OF PI	ROVIDER OR SUPPLIER		ST	FREET ADDRESS, CITY, STAT	TE, ZIP CODE		
			58	40 GREENWOOD AVENUE	E		
BEAR CR	EER		L/	A GRANGE, NC 28551			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
W 361	then what was needed was aware that agend dose of Haloperidol 1 dose since it was avai reordering the medical Interview on 4/21/23 of revealed client #5 had 1mg IM revised in De- daily scheduled dose. revealed that client #5 prescription for Halop corporate nurse revea process of migrating p former vendor to a nei month. In preparation attempted to collect a ensure the new pharm corporate nurse belief 2022 order for Halope put into the system for ran out after staff com doses. The corporate medication should nor have been refilled who on 3/28/23. Interview on 4/21/23 of Assistant (PA) revealed 3/29/23 by the nurse a use of Ativan 1mg be IM had ran out and wo from pharmacy. The F holding Haloperidol 10 Ativan 1mg IM expect on 3/30/23. The PA re- medication did not arr	d. Nurse A revealed that she cy staff were using the crisis mg IM for the scheduled ilable, instead of someone ation. with the corporate nurse d her order for Haloperidol cember 2022 from PRN to a The corporate nurse 5 still had a separate eridol 1mg IM prn. The aled the facilty was in the oharmacy services from the w vendor, which started last for the change, the facility II physician's orders to nacy received them. The ved that the new December eridol 1mg IM daily was not r the new pharmacy and it upleted the daily and prn nurse acknowledged the t have ran out and should en the last dose was given	W 361				

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 04/27/2023 APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING				SURVEY LETED
		34G006	B. WING				04/	C 21/2023
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STA	TE, ZIP CODE	-	
BEAR CR	EEK				840 GREENWOOD AVENUE A GRANGE, NC 28551	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD B CED TO THE APPROPRI/ FICIENCY)		(X5) COMPLETION DATE
	CFR(s): 483.460(k)(1) The system for drug a that all drugs are adm the physician's orders This STANDARD is m Based on record revi failed to ensure medic accordance with phys 1 of 14 audit clients (# Review on 4/20/23 of administration record revealed the following A. Narco 5/325mg. Gi 6 hours for pain. (pres 12 pm) dated 3/9/23. are not recorded: 3/9/23 at 12pm 3/12/23 at 12am 3/13/23 at 12am 3/13/23 at 12am 3/14/23 at 6am 3/14/23 at 6am 3/15/23: at 6pm, 12am B. Clindamycin 150ms for 10 days #30. The not recorded: 3/10/23 at 6pm 3/17/23 at 6pm 3/17/23 at 6pm	FION administration must assure inistered in compliance with the not met as evidenced by: ew and interview, the facility cations were administered in ician's orders. This affected #12). The finding is: client #12's medication (MAR) for March 2023 : we (1) tablet by mouth every scribed at 6pm, 12 am, 6am, The following dates/times		368 368				
		oply four times per day to lowing dates/times are not						

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	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	2: 04/27/2023 1 APPROVED 2: 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		34G006	B. WING			04/2	C 21/2023		
NAME OF P	ROVIDER OR SUPPLIER		ST	FREET ADDRESS, CITY, ST	TATE, ZIP CODE	<u>.</u>			
BEAR CR	EEK			5840 GREENWOOD AVENUE LA GRANGE, NC 28551					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
W 368	3/11/23-3/20/23 at 8pi 3/11/23-3/20/23 at 12a Interview on 4/20/23 w and administrator con medication error repoi documentation errors interview revealed it w these were document client #12 received the by the physician. Further interview on 4 administrator revealed the Nursing Team lead medication discrepand DON. DRUG ADMINISTRAT CFR(s): 483.460(k)(8) The system for drug a that drug administrator reactions are recorded This STANDARD is in Based on record revis system for medication ensure complete and available for 33 medic the month of March 20 A. Review on 4/20/23 dated 3/21/23 reveale medication technician 3/9/23 with client #12' lab coat resulting in cl	m am with the Nurse Supervisor firmed there were no orts for these medication for client #12. Further was not confirmed whether tation errors or whether tese medications as ordered 4/20/23 with the d it was the responsibility of ds to follow up on these clies in the absence of the TION () administration must assure on errors and adverse drug d. not met as evidenced by: lew and interview, the n administration failed to accurate recording was cation errors for client #12 in 023. The findings are:	W 368						

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	-	D HUMAN SERVICES				RINTED: 04/27/2023 FORM APPROVED MB NO. 0938-0391
CENTERS FOR MEDICARE & N STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			3) DATE SURVEY COMPLETED
		34G006	B. WING			C 04/21/2023
NAME OF PI	ROVIDER OR SUPPLIER		STI	REET ADDRESS, CITY, STATE,	ZIP CODE	
			584	10 GREENWOOD AVENUE		
BEAR CR	EEK		LA	GRANGE, NC 28551		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
W 375	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 Review on 4/20/23 of client #12's record revealed a Physician consult dated 5/12/22 which confirmed client #12 was diagnosed with Triple Negative Breast Cancer on the left side at the local surgical clinic. Further review confirmed she underwent a bilateral mastectomy on 2/20/23. Review on 4/20/23 of physician notes dated 3/8/23 revealed the physician prescribed Narco 5/325 mg. by mouth every 6 hours for pain. There were 20 pills prescribed in the bottle. Review on 4/20/23 of the medication error reports revealed there was no medication error report for this medication omission nor were there statements from staff regarding this incident. Review on 4/20/23 of the facility's medication error policy dated October 2018 revealed all drugs, devices and related materials will be administered by, or under the supervision of nursing or other personnel in accordance with federal and state laws. Medications will be administered in compliance with physician orders. If medications are administered outside of the time window, the time of administration must be documented and nursing must be notified. Medication given outside of the time frame will constitute a medicine variance or medication error. The (company name) medication error report should be completed. Interview on 4/20/23 with direct care staff A revealed she worked overnight on 3/8/23 and was the medication technician assigned to client #12. Staff A stated she had signed off on the narcotic medication sheet around 8am and was walking over to the yellow unit to take this medication to Nurse D. Staff A stated she received a personal phone call around 8am, put the bottle of narcotic		W 375			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FC	TED: 04/27/2023 DRM APPROVED NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) D.	ATE SURVEY OMPLETED
		34G006	B. WING			C 04/21/2023	
NAME OF PF	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BEAR CRI	EK			58	840 GREENWOOD AVENUE		
BLAR OR				L	A GRANGE, NC 28551		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 375	Continued From page	e 14	w	375			
		r pocket and mistakenly nd took the medication					
	home and drove to ar	nother area of the state					
	Interview on 4/20/23	with Nurse D revealed she					
	was working on 3/9/2	3 and the qualified					
		professional (QIDP) told					
		periencing discomfort rea on her chest. Nurse D					
	•	the medication cart and					
	realized client #12's N	larco 5/325 mg. was not in					
		cart. Nurse D stated she					
		Iking to staff and looking for n. Nurse D then confirmed					
		or heard her talking about					
	-	he assumed responsibility of					
	-	on down for client #12.					
		ecision was made to go					
	that was also prescrib	lient #12 Ibuprofen 800mg. bed for discomfort.					
		with the Nurse Supervisor nen she discovered client					
		g was missing, she went to					
	the narcotic sheet and	d medication technician					
		the last person scheduled					
	•	as on the morning of 3/9/23. r stated after several phone					
	-	vere able to locate staff A					
	-	me directly back to the					
		pervisor stated staff A					
		cility around 6pm with client					
	-	g. pill bottle and that she ach pill to make certain all					
	pills were accounted t						
		with the DON revealed she nedication error dated					
		g client #12's narcotic					

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/27/2023 MAPPROVED). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		-	(X3) DATE SURVEY COMPLETED	
		34G006	B. WING			C 04/21/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
BEAR CR	EEK			5840 GREENWOOD AVEN LA GRANGE, NC 28551			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 375	medication out of the revealed this incident up as a medication er statements and neede B. Review on 4/20/23 administration record revealed the following discrepancies: 1. Narco 5/325mg. Gi 6 hours for pain. (pres 12 pm) dated 3/9/23. are not recorded: 3/9/23 at 12pm 3/12/23 at 12am 3/13/23 at 12am 3/13/23 at 6am 3/13/23 at 6am 3/13/23 at 6am 3/14/23 at 6am 3/14/23 at 6am 3/15/23: at 6pm, 12ar 2. Clindamycin 150mg for 10 days #30. The not recorded: 3/10/23 at 6pm 3. Nystatin powder ap affected area. The fol recorded: 3/10/23 at 8pm 3/11/23-3/20/23 at 8p 3/11/23-3/20/23 at 12 Interview on 4/20/23 y and administrator com	facility. Further interview should have been written ror report with staff ed medication re-training. a of client #12's medication (MAR) for March 2023 g 32 medication ive (1) tablet by mouth every scribed at 6pm, 12 am, 6am, The following dates/times m, 6am and 12pm g. by mouth 3 times per day following dates/times are oply four times per day to lowing dates/times are not m am	W 37	5			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/27/2023 APPROVED D: 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G006	B. WING			C 04/21/2023	
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1	
BEAR CR	EEK				440 GREENWOOD AVENUE		
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		A GRANGE, NC 28551 PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC' REGULATORY OR L	PREFIX TAG	×	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ΒE	COMPLETION DATE	
W 375	Continued From page	16	w	75			
	documentation errors		VV C	5/5			
	–						
	Further interview on 4 administrator revealed	d it was the responsibility of					
		ds to document medication					
	errors and to follow up on these medication discrepancies in the absence of the DON.						

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