| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on December 14-15, 2016 with an exit conference via telephone on December 15, 2016. | C 000 | | |
| C 246 | 10A NCAC 13G .0902(b) Health Care<br><br>10A NCAC 13G .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observations, interviews, and record reviews the facility failed to notify 1 of 3 sampled residents (Resident #3) physician concerning missed medications during an extended leave of absence and of insurance non-coverage of a medication.<br><br>The findings are:<br><br>1. Review of Resident #3's previous FL2 dated 8/1/16 revealed:<br>-Diagnoses included chronic obstructive pulmonary disease, bipolar, and diabetes mellitus.<br>-A physician's order for buspirone (used to treat anxiety) 15mg twice a day.<br>-A physician's order for hydrochlorothiazide (used to treat hypertension) 12.5 mg daily.<br>-A physician's order for hydroxyzine hcl (used to treat anxiety) 25mg three times a day.<br>-A physician's order for nortriptyline hcl (used to treat depression) 50mg 1 capsule daily at bedtime.<br>-A physician's order for gemfibrozil (used to treat | C 246 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 1 | C 246 | | |

high cholesterol) 600mg 1 tablet twice a day.
-A physician's order for omeprazole (used to treat conditions due to excess stomach acid) 40mg daily.
-A physician's order for symbicort (used to treat asthma) 160-45mcg inhale 1 puff twice daily rinse mouth after use.
-A physician's order for ventolin hfa (used to treat asthma) 90mcg inhale 2 puffs every 4 hours as needed for shortness of breath.

Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 8/26/16.

Review of Resident #3's Care Plan dated 9/8/16 revealed resident was documented as verbally abusive with disruptive/socially inappropriate behavior.

Review of Resident #3's September 2016 Medication Administration Record (MAR) revealed:
-Handwritten MAR entries for buspirone, gemfibrozil, hydrochlorathiazide, hydroxyzine, nortriptyline, omeprazole, symbicort, and ventolin as per physician orders on FL2 dated 8/1/16.
-From 9/1/16 to 9/30/16, there were 10 days where staff documented on the back of the MAR "All meds OOF."

Review of Resident #3's Medication Release Form for Resident Leave of Absence dated date of departure 9/26/16 and date of return 11/5/16 revealed the following list of medications and quantities were documented:
-buspirone 15mg-quantity upon leaving 66 tablets, quantity upon return 9 tablets.
-gemfibrozil 600mg-quantity upon leaving 24 tablets, quantity upon return 0.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 2<br>-hydrochlorathiazide 12.5mg-quantity upon leaving 27 tablets, quantity upon return 0.<br>-nortriptyline 50mg-quantity upon leaving 17 capsules, quantity upon return 0.<br>-omeprazole 40mg-quantity upon leaving 27 capsules, quantity upon return 0.<br>-ventolin inhaler, documented as "-" for quantity leaving and return.<br><br>Review of Resident #3's record revealed no additional medication release forms.<br><br>Review of Resident #3's physician order dated 10/24/16 revealed:<br>-Discontinue gemfibrozil.<br>-Discontinue hydrochlorothiazide.<br><br>Review of Resident #3's October 2016 MAR revealed:<br>-Computer generated entries for buspirone, gemfibrozil, hydrochlorathiazide, hydroxyzine, nortriptyline, omeprazole, symbicort, and ventolin as per physician orders on FL2 dated 8/1/16.<br>-On 10/25/16, there were handwritten entries on the MAR to discontinue hydrochlorothiazide and gemfibrozil.<br>-From 10/1/16 to 10/31/16, there were 29 days where staff documented on the back of the MAR "All meds OOF."<br><br>Review of Resident #3's November 2016 MAR revealed:<br>-Computer generated entries for buspirone, hydroxyzine, nortriptyline, omeprazole, symbicort, and ventolin as per physician orders.<br>-From 11/1/16 to 11/30/16, there were 10 days where staff documented on the back of the MAR "All meds OOF."<br><br>Review of Resident #3's current FL2 dated | C 246 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 3<br><br>11/29/16 revealed:<br>-A physician's order for buspirone 15mg twice a day.<br>-A physician's order for buspirone 30mg 1/2 tablet daily as needed for agitation.<br>-A physician's order for hydrochlorothiazide 12.5 mg daily.<br>-A physician's order for hydroxyzine hcl 25mg three times a day as needed.<br>-A physician's order for metformin (used to control blood sugar levels) 50mg take 1 tablet daily with supper.<br>-A physician's order for nortriptyline hcl 50mg 1 capsule daily at bedtime.<br>-A physician's order for omeprazole 40mg daily.<br>-A physician's order for QVAR (used to treat asthma) 80mcg inhale 2 puffs twice a day.<br><br>Review of Resident #3's December 2016 MAR revealed:<br>-Computer generated and handwritten entries for buspirone, hydrochlorothiazide, hydroxyzine, metformin, nortriptyline, omeprazole, and QVAR as per physician orders.<br>-On 12/15/16, staff documented on the back of the MAR "All meds refused."<br>-From 12/1/16 to 12/14/16, all medications were documented as administered for all opportunities as per physician order.<br><br>Observation of all medications on hand in the facility for Resident #3 on 12/15/16 at 10:39am revealed:<br>-buspirone 15mg 98 capsules.<br>-hydrochlorathiazide 12.5mg tabs 44 capsules.<br>-hydroxyzine 25mg 180 tablets.<br>-metformin 500mg 18 tablets.<br>-nortryptyline 50mg 17capsules.<br>-omeprazole 40mg 22 capsules.<br>-QVAR 80mcg 1 inhaler. | C 246 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 4<br>-ventolin 90mcg 1 inhaler.<br><br>Review of Resident #3's pharmacy dispensing record dated 9/14/16 to 12/2/16 revealed:<br>-On 9/14/16, a 30 day supply of hydroxyzine, symbicort, buspirone, omeprazole, hydrochlorothiazide, gemfibrozil, nortriptyline and a 15 day supply of ventolin 90mcg were sent out to the facility.<br>-On 10/24/16, a 30 day supply of buspirone, hydroxyzine, nortriptyline, and symbicort were sent out to the facility.<br>-On 10/25/16, a 30 day supply of omeprazole was sent out to the facility.<br>-On 11/21/16, a 30 day supply of buspirone, nortriptyline, omeprazole, and symbicort were sent out to the facility.<br>-On 11/29/15, a 30 day supply of hydrochlorothiazide and metformin were sent out to the facility.<br>-On 12/2/16, a 30 day supply of QVAR was sent out to the facility.<br><br>Interview with the Supervisor-In-Charge (SIC) on 12/14/16 at 11:35am and 12:35pm revealed:<br>-When staff documented "O" or "All meds OOF" that meant the Resident #3 had been out of the facility visiting family and the resident had the medications with her.<br>-When a resident was out of the facility, staff did not know if the resident was taking their medications or not.<br>-Resident #3 had "left 3 times after she was admitted" for extended stays with family.<br>-The residents can leave for up to 31 days without the facility issuing a discharge notice.<br>-Resident #3 had a Guardian and the Guardian had given Resident #3 permission to sign herself out.<br>-Resident #3 had "about a 2 month supply of | C 246 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 5 | C 246 | | |

meds" with her when was admitted from another assisted living facility but she had no documentation of the medications the resident brought with her on admission.
-Resident #3's Guardian had been notified on each occurrence when Resident #3 had signed herself out and went to stay on extended visits with family.
-When Resident #3 was admitted on 8/26/16, "she was here for only 4 hours" until the resident left.
-"When she says she wants to go, we contact the Guardian. The Guardian lets her go because she will tear up stuff or runaway or have behaviors if she doesn't get what she wants."
-"Last week the Guardian told us we can't let her go home with [a certain family member] anymore."

Telephone interview with Resident #3's Guardian on 12/15/16 at 8:56am revealed:
-She had been notified by the facility that Resident #3 had been visiting family for extended periods of time, "but she can't live with her family."
-"She can go anytime she wants too."
-"I know when she's been gone, but not about the missed meds."
-"If they have been trying to contact her to let her and the family know the meds are there...they are doing what they are supposed to do."
-"No one can force her to take her medications."

Interview with the Supervisor-In-Charge (SIC) on 12/15/16 at 9:20am and 10:55am revealed:
-Resident #3 "made phone contact with us everyday" when she was on extended visits.
-Facility staff told Resident #3 during one of those phone conversations she needed to come back to the facility to go to a doctor's appointment on

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 6 | C 246 | | |

10/24/16 to ensure needed refills on her medications could be obtained.
-Resident #3 came back to the facility on 10/24/16 and went to the doctor's appointment and "stayed for 1 or 2 days after that."
-She had not notified the Guardian of staff's concerns Resident #3 may not have had an adequate medication supply while out of the facility.
-She had not notified Resident #3's Nurse Practitioner about her concerns the resident did not have an adequate medication supply while out of the facility.
-"We don't contact the doctor...we just document it in the chart."

Interview with Resident #3 on 12/15/16 at 10:20am revealed:
-"Yes, the facility sends everything with me when I sign out."
-"Yes, I had enough medicine."

Telephone interview with the Administrator on 12/15/16 at 11:00am revealed it was policy for staff to notify the Guardian and the physician with concerns about missed medications.

Attempted telephone interview with Resident #3's Nurse Practitioner on 12/15/16 at 10:57am was unsuccessful by exit.

2. Review of Resident #3's current FL2 dated 11/29/16 revealed diagnoses included chronic obstructive pulmonary disease, bipolar, and diabetes mellitus.

Review of Resident #3's physician order dated 11/29/16 revealed Breo Ellipta (used to reduce exacerbations of chronic obstructive pulmonary disease airflow obstruction) 100-25mcg 1 puff by

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 7<br>inhalation once daily at the same time each day for 10 days.<br><br>Review of Resident #3's November and December 2016 MAR's revealed no entries for Breo Ellipta.<br><br>Observation of all medications on hand in the facility for Resident #3 on 12/15/16 at 10:39am revealed there was no Breo Ellipta on hand for the resident.<br><br>Interview with the Supervisor-In-Charge on 12/15/16 at 10:02am revealed "I was not even aware of the order for Breo. I didn't know about that one."<br><br>Telephone interview with the facility pharmacy on 12/15/16 at 10:05am revealed:<br>-They had received the Breo Ellipta order for Resident #3 on 11/29/16, but it had not yet been filled because insurance would not pay for the medication.<br>-"We will need to contact the physician to see what we need to do."<br><br>Attempted telephone interview with Resident #3's Nurse Practitioner on 12/15/16 at 10:57am was unsuccessful by exit.<br>_____<br><br>The facility failed to notify the physician for Resident #3 when the resident missed 6 medications (buspirone, gemfibrozil, hydrochlorathiazide, nortriptyline, omeprazole, and symbicort) on multiple occassions from 9/1/16 to 11/24/16. The abrupt cessation of these medications for a person diagnosed with chronic obstructive pulmonary disease and bipolar disorder could have been detrimental to the | C 246 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 246 | Continued From page 8<br>resident which constitutes a Type B Violation.<br>_____<br><br>A plan of protection was received from the facility on 12/15/16 as follows:<br>-Staff will monitor resident's medication count while out of the facility.<br>-In the event a resident is running low on medication staff will inform the resident guardian about picking up medications.<br>-If the guardian or resident doesn't attempt to make sure resident has all medications Staff will contact the doctor on the effectiveness of the medication and discharge the resident if missing the medication for a long period of time effect behavioral problem.<br><br>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 29, 2017. | C 246 | | |
| C 330 | 10A NCAC 13G .1004(a) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br>(2) rules in this Section and the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews the facility failed to assure clonidine was administered as ordered for 1 of 3 sampled residents (Resident #2). | C 330 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 330 | Continued From page 9<br><br>The findings are:<br><br>Review of Resident #2's current FL2 dated 7/29/16 revealed:<br>-Diagnoses included schizoaffective disorder.<br>-A physician's order for clonidine (used for behaviors) 0.1mg daily at bedtime.<br><br>Review of Resident #2's physician order dated 11/16/16 revealed clonidine 0.2mg daily at bedtime.<br><br>Review of Resident #2's November 2016 Medication Administration Record (MAR) revealed:<br>-A computer generated entry for clonidine 0.1mg daily at bedtime at 8pm from 11/1/16 to 11/16/16.<br>-A handwritten entry for clonidine 0.2mg take 1 tablet at bedtime at 8pm from 11/17/16 to 11/30/16.<br>-From 11/1/16 to 11/16/16, staff had documented administering clonidine 0.1mg 16 occurrences out of 16 opportunities.<br>-From 11/17/16 to 11/30/16, staff had documented administering clonidine 0.2mg 8 occurrences out of 8 opportunities.<br>-From 11/22/16 to 11/27/16, Resident #2 was documented as out of facility and staff had documented "O" for clonidine 0.2mg for 5 occurrences out of 5 opportunities.<br><br>Review of Resident #2's December 2016 MAR revealed:<br>-A computer generated entry for clonidine 0.1mg daily at bedtime at 8pm. Out beside the entry discontinue had been handwritten.<br>-A handwritten entry for clonidine 0.2mg take 1 tablet at bedtime at 8pm.<br>-From 12/1/16 to 12/13/16, clonidine 0.2mg had | C 330 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 330 | Continued From page 10 | C 330 | | |

been documented as administered 10 occurrence out of 10 opportunities.
-From 12/9/16 to 12/11/16, Resident #2 was documented out of facility and staff had documented "O" for clonidine 0.2mg for 3 occurrences out of 3 opportunities.

Observation of Resident #2's medication on hand on 12/14/16 at 10:16am revealed:
-There was one bubble pack of clonidine 0.1mg tablets on hand with 7 tablets remaining in the pack.
-The medication label on the bubble pack indicated clonidine 0.1mg 1 tablet at bedtime.

Telephone interview with the facility pharmacy on 12/14/16 at 10:20am revealed:
-"The last order we have is clonidine 0.1mg daily at bedtime" dated 10/24/16.
-They had not received the order to increase the clonidine to 0.2mg daily at bedtime dated 11/16/16.
-On 9/20/16, (first dispense) clonidine 0.1mg 30 tablets were dispensed.
-On 10/24/16, clonidine 0.1mg 30 tablets were dispensed.
-On 11/21/16, clonidine 0.1mg 30 tablets were dispensed.

Telephone interview on 12/14/16 at 1:55pm with the physician's nurse that wrote the order to increase Resident #2's clonidine revealed:
-Clonidine "in mental health could be given for behaviors."
-The physician had increased Resident #2's clonidine on the 11/16/16 visit because the resident had increased depression and "was having nightmares..."
-Resident #2 had just been seen on 12/14/16 for a routine appointment and the physician had

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 330 | Continued From page 11<br>changed the order back to the previous dosing clonidine 0.1mg daily at bedtime.<br><br>Interview with the Relief Supervisor-In-Charge on 12/14/16 at 3:15pm revealed:<br>-"I give him 2 tabs of 0.1mg clonidine."<br>-The order changed at the end of November.<br>-"I only work every other weekend."<br>-"He may have had some clonidine tabs when he was admitted."<br><br>Interview with the Supervisor-In-Charge on 12/14/16 at 3:40pm revealed:<br>-Resident #2 "came in with tons of meds in bottles when he was admitted."<br>-"I have been giving him one clonidine, when I give meds. I'm here 7 days a week."<br>-"I thought the pharmacy had sent us some 0.2mg tabs, but now they are saying they didn't."<br><br>Interview with Resident #2 on 12/14/16 at 3:45pm revealed:<br>-"I take that med every night at 8pm" indicating the clonidine 0.1mg small, round, orange tablet.<br>-"I take one."<br>-"On admission, I did bring some meds with me, but I don't know how much." | C 330 | | |
| C 912 | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Resident's Rights<br>Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by: | C 912 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL023043 | A. BUILDING: _____ B. WING _____ | C 12/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY LIVING | 208 LESLIE DRIVE SHELBY, NC 28152 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 912 | Continued From page 12<br><br>Based on observation and interviews, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to health care.<br><br>The findings are:<br><br>Based on observations, interviews, and record reviews the facility failed to notify 1 of 3 sampled residents (Resident #3) physician concerning missed medications during an extended leave of absence and of insurance non-coverage of a medication.[Refer to tag 0246 10A NCAC 13G .0902(b) Health Care (Type B Violation)]. | C 912 | | |