STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 000	Initial Comments The Adult Care Licensure Section conducted and annual and follow up survey from 10/22/19 to 10/24/19.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the facility was free of hazards as evidenced by the storage of multiple portable oxygen cylinders in an unsafe manner, on the floor not secured in racks or crates, in five of eighteen residents' rooms on the Special Care Unit (SCU). The findings are: Observation of room #57 on 10/22/19 at 9:44am revealed: -There was an oxygen cylinder leaning in the corner behind a door of the room. -The oxygen cylinder was not secured in a rack or in a crate. -There were no other oxygen cylinders in the room.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 079	Continued From page 1 Observation of room #58 on 10/22/19 at 9:48am revealed: -There were two oxygen cylinders setting on the floor next to the closet door. -The oxygen cylinders were not secured in a rack or in a crate. -There were no other oxygen cylinders in the room. Observation of room #55 on 10/22/19 at 9:59am revealed: -There was an oxygen cylinder setting on the floor in front of the resident's dresser. -There were two oxygen cylinders setting on the floor between the resident's bed and night stand. -The oxygen cylinders were not secured in a rack or in a crate. -There were no other oxygen cylinders in the room. Observation of room #47 on 10/22/19 at 10:09am revealed: -There was an oxygen cylinder setting on the floor between the resident's bed and night stand. -The oxygen cylinder was not secured in a rack or in a crate. -There were no other oxygen cylinders in the room. Observation of room #48 on 10/22/19 at 10:14am revealed: -There were two small and two large oxygen cylinders setting on the floor against a wall. -The oxygen cylinders were not secured in a rack or in a crate. -There were no other oxygen cylinders in the room. Observation of the delivery of oxygen cylinders by a representative from the oxygen supply company	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 079	Continued From page 2	D 079		

on 10/22/19 at 12:02pm revealed there were oxygen cylinders being delivered to a resident's room and being placed directly on the floor in a closet without a storage rack or a crate.

Interview with the resident who resided in room #57 on 10/22/19 at 9:46am revealed:
-She did not know who put the oxygen cylinder in the corner of the room.
-She did not know how long the oxygen cylinder was in the corner or if it was ever stored in a rack or a crate.

Interview with a representative from the oxygen supply company on 10/22/19 at 12:03pm revealed:
-Oxygen cylinders were ordered for residents by the facility staff or by hospice when needed.
-The oxygen supply company delivered metal storage racks to store cylinders when they brought full oxygen cylinders; every room with oxygen should have had a rack for storage of empty and full oxygen cylinders.
-He did not know why every room did not have storage racks.

Interview with a Registered Nurse (RN) from hospice on 10/22/19 at 12:13pm revealed:
-The oxygen cylinders were ordered as needed for residents on hospice and delivered by the contracted oxygen supply company.
-The cylinders were usually stored in a metal rack or in a portable hand cart: she had not noticed the oxygen cylinders were setting on the floor.
-She would call the oxygen supply company to ask for racks for the oxygen cylinders.

Interview with a personal care aide (PCA) on 10/24/19 at 4:00pm revealed:
-She never paid attention to the oxygen cylinders

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 079	Continued From page 3	D 079		

and she did not know the cylinders were supposed to be stored in a rack for safety reasons.
-She did not know what would happen to an oxygen cylinder if it was not stored safely and fell or got knocked over.

Interview with a medication aide (MA) from the SCU on 10/24/19 at 4:05pm revealed:
-Oxygen cylinders were stored in racks for safety reasons because when a cylinder was not in a rack it would be unbalanced and if the cylinder got knocked over it could explode.
-He tried to monitor the racks every day; when he was in a resident's room, he would look at the oxygen cylinders to be sure they were in racks.
-He had never seen an oxygen cylinder setting on the floor; oxygen cylinders were always stored in racks.

Interview with a second MA from the SCU on 10/24/19 at 4:20pm revealed:
-She knew oxygen cylinders were supposed to be stored in a rack for safety reasons and that a rack kept the cylinders from "wobbling" and falling over or onto someone; if a cylinder fell over it could burst and explode.
-She looked at the oxygen cylinders to make sure they were stored in racks when she would go into a resident's room.
-The company that delivered the oxygen cylinders always brought racks to store the "new" and the "old" oxygen cylinders.
-She had to call the oxygen supply company a couple of years ago about missing racks, but she had not had to call them since then because the cylinders were always in racks.
-She never noticed some of the oxygen cylinders were not stored in racks until the RCC told her the day before.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 079	Continued From page 4 Interview with the RCC for the SCU on 10/22/19 at 12:18pm revealed: -Hospice staff called for replacement oxygen cylinders when they were needed. -The oxygen supply company should supply racks to secure the oxygen cylinders when they brought new cylinders; oxygen cylinders were stored in the resident's rooms and nowhere else. -She and the MAs monitored the resident's rooms to be sure the oxygen cylinders were stored in racks. -The oxygen supply company or hospice were contacted if an oxygen cylinder was not stored in a rack. -There was not a log or a schedule for monitoring of the oxygen cylinders; she and the MAs just made phone calls when they noticed they needed more racks. -She did not know there were oxygen cylinders in five residents' room that were setting on the floor and not stored safely in racks until it was brought to her attention that morning; she did not know how long the oxygen cylinders had not been stored safely. Interview with the Administrator on 10/23/19 at 10:20am revealed: -She was not aware oxygen cylinders were not safely secured in racks on the SCU until it was brought to her attention by the RCC for the SCU the day before. -It was not acceptable to store oxygen cylinders on the floor without a rack; she was not aware there were so many oxygen cylinders stored on the floor in the SCU. -The RCC and the MAs on the SCU should have monitored the oxygen cylinders more closely.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 273	Continued From page 5	D 273		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure physician notification regarding a physician's order for oxygen 2 liters per minute (LPM) via nasal cannula (NC) for 1 of 7 sampled residents (Resident #3) who refused to wear oxygen. The findings are: Review of Resident #3's current FL2 dated 09/04/19 revealed: -Diagnoses included congestive heart failure, cardiomyopathy, dementia, depression, chronic diarrhea, and urinary retention. -There was an order for oxygen 2 LPM continous at night. Review of Resident #3's report of health services dated 09/04/19 revealed: -On 9/04/19, the Primary Care Provider (PCP) was notified that Resident #3's oxygen saturation was 72% on room air and Resident #3's oxygen saturation increased to 98% on 2 LPM of oxygen via NC.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 273	Continued From page 6	D 273		

-The facility received an order from the PCP dated 09/04/19 for 2 LPM of oxygen via NC continuously.

Review of Resident #3's physician consultation notes revealed:
-On 09/04/19, the PCP documented Resident #3 should be on 2 LPM of oxygen continuously.
-On 09/06/19, the PCP documented Resident # 3 should continue 2 LPM of oxygen continuously.

Review of Resident #3's Licensed Health Professional Support (LHPS) review revealed on 09/12/19, Resident #3 was on oxygen at 2 LPM via nasal canula continuously.

Review of Resident #3's care notes revealed:
-There was no documentation Resident #3 refused to wear his oxygen.
-There was no documentation Residents #3's PCP was notified of refusals.

Observation of Resident #3 on 10/23/19 at 3:00 pm revealed:
-Resident #3 had oxygen equipment in his room and he was not wearing oxygen via nasal canula.
-Resident #3 was sitting reclined back in a chair in his room.
-Resident #3's oxygen was turned on to 2 LPM and a nasal canula was connected to the oxygen concentrator.

Interview with Resident #3 on 10/23/19 at 3:00 pm revealed:
-He did not wear his oxygen and he did not wear oxygen at night.
-He was never tested to see if he needed to wear oxygen or not.
-He did not want to wear his oxygen and he did not think he needed to wear oxygen.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 273	Continued From page 7	D 273		

-Medication aides (MAs) told him he did not need to wear his oxygen during the day.
-He did not feel short of breath.

Interview with a MA on 10/23/19 at 3:15 pm revealed:
-Resident #3 was supposed to wear oxygen all the time.
-The PCP was notified Resident #1 was not wearing his oxygen as ordered but she did not know who notified the PCP, when the PCP was notified, or the PCP response.
-MAs were responsible for notifying the PCP if Resident #1 was not wearing his oxygen.
-She did not know if there was documentation of the PCP being notified.
-When Resident #3 came to the dining room, oxygen was available for him to wear, but he would take it off.

Interview with the Resident Care Coordinator (RCC) on 10/23/19 at 3:31 pm revealed:
-Resident #3 was ordered to wear 2 LPM of oxygen continuously.
-On 10/18/19, the RCC verbally notified the Primary Care Provider (PCP) that Resident #3 refused to wear his oxygen.
-She was responsible for not documenting notifying the PCP.
-The PCP wanted to keep the oxygen order for Resident #3 as continuous instead of as needed at night because Resident #3 would not be supplied as many oxygen tanks if the order was changed.

Review of a faxed document typed from Resident #3's PCP dated 10/23/19 stated "the RCC notified the provider that the resident refused to wear his daytime oxygen on 10/18/19 and 10/22/19."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 273	Continued From page 8 Interview with the Administrator on 10/24/19 at 8:42 am revealed: -She did not know Resident #3 was ordered oxygen 2 LPM continuously. -She thought Resident #3 could wear his oxygen as needed and he had portable oxygen equipment. -Resident #3 constantly did not want to wear his oxygen and Resident #3 would complain when he wore his oxygen. -She did not know why he did not want to wear his oxygen. -The RCC notified Resident #3's PCP that Resident #3 refused to wear his oxygen, but she did not know when the PCP was notified. -She would expect the PCP to be notified if Resident #3 refused to wear his oxygen. Interview with Resident #3 on 10/24/19 at 10:35 am revealed he did not like to wear his oxygen because it made his nose dry. Attempted telephone interview with Resident #3's PCP on 10/24/19 at 3:00 pm was unsuccessful.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 9	D 276		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to assure implementation of physician's orders for 4 of 7 sampled residents (Resident #1, #2, #3, and #4) with orders for daily weights (#3), weekly blood pressures (#1), weekly weights and laboratory test for a cardiac medication level (#4), and daily blood pressure and heart rate, weekly weights and compression knee highs (#2).

The findings are:

1. Review of Resident #3's current FL-2 dated 09/04/19 revealed diagnoses included congestive heart failure (CHF), cardiomyopathy, dementia, depression, chronic diarrhea, and urinary retention.

Review of physician's order for Resident #3 dated 09/04/19 revealed there was an order to weigh Resident #3 daily and notify the Primary Care Provider (PCP) if there was a weight gain greater than 2 pounds in 24 hours.

Review of Resident #3's PCP consultation note on 09/04/19 revealed Resident #3 was ordered daily weights because of his CHF diagnosis.

Review of a physician's order for Resident #3 dated 09/27/19 revealed there was an order for weekly weights.

Review of Resident #3's September 2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 10	D 276		

medication administration record (MAR) revealed:
-There was an entry to check weight daily and notify the PCP if Resident #3 gained greater than 2lbs in 24 hours.
-There was documentation to refer to a "flowsheet".

Review of Resident #3's September 2019 weight flowsheet revealed:
-The flowsheet had Resident #3's name and was dated September 2019.
-The flowsheet had highlighted instructions to weigh Resident #3 once monthly on the 15th.
-There was no documentation of Resident #3's weight on 09/15/19.
-The second flowsheet had Resident #3's name and was dated 09/06/19.
-The second sheet had instructions to check Resident #3's weight daily.
-There was no documentation of Resident #3's daily weight in September 2019.

Review of Resident #3's October 2019 MAR revealed:
-There was an entry to check Resident #3's weight weekly.
-There was documentation to refer to a "flowsheet".

Review of Resident #3's October 2019 weight flowsheet revealed:
-The flowsheet had Resident #3's name and was dated October 2019.
-Weights for Resident #3 were documented weekly.
-There was documentation of Resident #3 weight on 10/01/19 and 10/08/19.
-There was no documentation of Resident #3 weight on 10/15/19.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 11	D 276		

Interview with Resident #3 on 10/23/19 at 3:00 pm revealed:
-Medication aides weighed Resident #3.
-He was weighed every two weeks in October 2019.
-He was not weighed when he arrived at the facility in September 2019.
-He was not weighed every day in September 2019.
-He did not know why he was weighed.
-He did not know what he weighed or if he gained weight.

Interview with a medication aide (MA) on 10/23/19 at 3:15 pm revealed:
-She worked directly with Resident #3.
-MAs were responsible for weighing residents.
-She did not know how often Resident #3 was weighed in October 2019.
-Every resident was weighed at least once a month.
-She did not know there was an order to weigh Resident #3 every day in September 2019.
-She did not know if Resident #3 was weighed every day in September 2019.
-The Resident Care Coordinator was responsible for order changes and ensured orders were implemented.

Interview with the Resident Care Coordinator (RCC) on 10/23/19 at 3:31 pm revealed:
-Every resident was weighed once a month.
-She was aware of the order to weigh Resident #3 daily in September 2019 and weekly in October 2019.
-Orders for weights were on the residents MAR to ensure the MAs would carry out the task.
-MAs were responsible for weighing residents and for documenting residents' weights on the flowsheet attached to the MAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 12	D 276		

-Resident #3's weights should have been documented on the flowsheet attached to the September 2019 and October 2019 MAR.
-Resident #3 was not weighed in September 2019 and Resident #3 was not weighed weekly in October 2019..
-Resident #3 was admitted after the monthly weights were obtained for September 2019.
-The order for daily weights should have been noted at the top of the first flowsheet to ensure MAs knew there was a change from monthly weights to daily weights.
-She was responsible for documenting the daily weight order change on the top of Resident #3's September 2019 flowsheet.
-She did not document Resident #3's order for daily weights on the top of Resident #3's September 2019 flowsheet.
-Resident #3's weight order for September 2019 and October 2019 was on the MAR and should have been carried out by the MAs.
-She was responsible for ensuring that the MAs weighed Resident #3 as ordered.
-She was responsible for auditing records and MARs.
-She did not audit Resident #3's record, September 2019 MAR, or October 2019 MAR.
-The Primacy Care Provider (PCP) was not notified of Resident #3's weights not being collected as ordered.

Interview with the Administrator on 10/24/19 at 8:42 am revealed:
-The RCC transcribed orders on the MAR.
-She did not know Resident #3 had an order for daily weights in September 2019 and an order for weekly weights in October 2019.
-Resident #3's order for daily weights in September 2019 and weekly in October 2019 were missed and should have been carried out by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 13	D 276		

MAs.
-The RCC was responsible for auditing resident records and MARs.

Attempted telephone interview with Resident #3's Cardiologist on 10/24/19 at 8:12 am was unsuccessful.

Attempted telephone interview with Resident #3's PCP on 10/24/19 at 3:00 pm was unsuccessful.

2. Review of Resident #1's current FL2 dated 05/31/19 revealed:
-Diagnoses included glaucoma, pyelonephritis, gastro reflux, proteus bacteremia, history of stroke, type 2 diabetes, hypertension, obesity, cerebrovascular accident with right hemiparesis.
-There was an order to check Resident #1's blood pressure every week on Monday and Saturday.

Review of Resident #1's September 2019 medication administration record (MAR) revealed:
-There was an entry to check Resident #1's blood pressure twice weekly on Monday and Saturday.
-There was documentation to refer to a "flowsheet".

Review of Resident #1's September 2019 blood pressure flowsheet revealed:
-There were instructions to check Resident #1's blood pressure every Monday and Saturday.
-There was no documentation of Resident #1's blood pressure for 2 out of 9 opportunities in September 2019.

Review of Resident #1's October 2019 MAR revealed:
-There was an entry to check Resident #1's blood pressure twice weekly on Monday and Saturday.
-There was documentation to refer to a flowsheet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 14 Review of Resident #1's October 2019 blood pressure flowsheet revealed: -There were instructions to check Resident #1's blood pressure every Monday and Saturday. -There was no documentation of Resident #1's blood pressure for 1 out of 6 opportunities in October 2019. Interview with Resident #1 on 10/23/19 at 2:48 pm revealed: -Medication aides checked blood pressures. -She did not know how often her blood pressure was checked. Interview with a medication aide (MA) on 10/23/19 at 3:15 am revealed: -She worked directly with Resident #1. -Medication aides checked residents blood pressures. -She did not know how often Resident #1's blood pressure was checked. -She did not know Resident #1's blood pressure was not checked on 09/28/19, 09/30/19, and 10/12/19. -The RCC audited MARs. Interview with the Resident Care Coordinator (RCC) on 10/23/19 at 3:31 pm revealed: -Scheduled blood pressure checks were on the residents' MAR to ensure the MA would carry out the task as ordered. -Blood pressures were not documented on the MAR and should be documented on a flowsheet attached to the MAR. -She was responsible for creating resident flowsheets. -She was responsible for MAR audits and Resident #1's last audit was in August 2019. -She was aware of the order to check Resident	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 15	D 276		

#1's blood pressure two times a week on Monday and Saturday.
-She did not know Resident #1's blood pressure was not checked on 09/28/19, 09/30/19, and 10/12/19.
-If Resident #1's blood pressure was not documented on the flowsheet, then the blood pressure was not checked.
-She expected MAs to carry out blood pressure checks as ordered by the provider.

Interview with the Administrator on 10/24/19 at 8:42 am revealed:
-She did not know Resident #1's blood pressure checks were not obtained as ordered in September 2019 and October 2019.
-The MAs were responsible for checking blood pressures.
-The RCC was responsible for auditing resident records and MARs.

Attempted telephone interview with Resident #1's PCP on 10/24/19 at 3:00 pm was unsuccessful.

3. Review of Resident #4's current FL-2 dated 04/01/19 revealed diagnoses included blindness, hypertension, hyperlipidemia, sleep apnea, atrial fibrillation, chronic obstructive pulmonary disease, and history of diabetes mellitus.

a. Review of Resident #4's record revealed:
-There was a physician order dated 07/12/19 for weekly weights.
-There was a physician order dated 10/09/19 for weekly weights.

Review of Resident #4's August 2019 medication administration record (MAR) revealed:
-There was a handwritten entry for check weight weekly on Saturday, scheduled for 3:00 pm to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 16 11:00 pm. -There was a weight documented on 08/10/19 of 174.5 pounds (lbs.). -There was no documentation of other weights. Review of Resident #4's September 2019 MAR revealed: -There was a printed entry for check weight weekly on Saturday, scheduled for 3:00 pm to 11:00 pm. -There was no documentation of weights. Review of Resident #4's October 2019 MAR revealed: -There was a handwritten entry for "weight weekly", scheduled for 7:00 am to 3:00 pm. -In the area beside the scheduled time, there was documentation of the word flowsheet. -There was another printed entry for check weight weekly on Saturday, schedule for 3:00 pm to 11:00 pm. -In the area beside the scheduled time, there was documentation of the word flowsheet. Review of Resident #4's facility "weight documentation" form revealed: -The form was with the October 2019 MARs. -There was a column for the numerical date of the month, weight and initial. -Resident #4's name was documented at the top of the form. -There was documentation of a weight on 10/10/19, and 10/17/19. -There was no documentation of the 3rd of the month. Based on record reviews, Resident #4 was missing 9 of 12 weights ordered weekly by her physician.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 17	D 276		

Interview with Resident #4 on 10/24/19 at 11:00 am revealed staff obtained her weight, but she did not recall the last time she was weighed.

Interview with a first shift medication aide (MA) on 10/24/19 at 8:00 am revealed:
-Weights were completed by both MAs and personal care aides (PCAs).
-The MAs did the weights or requested for the PCAs to complete the weights, write them down and the MAs documented the weight on the MAR or on the facility "weight documentation" form.
-Usually the residents were weighed on first shift or according to the documented time on the MAR.
-She did not know Resident #4 had weekly weights ordered.
-When there was no documentation of weights on the MAR or the "weight documentation" form that meant the weight was not obtained.

Interview with the Assisted Living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 1:00 pm revealed:
-There was an old process for processing physician orders and the MAs were responsible for ensuring orders were transcribed and the staff told about the order.
-A week ago, she changed the process and shared the new process with staff.
-Now she processed all orders for residents.
-She did not know Resident #4 was not weighed as ordered by the physician.
-She did not know about Resident #4's weights because of the old way orders were processed.

Interview with the Administrator on 10/24/19 at 4:00 pm revealed:
-The Assisted Living RCC was responsible for ensuring residents were weighed as ordered by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 18	D 276		

the physician.
-She did not know Resident #4 was not weighed weekly as ordered by the physician.

b. Review of Resident #4's current FL-2 dated 04/01/19 revealed there was a medication order for digoxin (used to treat arrythmias) 0.125 mg take one tablet daily.

Review of Resident #4's record revealed:
-There was a pharmacy consultation form completed by the pharmacist dated 04/08/19 recommending a digoxin level for Resident #4.
-At the bottom of the form, Resident #4's provider signed the form and dated it 04/15/19 and documented ordering a digoxin level for Resident #4.

Review of Resident #4's quarterly pharmacy reviews revealed:
-There was a pharmacy review completed on 04/08/19 that recommended obtaining a digoxin level for Resident #4.
-There was a pharmacy review completed on 07/09/19 that recommended obtaining a digoxin level for Resident #4.
-There was a pharmacy review completed on 10/10/19 that recommended obtaining a digoxin level for Resident #4.

Review of Resident #4's August 2019, September 2019, and October 2019 medication administration records (MARs) revealed:
-There was an entry for digoxin 0.125 mg take one tablet daily, scheduled for 8:30 am.
-There was documentation of administration from 08/01/19 to 10/22/19.

Observation of Resident #4's medications on hand on 10/24/19 at 8:15 am revealed there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 19	D 276		

a blister pack of digoxin 0.125 mg tablets and twenty of thirty tablets dispensed on 10/09/19 were available for administration.

Interview with Resident #4 on 10/22/19 at 9:25 am revealed:
-She received all of her medication from the staff.
-She had poor vision and she depended on the staff to give her the right medication.
-She did not recall the last time her blood was drawn.

Interview with a first shift medication aide (MA) on 10/24/19 at 8:00 am revealed:
-Prior to 10/17/19 all MAs processed orders and ensured medication orders were transcribed onto the MARs.
-Now only the Resident Care Coordinator (RCC) processed orders.
-There were two medical providers used by the facility.
-One medical provider ordered their labs themselves and the laboratory company came once a certain number of labs were ordered and the labs were drawn in a batch.
-The second medical provider ordered their labs and the laboratory company came sometimes the same day as the order date and sometimes the next day.
-If the lab order required urine or stool, the MAs or the RCC wrote the resident's name on the erasable board in the medication room with the required specimen needed.

Interview with a MA who worked first and third shift on 10/24/19 at 8:12 am revealed:
-Labs were not placed on the MAR, usually and if a resident needed a urine or stool specimen, it was placed on the communication board in the medication room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 20	D 276		

-There was a communication board in the Assisted Living medication room and the Special Care Unit (SCU) medication rooms.
-MAs were responsible for collecting the urine and stool specimens.
-For blood draws, the physicians arranged the collection of the lab specimen.

Attempted interview with Resident #4's physician on 10/24/19 at 11:53 am was unsuccessful.

Interview with the (RCC) on 10/24/19 at 1:00 pm revealed:
-She had never a problem with the labs being completed for residents because the physician's arranged the blood draws with their individual lab companies.
-It was difficult to monitor because there were two different physicians who used two different lab companies with two different processes for collecting the blood draws.
-She did not know Resident #4's digoxin level was not completed as ordered.
-She was responsible for reviewing the pharmacist recommendations.
-She did not know the pharmacist had placed Resident #4's digoxin level on the pharmacist recommendations for the 07/09/19 and 10/10/19.
-She knew the last pharmacy review visit was 10/11/19 and the pharmacist provided a hard copy to her of the recommendations.
-She did not see the pharmacist recommendation about Resident #4's digoxin level needing to be completed.

Interview with the Administrator on 10/24/19 at 4:00 pm revealed:
-She did not know Resident #4's digoxin level was not tested as ordered on 04/15/19.
-The pharmacist usually stopped by her office to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 21	D 276		

discuss any concerns and she did not mention Resident #4 was missing a blood laboratory test during her visits.
-She knew pharmacist recommendation were sent to the AL RCC, SCU RCC, and herself.
-She expected the RCCs to report anything flagged by the pharmacist to the physicians.
-She expected the providers to order and arrange blood draws for residents with their individual lab companies.
-The RCCs were responsible for ensuring the physician orders were completed and followed.

4. Review of Resident #2's current FL-2 dated 10/06/19 revealed diagnoses included acute deep vein thrombosis (DVT) [blood clot], chronic obstructive pulmonary disease (COPD), hypertension (HTN), chronic kidney disease stage 3, peripheral vascular disease (PVD) [reduced blood flow to limbs], heart failure, nosebleeds, and chronic hypoxemic respiratory failure.

a. Review of Resident #2's record revealed:
-There was a consultation note signed by his primary care provider (PCP) and dated 09/27/19 indicating Resident #2 was to continue wearing compression knee highs daily.
-There was a consultation note signed by his PCP and dated 10/04/2019 indicating the PCP sent him to the emergency room due to shortness of breath, HTN, anxiety, and confusion.
-The same consultation note dated 10/04/19 instructed staff to help Resident #2 remove his compression knee highs every night.
-There was documentation dated 10/11/19 indicating that Resident #2 would be having a revascularization procedure in November 2019 to improve blood flow to his left foot.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 22	D 276		

Review of Resident #2's hospital discharge summary dated 10/06/19 revealed:
-He was hospitalized from 10/04/19-10/06/19.
-The discharge diagnoses included acute DVT in both lower extremities, COPD, HTN, stage 3 chronic kidney disease, PVD, chronic heart failure, nosebleeds, and chronic hypoxemic respiratory failure.
-An ultrasound of Resident #2's lower left leg showed a significant DVT from the ankle to the groin.

Review of Resident #2's PCP orders revealed:
-There was an order dated 07/26/19 to restart compression knee highs daily. (Compression knee highs are used to prevent DVT.)

Review of Resident #2's August 2019 medication administration record (MAR) revealed:
-There was an entry for compression knee highs apply every morning and remove at bedtime as needed.
-There were handwritten instructions to put the stockings on at 8:00am and to remove them at 8:00pm.
-There was no documentation indicating the hose were put on Resident #2 for 5 of 31 opportunities.
-There was no documentation indicating the hose were removed for 5 of 31 opportunities.
-There were check marks under the 8:00am entries for 5 of 31 opportunities.
-There were check marks under the 8:00pm entries for 23 of 31 opportunities
-There was a circle with a slash through it under the 8:00pm entry for 1 of 31 opportunities.
-There was a plus sign under the 8:00pm entry for 1 of 31 opportunities.
-There was no documentation on the MAR for the meaning of the check mark, the circle with a slash through it, or the plus sign.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 23 Review of Resident #2's September 2019 MAR revealed: -There was an entry for compression knee highs apply every morning and remove at bedtime as needed. -The date next to the entry was 06/14/19. -There was no documentation indicating the hose were put on Resident #2 during the month of September 2019. Review of Resident #2's October 2019 MAR revealed: -There was an entry for compression knee highs apply every morning and remove at bedtime as needed. -The date next to the entry was 06/14/19. -There was no documentation indicating the hose were put on Resident #2 during the month of October 2019. b. Review of Resident #2's primary care provider (PCP) orders revealed there was an order dated 04/19/19 for weekly weight. Review of Resident #2's August 2019 medication administration record (MAR) revealed there was an entry for check weight weekly at 8:00am. Review of Resident #2's September 2019 MAR revealed there was an entry for check weight weekly at 8:00am. Review of Resident #2's August 2019 vital signs flowsheet revealed there was no documentation of Resident #2's weight for one of four weeks. Review of Resident #2's September 2019 vital signs flowsheet revealed there was no documentation of Resident #2's weight for one of	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 24	D 276		

five weeks.

c. Review of Resident #2's primary care provider (PCP) orders revealed there was an order dated 05/17/19 for blood pressure and heart rate daily.

Review of Resident #2's August 2019 medication administration record (MAR) revealed there was an entry for check blood pressure daily at 8:00am.

Review of Resident #2's September 2019 MAR revealed there was an entry for check blood pressure daily at 8:00am.

Review of Resident #2's October 2019 MAR revealed there was an entry for check blood pressure daily at 8:00am.

Review of Resident #2's August 2019 vital signs flowsheet revealed:
-There was no documentation of Resident #2's blood pressure for 9 days out of 31.
-There was no documentation of Resident #2's heart rate for 10 days out of 31.

Review of Resident #2's September 2019 vital signs flowsheet revealed there was no documentation of Resident #2's blood pressure and heart rate for 4 days out of 30.

Review of Resident #2's October 2019 vital signs flowsheet revealed there was no documentation of Resident #2's blood pressure and heart rate for 1 day out of 21.

Interview with Resident #2 on 10/24/19 at 7:55am revealed:
-He put the compression knee highs on whenever his PCP told him to wear them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 25	D 276		

-He did not have an order to wear them.
-He saw the PCP last week and "forgot what she said about them."
-He wore the compression knee highs one day [unknown] last week.
-A medication aide (MA) [unknown] helped him put them on and told him he had to wear them.
-His blood pressure was checked every morning and evening.
-He did not know how often he was weighed.

Interview with an MA on 10/24/19 at 1:53pm revealed:
-The MAs were responsible for faxing orders to the pharmacy in July of 2019.
-The order for compression knee highs may not have been faxed to the pharmacy.
-If the order was not faxed to the pharmacy, "it was an oversight."

Interview with the assisted living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 2:30pm revealed:
-Since the previous week, she was responsible for faxing the orders to the pharmacy.
-Since the previous week, she was responsible for verifying current orders were on the MARs.
-The MAs used to fax orders to the pharmacy.
-Orders were to be followed as listed on the MAR.
-She called the pharmacy regarding Resident #2's order for compression knee highs.
-The pharmacy received the order for the compression knee highs but did not update the order on the MAR.
-Vital sign flowsheets were reviewed monthly when the MARs were updated.

Interview with the administrator on 10/24/19 at 10:23am revealed:
-She expected orders to be carried out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 276	Continued From page 26 -The AL RCC audited records. -She did not know how often records were audited. -She did not know how often the MARs were audited. -She did not know the process for auditing MARs. Attempted interview with the Resident #2's PCP on 10/24/19 at 11:51 was unsuccessful.	D 276		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the kitchen and food storage areas in a clean and orderly manner free from contamination related to the dry goods storage area, multiple appliances, and multiple unlabeled and undated foods. The findings are: Observation of the kitchen dry goods storage area on 10/22/19 at 12:05pm revealed: -There was a dime-sized, dried dark red spot on the floor. -There was a dead roach on the floor under the canned food storage shelf. -There were crumbs on the metal shelves where the spices were stored.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 282	Continued From page 27 -There were numerous foods that had been removed from the original packaging. -There were four unopened large bags of unlabeled and undated dry cereal. -There were two large bags of unlabeled and undated macaroni; one bag had been opened. -There were several unopened packages of unlabeled and undated cookies. -There were several unopened packages of unlabeled and undated crackers. -There were three 5-pound bags of undated flour; one bag had been opened. -There were three unopened 5-pound bags of undated fudge brownie mix. Observation of the freezer on 10/22/19 at 12:15pm revealed: -There were food crumbs and debris on the interior floor. -There was an open box with unwrapped cookie dough on the top shelf. Observation of the refrigerator on 10/22/19 at 12:20pm revealed: -There was a large circular area of dried cream-colored liquid on the interior floor. -There was paper debris along the sides of the interior floor. Observation of the kitchen on 10/22/19 at 12:25pm revealed: -There were multiple dried orange and brown splatter marks on the interior walls of the microwave. -There were black spots on the back of the metal strip in the ice machine. Interview with the kitchen manager (KM) on 10/22/19 at 12:25pm revealed: -She had not started a cleaning schedule for this	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 282	Continued From page 28 month. -The floors were swept 2-3 times each day. -The ice machine was emptied and disinfected with bleach every two weeks. -Items were not dated because they were used quickly and replenished each week. Interview with a dietary aide (DA) on 10/22/19 at 12:30pm revealed: -She cleaned the ice machine five days ago. -Items were not dated because they were used within a week. Interview with the Administrator on 10/24/19 at 10:23am revealed: -She went into the dry goods storage area once a week. -She could not remember which day last week she went into the dry goods storage area. -The staff did not normally label and date food. -The dried goods were taken out of the original packaging to discourage insects.	D 282		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 287	Continued From page 29	D 287		

This Rule is not met as evidenced by:
Based on observation and interviews the facility failed to ensure the residents in the Special Care Unit (SCU) were provided with a non-disposable place setting, including a knife.

The findings are:

Observation of the dinner meal in the SCU dining room on 10/22/19 from 5:08pm to 5:54pm revealed:
-There were twenty-nine residents seated in the dining room for the dinner meal.
-The silverware was sent to the SCU rolled into napkins; the silverware rolls included a disposable napkin, a fork and a spoon.
-The meal consisted of a turkey club sandwich, French fries, mixed vegetables and a fruit cup.
-None of the sandwiches were cut in half.
-A personal care aide (PCA) used a knife to cut one resident's sandwich in half.

Interview with a resident in the SCU dining room on 10/22/19 at 5:24pm revealed:
-A PCA cut her sandwich in half for her so it would be easier for her to pick up and eat.
-She had to ask the PCA to cut her sandwich for her; if she had a knife, she could have cut the sandwich in half herself and not have to ask for help.
-She would use a knife to cut her food if she was given a knife.

Observation of the breakfast meal in the SCU dining room on 10/23/19 at 8:40am revealed:
-There were thirty-three residents seated in the dining room for the breakfast meal.
-A fork and a spoon were sent rolled into disposable napkins; there were no knives sent to the SCU residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 287	Continued From page 30	D 287		

-The meal consisted of a piece of toast, scrambled eggs and a sausage patty.
-Two residents cut their sausage patty with the side of their fork, one resident stuck her fork into the middle of the patty and ate it off the fork and multiple other residents used their fingers to pick up their sausage patty and eat it.
-None of the staff cut any patties except the one resident who was receiving feeding assistance.

Observation of lunch meal service in the SCU on 10/23/19 at 12:13 pm revealed:
-A SCU resident was served his plate at 12:13 pm.
-He used his fork to begin attempting to cut the pork chop served to him.
-He picked up the pork chop with the prongs of the fork at one point, repositioned the pork chop on his plate and began working to cut a bite of the pork chop again.
-He took his first bite of the pork chop at 12:15 pm after working to cut the meat with the side of his fork for two minutes.

Interview with two residents on 10/23/19 at 8:49am revealed:
-They don't get knives with their meals.
-They used their spoons and forks to cut their food; sometimes they could not cut their meat.
-They used a spoon to spread butter or jelly.
-They did not want to ask staff for help; they would like a knife to use to cut their own food, but they did the best they could to cut their own food.

Interview with a PCA on 10/23/19 at 8:43am revealed:
-The residents only got a spoon and a fork to use to eat; she did not know why the kitchen did not always send knives to the SCU.
-Sometimes the kitchen sent knives when there

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 287	Continued From page 31	D 287		

was a meat that was hard to cut.
-She would help to cut the residents' food when the kitchen sent a knife for her to use.

Interview with a medication aide (MA) on 10/24/19 at 10:25am revealed:
-Knives were never sent to the SCU residents to use; she figured it was just protocol.
-The residents cut their food with spoons and forks; some of the residents struggled.
-The staff would cut resident's food if they needed help; the staff used the spoons and forks to cut residents' food.
-The residents used the spoons to spread jelly and margarine if they needed to spread anything on their food.
-She thought it was a safety issue and that is why the residents did not get silverware to use; they could try to stick the knives in their mouths.
-None of the residents asked for knives but they did ask staff to cut their food for them.

Interview with a second MA on 10/24/19 at 10:35am revealed:
-The kitchen did not send knives for the residents in SCU to use.
-She would walk around and cut food for residents; she usually cut up meats.
-The residents would just sit and wait for the staff to come around to cut up their food so they could eat.
-She used a knife to cut up food if the kitchen sent a knife for her to use; if the kitchen did not send the staff a knife to use, she would use the fork and spoon.
-Residents usually asked for help cutting pork chops when they were served; most residents used the spoon and fork to cut up their food.

Interview with a cook and a dietary aide on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 287	Continued From page 32	D 287		

10/24/19 at 4:12pm revealed:
-The silverware for the SCU was wrapped in the kitchen by the dietary aide and included a fork and a spoon; knives were never sent for the SCU residents to use.
-They did not know why the kitchen did not send knives for the SCU residents use.
-The kitchen staff cut the residents food before it was sent to the SCU or the SCU staff could bring a plate back to have the food cut up.
-The meats were prepared soft enough for residents to cut with a fork.
-There were enough knives to give the residents in the SCU each a knife.

Interview with the Resident Care Coordinator (RCC) for the SCU on 10/24/19 at 11:18am revealed:
-Knives were never sent to the SCU residents for use.
-She thought it was for safety reasons because some of the residents would chew on the silverware or put it in their pockets.
-None of the residents ever asked for knives; the SCU staff always cut any food in the dining room if someone needed something cut up.
-She never saw anyone struggle with cutting food; the staff would ask the residents if anyone needed help.
-If something like a sandwich needed to be cut the SCU staff would take it back to the kitchen to be cut; usually the meat was soft enough to cut with a fork.
-The residents and staff would use a spoon to spread butter or jelly on bread.

Interview with the Administrator on 10/24/19 at 12:11pm revealed:
-The staff usually cut any food the residents in the SCU needed to have cut when they were served

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 287	Continued From page 33 in the SCU dining room. -She was aware residents in the SCU were supposed to have a knife as part of the place setting. -She was "very leary" of giving knives to the residents with dementia in the SCU for safety reasons. -Some of the residents in the SCU tried to take the silverware from the dining room back to their rooms with them. -The kitchen had enough knives to give each resident a knife to use.	D 287		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 8 ounces of milk was served twice daily to residents in the Assisted Living (AL) unit and the Special Care Unit (SCU). The findings are: Review of the food delivery invoices from 09/17/19-10/22/19 revealed 1-2 cases, 4-8	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 299	Continued From page 34	D 299		

gallons, of 2% milk were delivered weekly.

Observation of the refrigerator on 10/22/19 at 12:05pm revealed there were seven gallons of 2% milk for a census of 105 residents.

1. Observation of the dinner meal on the assisted living (AL) unit on 10/22/19 between 5:11pm-5:48pm revealed:
-Beverage of choice was on the menu.
-Water and iced tea were on the beverage cart.
-Milk was not on the beverage cart.
-Milk was not served to any of the residents.

Observation of the 3:00pm snack service on 10/22/19 revealed:
-The beverages offered were orange juice and apple juice.
-Milk was not on the snack table.
-Milk was not served to any of the residents.

Observation of the breakfast meal on the AL unit on 10/23/19 from 8:10am-8:30am revealed:
-There were 46 residents in the dining room.
-Milk was on the menu.
-Residents were offered water, juice, and/or coffee to drink.
-Milk was not on the beverage cart.
-Milk was not served to any of the residents.

Interview with an AL resident on 10/22/19 at 9:15am revealed residents had to ask for milk.

Interview with a second AL resident on 10/22/19 at 9:40am revealed residents had to ask for milk.

Interview with a third AL resident on 10/22/19 at 9:45am revealed she had never seen milk at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 299	Continued From page 35	D 299		

Interview with a fourth AL resident on 10/22/19 at 9:53am revealed residents had to ask for milk.

Interview with a fifth AL resident on 10/22/19 at 10:06am revealed residents could ask for milk.

Interview with a sixth AL resident on 10/22/19 at 9:25 am revealed:
-She had resided at the facility for six or seven months.
-She enjoyed drinking milk and had asked for it one time since her admission.
-When she asked for milk, she was told by staff there was no milk available to give to her.
-She did not know how long ago since she asked for the milk but "it was not that long ago."
-She had not had any milk since arriving at the facility.

Interview with a seventh AL resident on 10/22/19 at 9:58 am revealed:
-She resided at the facility for several years.
-She was not offered milk with her meals.
-If she wanted milk, she would need to request it with her meal.

Refer to interviews with the Kitchen Manager (KM) on 10/22/19 at 12:25pm, on 10/23/19 at 8:40am and 10/24/19 at 1:48pm.

Refer to interview with the Administrator on 10/24/19 at 10:23am.

2. Observation of the dinner meal in the Special Care Unit (SCU) dining room on 10/22/19 from 5:08pm to 5:54pm revealed:
-There were twenty-nine residents seated in the dining room for the dinner meal.
-There were three PCAs serving pre-poured glasses of iced water and iced tea to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 299	Continued From page 36	D 299		

residents; no one was offered or served milk.
-One resident asked a PCA for lactose free milk at the beginning of the meal service; the PCA replied "okay".
-Ten minutes later the same resident asked a second PCA for lactose free milk; the PCA went into the medication room adjacent to the dining room but returned without a lactose free milk for the residents.
-The resident left the dining room at 5:54pm without being served the lactose free milk she requested.

Observation of the breakfast meal in the SCU on 10/23/19 from 8:06am from 8:05am to 9:30am revealed:
-There were thirty-three residents seated in the dining room.
-There were three PCAs serving the residents pre-poured glasses of cranberry juice, orange juice, iced water and pouring coffee.
-There were two eight-ounce glasses of milk sitting on top of the food delivery cart; two residents were served the milk which they poured into bowls of dry cereal.
-None of the other thirty-one residents were offered or served milk.

Interview with a SCU resident on 10/22/19 at 5:54pm revealed:
-She liked to drink lactose free milk or almond milk for every night for dinner.
-She drank lactose free milk due to a lactose intolerance.
-She had to ask the PCAs for the milk every night; she asked for milk three times tonight but never got it.
-The staff never offered any of the residents milk to drink.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 299	Continued From page 37	D 299		

Interview with two residents in the SCU dining room on 10/23/19 at 8:50am revealed:
-They both got cold cereal every morning for breakfast so they also each got a cup of milk to pour over the dry cereal.
-They never asked for milk to drink at any other meals and the staff never offered them milk to drink at any other meals.
-They did not know if they would drink milk if it was offered at other meals.

Interview with a personal care aide (PCA) from the SCU on 10/24/19 at 10:47am revealed:
-There was one resident in the dining room who asked for milk at night and she was always served lactose free milk.
-There were two residents that got milk for their cold cereal at breakfast; the kitchen sent two cups of milk on top of the food deliver cart.
-She never asked the residents if they wanted milk to drink; she used to serve milk a long time ago, but the kitchen stopped sending milk because the residents did not drink it.
-If a resident asked for milk she would go to the kitchen and get it for them; but none of the residents asked for milk.

Interview with a medication aide (MA) on 10/23/19 at 8:52am revealed:
-Only two residents got milk with their meals and that was at breakfast because they got cold cereal every morning.
-The staff did not offer the residents in the SCU if they wanted milk; the residents could ask, and the staff would get milk from the kitchen.
-There was a resident that moved from the AL side of the building and used to ask for milk, but he did not ask for milk to drink anymore; she did not know why he did not ask for milk anymore.
-She did not know why they did not offer milk to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 299	Continued From page 38	D 299		

residents to drink except maybe because none of the residents wanted milk to drink.

Interview with a second MA on 10/24/19 at 10:25am revealed:
-There was one resident in the dining room that drank lactose free milk or almond milk every night at dinner.
-None of the other residents got milk unless it was with their cereal.
-None of the residents in the SCU asked for milk.
-Milk stopped being offered to residents about a year ago, but she did not know why they stopped offering.
-The staff did not offer the SCU residents milk to drink; she thought because they did not drink it.
-Residents could ask for milk to drink and staff could go to the kitchen to get milk.

Interview with the Resident Care Coordinator (RCC) for the SCU on 10/24/19 at 11:18am revealed:
-There was one resident that got almond milk at dinner every night and two residents that got milk with their cereal at breakfast, but the residents in the SCU were not offered milk to drink.
-She was not aware residents were supposed to be offered milk but understood why residents in the SCU should be asked if they wanted milk to drink.

Refer to interviews with the Kitchen Manager (KM) on 10/22/19 at 12:25pm, on 10/23/19 at 8:40am and 10/24/19 at 1:48pm.

Refer to interview with the Administrator on 10/24/19 at 10:23am.

Interview with the Kitchen Manager (KM) on 10/22/19 at 12:25pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 299	Continued From page 39	D 299		

-Residents asked for milk if they wanted it.
-Six residents drank milk daily.
-One case, containing four gallons of 2% milk, had been delivered this morning.
-Milk was offered during snack time.

Interview with the KM on 10/23/19 at 8:40am revealed:
-She sometimes used milk for cooking.
-Milk was not included in the oatmeal that was served for breakfast this morning.
-It was up to the residents to ask for milk if they wanted it.
-Nine residents had cereal with milk this morning.

Interview with the KM on 10/24/19 at 1:48pm revealed:
-Two cases of milk, eight gallons total, were delivered last week.
-She could not locate the milk invoices for August through mid-September 2019.

Interview with the Administrator on 10/24/19 at 10:23am revealed:
-Milk used to be poured for all residents.
-Staff knew which residents liked to drink milk and would serve them milk.
-Milk was no longer poured for all residents because it was wasteful.
-A general announcement asking who wanted milk was made before each meal on the AL unit.
-Eight-ounce milk cartons were not provided for the residents because they were "not home-like."
-Residents asked for milk if they wanted it.
-She expected residents with an order for milk at meals to be served milk with meals.
-She and the AL RCC verified the diet order list.
-She performed random diet audits monthly.
-The last time she performed a random diet audit was in September 2019.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure a current and accurate diet list was maintained for 3 of 7 sampled residents (#1, #3, and #4) related to orders for chopped meats (#1), a lactose-free diet (#3), and serving milk with breakfast and dinner (#4). The findings are: 1. Review of Resident #1's current FL2 dated 05/31/19 revealed: -Diagnoses included glaucoma, pyelonephritis, gastro reflux, proteus bacteremia, history of stroke, type 2 diabetes, hypertension, obesity, cerebrovascular accident with right hemiparesis. -There was a diet order for no concentrated sweets. Review of Resident #1's physician order's on 10/04/19 revealed a diet order for chopped meats. Review of the resident diet chart dated 10/22/19 provided by the Kitchen Manager (KM) revealed: -There was documentation Resident #1's diet was no concentrated sweets.	D 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 309	Continued From page 41 -There was no documentation Resident #1 had an order for chopped meats. Refer to interview with the KM on 10/22/19 at 12:25pm. Refer to interview with the assisted living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 8:50am. Refer to interview with the Administrator on 10/24/19 at 10:23 am. 2. Review of Resident #3's current FL-2 dated 09/04/19 revealed: -Diagnoses included congestive heart failure (CHF), cardiomyopathy, dementia, depression, chronic diarrhea, and urinary retention. -There was a diet order for mechanical soft and no added salt diet. Review of Resident #1's physician order's on 09/27/19 revealed a diet order for lactose-free diet with the diagnosis of lactose intolerance. Review of the resident diet chart dated 10/22/19 provided by the KM revealed: -There was documentation Resident #3's diet was regular mechanical soft. -There was no documentation Resident #3 had an order for a no added salt diet. -There was no documentation Resident #3 had an order for a lactose-free diet. Refer to interview with the KM on 10/22/19 at 12:25pm. Refer to interview with the AL RCC on 10/24/19 at 8:50am.	D 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 309	Continued From page 42 Refer to interview with the Administrator on 10/24/19 at 10:23 am. 3. Review of Resident #4's current FL-2 dated 04/01/19 revealed: -Diagnoses included blindness, hypertension, hyperlipidemia, sleep apnea, atrial fibrillation, chronic obstructive pulmonary disease, and history of diabetes mellitus. -There was a diet order for no added salt (NAS). Review of Resident #4's care plan with an assessment date 03/29/19 revealed there was documentation that Resident #4's diet was NAS. Review of Resident #4's record revealed: -There was a diet order documented on a physician visit summary dated 04/08/19 for mechanical soft, pureed meats. -There was a physician's order dated 07/12/19 that indicated give resident milk at breakfast and dinner. Review of the resident diet chart dated 10/22/19 provided by the KM revealed: -There was documentation Resident #4's diet was no concentratrated sweets, mechanical soft, pureed meats only. -There was no documentation Resident #4 had an order for milk at breakfast and dinner. Refer to interview with the KM on 10/22/19 at 12:25pm. Refer to interview with the AL RCC on 10/24/19 at 8:50am. Refer to interview with the Administrator on 10/24/19 at 10:23 am.	D 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 309	Continued From page 43 Interview with the KM on 10/22/19 at 12:25pm revealed the AL RCC maintained the diet list for the AL unit. Interview with the AL RCC on 10/24/19 at 8:50am revealed: -The Administrator maintained the diet list until 2-3 months ago. -She verified the diet list two months ago. -She and the Administrator were responsible for making sure the diet list was current. -Since the previous week, she was responsible for informing the kitchen staff of new diet orders. -She updated the list when a diet was changed or when a new resident was admitted. -She used a compliance tracker and dietary tracker on her computer. Interview with the Administrator on 10/24/19 at 10:23 am revealed: -She and the AL RCC maintained the diet list. -She performed random diet audits monthly. -She last performed an audit in September 2019.	D 309		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to serve diets as ordered for 4 of 7 sampled residents (#1, #3, #4, and #7) related to chopped meats, no	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 44	D 310		

concentrated sweets, mechanical soft, and serving milk with breakfast and dinner.

The findings are:

1. Review of Resident #7's current FL-2 dated 03/20/19 revealed:
-Diagnoses included respiratory failure, dysphagia (difficulty swallowing), gastrointestinal hemorrhage, polyneuropathy, chronic obstructive pulmonary disease (COPD), and benign neoplasm prostate.
-There was a diet order for mechanical soft and supplemental shakes with each meal.

Review of Resident #7's record revealed:
-There was an order dated 04/30/19 discontinuing the supplemental shakes with each meal.
-There was a diet order dated 09/10/19 for regular mechanical soft.

Review of the menu spreadsheet for the dinner meal served on 10/22/19 provided by the Kitchen Manager (KM) revealed:
-The mechanical soft diet meal was a turkey salad sandwich no raw [rest of description not visible], mashed potatoes, steamed vegetables, fruit cup, and beverage of choice.

Observation of the dinner meal on 10/22/19 from 5:11pm-5:48pm revealed:
-Resident #7 was served a turkey sandwich with bacon, lettuce, and tomato; french fries; peas and carrots; iced tea; and water.
-Resident #7 was not served a mechanical soft meal.
-Resident #7 ate the meal as served.

Interview with Resident #7 on 10/24/19 at 7:57am revealed he was not aware he had a special diet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 45	D 310		

order.

Interview with Resident #7's primary care provider (PCP) on 10/24/19 at 2:15pm revealed:
-Resident #7 was aware that he needed to be careful while eating.
-Resident #7's family requested a mechanical soft diet because Resident #7 did not have teeth.

Refer to interview with the KM on 10/23/19 at 8:20am.

Refer to interview with a dietary aide (DA) on 10/23/19 at 8:54am.

Refer to interview with the Assisted Living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 8:50am.

Refer to interview with the Administrator on 10/24/19 at 10:23am.

2. Review of Resident #1's current FL2 dated 05/31/19 revealed:
-Diagnoses included glaucoma, pyelonephritis, gastro reflux, proteus bacteremia, history of stroke, type 2 diabetes, hypertension, obesity, cerebrovascular accident (CVA) with right hemiparesis.
-There was a diet order for no concentrated sweets.

Review of Resident #1's physician order's on 10/03/19 revealed:
-The facility was to set up speech therapy for the resident.
-The diagnosis was dysphagia and vomiting.

Review of Resident #1's physician order's on 10/04/19 revealed a diet order for chopped

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 46	D 310		

meats.

Review of Resident #1's physician orders on 09/11/19 revealed Resident #1 was ordered physical therapy and occupational therapy for CVA with right sided weakness and contracture to right hand and fingers.

Review of Resident #1's care plan dated 05/31/19 revealed:
-Resident #1 was ordered a no concentrated sweets diet.
-Resident #1 had slurred speech.

Observation of Resident #1 on 10/22/19 at 9:58 revealed:
-She was sitting upright in a wheelchair and her right lower arm was in a brace.
-She had slurred speech.

Review of the menu spreadsheet for the dinner meal served on 10/22/19 provided by the Kitchen Manager (KM) revealed:
-The no concentrated sweets diet meal was a turkey club sandwich, potato wedges, steamed vegetables, fruit cup, and diet beverage of choice.

Observation of the dinner meal on 10/22/19 from 5:11pm-5:48pm revealed:
-Resident #1 was served a turkey sandwich with bacon, lettuce, and tomato; french fries; peas and carrots; and water.
-The turkey and bacon in Resident #1's sandwich were not chopped.

Review of the menu spreadsheet for the breakfast meal served on 10/23/19 provided by the KM revealed:
-The no concentrated sweets diet meal was juice of choice, fresh fruit, oatmeal with raisins, egg,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 47 diet breakfast bread, margarine, diet jelly or diet syrup, milk, and coffee or hot tea. Observation of the breakfast meal on 10/22/19 from 8:10am-8:30am revealed: -Resident #1 was served scrambled eggs, chopped sausage, oatmeal, toast, red juice, coffee, and water. Interview with Resident #1 on 10/22/19 at 9:58 am revealed: -She had a stroke. -She had a hard time swallowing her food. -She was on a special diet, but she did not know what type of diet. Second interview with Resident #1 on 10/23/19 at 2:48 pm revealed: -She vomited about a month ago. -She did not know why she vomited. -She had a therapist come and check her throat. -When she was served meals, her meat was not chopped, and she would have to chop the meat by herself. -Meat was tough for her to eat. Attempted telephone interview with Resident #1's primary care physician (PCP) on 10/24/19 at 3:00 pm was unsuccessful. Interview with the KM on 10/23/19 at 8:20am revealed: -She was responsible for ordering the food according to the therapeutic diets. -She did not have diet breakfast bread for the no concentrated sweets diet. -She did not order diet breakfast bread for the no concentrated sweets diet. -She did not have a reason for not ordering the diet bread.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 48 Refer to interview with a dietary aide (DA) on 10/23/19 at 8:54am. Refer to interview with the Assisted Living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 8:50am. Refer to interview with the Administrator on 10/24/19 at 10:23am. 3. Review of Resident #3's current FL-2 dated 09/04/19 revealed: -Diagnoses included congestive heart failure (CHF), cardiomyopathy, dementia, depression, chronic diarrhea, and urinary retention. -There was a diet order for mechanical soft and no added salt diet. Review of Resident #1's physician order's on 09/27/19 revealed a diet order for lactose free diet with the diagnosis of lactose intolerant. Review of the menu spreadsheet for the dinner meal served on 10/22/19 provided by the Kitchen Manager (KM) revealed: -The mechanical soft diet meal was a turkey salad sandwich no raw [rest of description not visible], mashed potatoes, steamed vegetables, fruit cup, and beverage of choice. Observation of the dinner meal on 10/22/19 from 5:11pm-5:48pm revealed: -Resident #3 was served a turkey sandwich with bacon, lettuce, and tomato; french fries; peas and carrots; and iced tea. -Resident #3 was not served a mechanical soft meal. -Resident #3 took the bacon out of his sandwich.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 49	D 310		

Review of the menu spreadsheet for the breakfast meal served on 10/23/19 provided by the KM revealed:
-The mechanical soft diet was juice of choice, canned fruit, oatmeal, egg, #12 scoop ground breakfast meat, assorted breakfast breads, margarine, jelly or syrup, milk, and coffee or hot tea.

Observation of the breakfast meal on 10/22/19 from 8:10am-8:30am revealed:
-Resident #3 was served scrambled eggs, a sausage patty, toast, water, and red juice.
-A personal care aide (PCA) cut the sausage patty into 2-inch by 1-inch slices.

Interview with Resident #3 on 10/23/19 at 3:00 pm revealed:
-He did not add any salt to his food.
-His diet was lactose free for six months.

Attempted telephone interview with Resident #3's primary care physician (PCP) on 10/24/19 at 3:00 pm was unsuccessful.

Refer to interview with the KM on 10/23/19 at 8:20am.

Refer to interview with a dietary aide (DA) on 10/23/19 at 8:54am.

Refer to interview with the Assisted Living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 8:50am.

Refer to interview with the Administrator on 10/24/19 at 10:23am.

4. Review of Resident #4's current FL-2 dated 04/01/19 revealed diagnoses included blindness,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 50	D 310		

hypertension, hyperlipidemia, sleep apnea, atrial fibrillation, chronic obstructive pulmonary disease, and history of diabetes mellitus.

Review of Resident #4's record revealed there was a physician's order dated 07/12/19 to give resident milk at breakfast and dinner.

Review of the menu spreadsheet for the dinner meal served on 10/22/19 provided by the kitchen manager (KM) revealed:
-The mechanical soft diet meal was a turkey salad sandwich no raw [rest of description not visible], mashed potatoes, steamed vegetables, fruit cup, and beverage of choice.

Observation of the dinner meal on 10/22/19 from 5:11pm-5:48pm revealed:
-Resident #4 was served pureed turkey, mashed potatoes, bread, raw tomatoes, tea, and water.
-Resident #4 was not served milk.

Review of the menu spreadsheet for the breakfast meal served on 10/23/19 provided by the KM revealed:
-The mechanical soft diet was juice of choice, canned fruit, oatmeal, egg, #12 scoop ground breakfast meat, assorted breakfast breads, margarine, jelly or syrup, milk, and coffee or hot tea.

Observation of the breakfast meal on 10/22/19 from 8:10am-8:30am revealed:
-Resident #4 was served scrambled eggs, pureed sausage, oatmeal, toast, red juice, and water.
-Resident #4 was not served milk.

Interview with Resident #4 on 10/22/19 at 9:25 am revealed she had not been served milk since her admission in March 2019.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 51 Attempted telephone interview with Resident #4's physician on 10/24/19 at 11:53 am was unsuccessful. Interview with the Assisted Living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 4:15 pm revealed she did not know Resident #4 had a physician's order to give Resident #4 milk at breakfast and dinner. Interview with the Administrator on 10/24/19 at revealed she did not know Resident #4 had an order to be given milk at breakfast and dinner. Refer to interview with the Kitchen Manager (KM) on 10/23/19 at 8:20 am. Refer to interview with a dietary aide (DA) on 10/23/19 at 8:54 am. Refer to interview with the AL RCC on 10/24/19 at 8:50 am. Refer to interview with the Administrator on 10/24/19 at 10:23 am. _____ Interview with the Kitchen Manager (KM) on 10/23/19 at 8:20am revealed: -She was responsible for ordering the food according to the therapeutic diets. -She did not have diet breakfast bread for the no concentrated sweets diet. -She did not order diet breakfast bread for the no concentrated sweets diet. -She did not have a reason for not ordering the diet bread. -The turkey and bacon in the sandwiches for the previous evening meal should have been chopped up for the mechanical soft diet.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 310	Continued From page 52 -The lettuce in the sandwiches for the previous evening meal should have been cut in thin strips for the mechanical soft diet. -The residents on mechanical soft diets should not have received raw tomato. Interview with a dietary aide (DA) on 10/23/19 at 8:54am revealed: -The cook was responsible for chopping the mechanical soft diets. -The residents on mechanical soft diets were served raw lettuce and tomato with the previous evening's meal. Interview with the Assisted Living (AL) Resident Care Coordinator (RCC) on 10/24/19 at 8:50am revealed: -Since the previous week, she was responsible for informing the kitchen staff of diet orders. -She was learning which diets were ordered for each resident. -She last observed meal service on 10/16/19 or 10/17/19. Interview with the Administrator on 10/24/19 at 10:23am revealed: -There was a spreadsheet in the kitchen that indicated food items to be served for each diet. -If the KM didn't order an item for a therapeutic diet list, the KM and the administrator purchased them at a local grocery store. -She observed meal service weekly. -She observed the lunch meal last week in the AL unit. -The mechanical soft diets were served correctly.	D 310		
D 312	10A NCAC 13F .0904(f)(2) Nutrition and Food Service	D 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 312	Continued From page 53 10A NCAC 13F .0904 Nutrition and Food Service (f) Individual Feeding Assistance in Adult Care Homes: (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect. This Rule is not met as evidenced by: Based on observations, and interviews, the facility failed to assure residents in the Special Care Unit (SCU) who required assistance with eating, were assisted upon receipt of the meal in a timely manner. The findings are: Observation of the dinner meal in SCU dining room on 10/22/19 from 5:00pm to 5:54pm revealed: -The food delivery cart with the SCU residents' food trays arrived at the dining room at 5:06pm. -There were twenty-eight residents seated in the dining room at eight tables. -At 5:20pm there was one table with four residents and a personal care aide (PCA) seated; two residents had a tray and were being prompted to eat by the PCA, a third resident was being assisted with eating by the PCA, and the fourth resident did not have a tray. -At 5:43pm a PCA began to assist the fourth resident with eating their meal. -There was a second table with three residents and a PCA seated; two residents were being assisted with eating by the PCA that sat between them and the third resident did not have a tray. -There was a third table that had three residents seated; two of the residents were eating their meals and the third resident had a tray but was	D 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 312	Continued From page 54	D 312		

not eating.
-There was a third PCA assisting the other residents in the dining room with beverages and trays; when she finished serving trays to residents, she sat at the third table and began to assist the third resident at the third table with their meal.
-The medication aide (MA) passed medication during the meal.

Observation of the breakfast meal on 10/23/19 from 8:05am to 9:30am revealed:
-The food delivery cart with the SCU residents' food trays arrived at the dining room at 8:05am; the PCAs were still escorting residents to the dining room.
-There were thirty-three residents seated in the dining room at eight tables.
-At 8:35am there were three PCAs that began serving the residents in the dining room.
-At 8:51am two of the PCAs began to assist residents who needed assistance with eating; one PCA continued to assist the remainder of residents with trays and beverages while the MA passed medication.
-There was one table with four residents and a PCA; one resident was eating independently, a second resident was being assisted to eat by a PCA, a third resident was sitting in front of her plate watching the other residents eat and the fourth resident did not have a plate.
-There was a second table with three residents and a PCA; two residents sat in front of their trays while the PCA assisted the third resident her meal.
-There was a third table with four residents and no PCA; three of the residents began to eat independently at 8:40am while the fourth resident watched the other residents eat.
-At 8:55am the third PCA sat at the third table and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 312	Continued From page 55	D 312		

assisted the fourth resident at the table with her meal; the fourth resident had waited for fifteen minutes for a PCA to assist her with her meal.
-There was a fourth table with three residents.
-None of the residents had trays and the three residents sat at the table for an extra ten minutes while the three PCAs assisted other residents at other tables.
-At 9:00am the third PCA moved from the third table to the fourth table with a tray and began to assist one of the three residents with eating.
-The PCA from the first table moved to the fourth table and began to feed one of the residents.

Interview with a PCA on 10/24/19 at 10:34am revealed:
-There were thirteen residents that required eating or meal assistance from staff.
-The staff sat all the residents who required assistance with eating together at tables for meals because it was easier to assist the residents when they sat at the same table.
-She only assisted one resident with eating at a time; there were three to for four PCAs available to assist the residents with eating during meals.
-Sometimes the MA would help assist residents with eating when they were done passing medications; the MA never helped assist residents at breakfast because the MA was busy passing medication.
-She could assist two to three residents during a meal; it would depend on how fast a resident would eat.
-Residents who ate "slow" would take thirty minutes to assist and the residents who ate faster took twenty minutes to eat.
-There were some residents that would have to wait to be assisted with their meals, but they only waited about "five minutes".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 312	Continued From page 56	D 312		

Interview with a medication aide (MA) in the SCU on 10/22/19 at 5:24pm revealed:
-She tried to assist the PCAs with resident meals when she completed the evening medication pass.
-The staff tried to put the residents that needed to be assisted with their meals together at one table; those residents were assisted with eating their meals after the other residents in the dining room were given their trays of food.
-One PCA usually sat between two residents who needed to be assistance to eat and assisted both residents at the same time.

Interview with a second MA in the SCU on 10/24/19 at 10:20am revealed:
-She did not help assist residents with breakfast because she was "busy" passing medication in the mornings; she helped assist residents with eating at lunch time.
-There were thirteen residents that needed staff assistance with their meals or eat their meals.
-She assited three to four residents during lunch time; she assited one resident at a time to eat their meals and it took her ten minutes to assist one resident.
-Not all the residents needed to be assisted by staff to eat their meals; some of the residents just needed to be reminded and prompted to eat.
-Residents that needed help with eating their meals would "have to wait" until staff could assist them.
-She felt rushed when she assisted residents because there were so many residents who needed assistance with eating.

Interview with the Resident Care Coordinator (RCC) for the SCU on 10/24/19 at 11:18am revealed:
-There were thirteen residents in the SCU dining

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 312	Continued From page 57	D 312		

roomwho required assistance with their meals or with eating; none of the residents were ate in their rooms, everyone ate in the dining room.
-The PCAs assisted the residents with eating at breakfast because the MA was passing medication to the residents; the RCC helped assist residents at lunch and dinner "when she could".
-It took "five to ten minutes" to assist a resident with eating; some residents ate slower than others.
-One PCA could assist three to four residents with eating at one meal, depending on which resident they assisted.
-Meal times lasted one hour and fifteen minutes from start to finish.
-Sometimes she would assist residents with eating their meals or help monitor the dining room while the MA and PCAs assisted the residents.
-The residents who required assistance with meals and eating were all seated at the same table.
-The staff was trained to take 10-15 minutes to assist each resident and to assist one resident at a time.
-She did recognize some residents waited to be assisted with eating or meals, but not longer than "five or ten minutes".

Interview with the Administrator on 10/23/19 at 10:20am revealed:
-She knew there were "a lot" of residents who needed assistance with eating during the meal.
-There were three to four PCAs and one MA to assist residents during meal time; she expected the MA to help assist residents with meals and eating.
-She did not know the MA was not able to assist residents for breakfast due to the medication pass.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 312	Continued From page 58 -PCAs were expected to assistone residents with eating one at a time; it was not acceptable to assst more than one resident at a time. -She realized there was an issue with assisting some residents to eat while other residents sat and waited; she knew there needed to be more help at meal times to assist the residents with eating.	D 312		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medications were administered as ordered for 1 of 2 sampled residents (#8) observed during the medication pass on the special care unit which included errors with the administration of sliding scale insulin. The findings are: The medication error rate was 4% as evidenced by the observation of 1 error out of 25 opportunities during the 8:00 am and 11:30 am medication pass on 10/23/19. Review of Resident #8's current FL-2 dated	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 358	Continued From page 59	D 358		

revealed:
-Diagnoses included type 2 diabetes mellitus, paroxysmal atrial fibrillation, Alzheimer's disease, hypertension, chronic kidney disease, and chronic obstructive pulmonary disease.
-There was a medication order for Novolog sliding scale check finger stick blood sugar (FSBS) before meals and at bedtime; 150 - 200= 2 units, 201 - 250 = 4 units, 251 - 300 = 6 units, 301 - 350 = 8 units, 351 - 400 = 10 units, call physician if blood sugar less than 70 or over 400.

Review of Resident #8's October 2019 medication administration record (MAR) revealed:
-There was an entry for Novolog injection flexpen check FSBS before meals and at bedtime with sliding scale insulin as follows: 150 - 200 - 2 units, 201 - 250 = 4 units, 251 - 300 = 6 units, 301 - 350 = 8 units, 351 - 400 = 10 units, call provider if blood sugar less than 70 or over 400 (prime pen with 2 units prior to each use, scheduled for 7:30 am, 11:30 am, 4:30 pm, and 8:30 pm.
-There was documentation of "see flowsheet" beside each scheduled time to include 7:30 am, 11:30 am, 4:30 pm, and 8:30 pm.

Review of Resident #8's facility blood sugar monitoring sliding scale form for October 2019 revealed:
-There was a column for the date on the left side of the form.
-There were four sets of columns that included results, sliding scale units, staff initials.
-There was documentation on 10/23/19 at 11:30 am of 194 for the FSBS in the results column, 2 units in the sliding scale column and staff initials.

Observation of medication pass on 10/23/19 at 11:35 am revealed:
-The medication aide (MA) checked Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 358	Continued From page 60	D 358		

#8's FSBS at 11:22 am and it was 194.
-The MA returned to the medication room and began preparing Resident #8's insulin.
-She used correct technique when the insulin was administered to Resident #8.
-After receiving insulin, Resident #8 wheeled himself to his designated spot at the dining room.
-The food cart was not on the Special Care Unit (SCU) after Resident #8 received insulin at 11:38 am.
-The food cart arrived on the SCU at 12:09 pm and Resident #8 started eating his lunch meal at 12:15 pm, 38 minutes after receiving Novolog, a rapid-acting insulin.
-The MA did not administer the Novolog sliding scale insulin to Resident #8 as ordered.

Review of the manufacturer's guidelines for Novolog flexpen revealed Novolog was a fast-acting insulin and should be given within 5 or 10 minutes prior to the start of a meal.

Interview with the MA on 10/24/19 at 1:16 pm revealed:
-She did FSBS at 7:30 am and 11:30 am if the food will be on the unit within 30 minutes.
-She did not call dietary manager or the dietary staff to determine when the food trays would be delivered.
-She gave the sliding scale insulin and thought the food trays would be delivered within 30 minutes.
-Sometimes the food was delivered within 30 minutes and sometimes it was not delivered.
-She did not do anything for the resident if it was not delivered within 30 minutes.
-She did not know if they were able to call over to the dietary staff to ask when the food trays would be delivered, but it would help if the MAs knew.
-She was trained by the SCU Resident Care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 358	Continued From page 61 Coordinator (RCC) and she taught her to administer the sliding scale insulin 15 to 30 minutes before a meal was served. -She knew on 10/23/19 that Resident #8 received Novolog insulin too early when she looked at the time on her cell phone and the food was not on the unit yet. -Her usual process when she administered sliding scale insulin was to start at 11:45 am but she did not do that on 10/23/19. -She knew Novolog insulin was a fast-acting insulin. -She did not know she had administered Novolog insulin 38 minutes prior to Resident #8 taking his first bite of the lunch meal. -She had discussed length of time between the administration of Resident #8's Novolog insulin and the lunch meal arriving to the unit with her supervisor on 10/23/19, the SCU RCC. Interview with the pharmacist at the contract pharmacy on 10/24/19 at 12:07 pm revealed: -Novolog should be administered before meals and the orders for sliding scale insulin were scheduled on the MARs 30 minutes prior to meals at the facility. -When the pharmacy began doing business with a new facility or a facility, they discussed the times to place on the MAR for medications. -For this facility the scheduled times for sliding scale insulin on the MAR were 7:30 am, 11:30 am, 4:30 pm and bedtime was 8:00 pm. -Novolog was a quicker acting insulin and should be administered fairly close to the meal time. -Novolog was to be administered 15 to 30 minutes prior to the meal. -Novolog insulin administered 38 minutes prior to the meal was administered to early and the timing of administration was important to the safety of the resident.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 358	Continued From page 62 -The resident's blood sugar reading was important and sliding scale insulin was administered in response to the blood sugar reading. -Because the resident's blood sugar was 194 administering the 2 units of Novolog insulin was not an emergent situation but it was concerning especially if the sliding scale insulin was given with a scheduled dose of insulin. -Good practice would be to give Novolog insulin within a 15 to 30 minutes window of time. Interview with Resident #8's physician on 10/24/19 at 2:15 pm revealed: -Resident #8 was ordered sliding scale insulin by a previous provider and she did not adjust the order when she began caring for him. -Resident #8 has diabetes and the reason for the sliding scale insulin was because of his variable FSBS. -Resident #8 was having blood sugar readings in the 300's and he needed insulin coverage. -She expected Resident #8 to have sliding scale insulin administered within 15 minutes prior to meals. -If Resident #8 received sliding scale insulin for a longer period of time before eating his blood sugar may drop to low. Interview with the SCU RCC on 10/24/19 at 1:40 pm revealed: -She trained the SCU MA and taught her to administer sliding scale insulin 15 to 30 minutes prior to the meal. -She did not teach her any interventions if the meal was late. -She thought Resident #8 received his meal more than 20 minutes after his insulin was administered, and she did not know it was 38 minutes.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 358	Continued From page 63 -She and the Administrator were responsible for ensuring medications were administered as ordered . Interview with the Administrator on 10/24/19 at 4:00 pm revealed: -The RCCs and the MAs were responsible for administering medications as ordered. -She expected sliding scale insulin to be administered within 15 to 30 minutes of the meal service and if the meal service was late to give the resident crackers, juice, something to eat until the meal was served. -The MAs were provided with classes on medication administration taught by the Licensed Health Professional Support (LHPS) nurse upon hire and by the contracted pharmacy when the schedule allowed.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 367	Continued From page 64 (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records (MAR) for 1 of 7 sampled residents (Resident #1) related to the documentation of administration of an antiemetic. The findings are: Review of Resident #1's current FL2 dated 05/31/19 revealed diagnoses included glaucoma, pyelonephritis, gastro reflux, proteus bacteremia, history of stroke, type 2 diabetes, hypertension, obesity, cerebrovascular accident with right side hemiparesis. Review of Resident #1's physician's orders dated 10/04/19 revealed Zofran 4mg every 8 hours as needed for nausea and vomiting. Review of Resident #1's medication administration record (MAR) for October 2019 revealed: -There was no entry for Zofran 4 mg. -There was no documentation Zofran 4 mg was	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 367	Continued From page 65	D 367		

administered from 10/04/19 to 10/24/19.
-There was no documentation for the reason Resident #1's was not administered Zofran on the back of the October 2019 MAR.

Interview with Resident #1 on 10/23/19 at 2:48 pm revealed:
-She was sick and vomiting in September 2019.
-She did not know why she was vomiting.
-She did not know if she received medication for nausea and vomiting.

Observation of Resident #1's medications on hand on 10/24/19 at 3:30 pm revealed there was 30 tablets of Zofran dispensed on 10/04/19 with 27 tablets remaining and available for administration.

Interview with the Resident Care Coordinator (RCC) on 10/23/19 at 3:31 pm revealed:
-She transcribed new orders onto the MARs.
-Medication aides (MAs) had transcribed orders onto the MARs until the week of 10/14/19.
-She did not know Resident #1 had an order for Zofran.
-She did know Resident #1 was nauseated and vomited at the beginning of October 2019.
-The MA that worked with Resident #1 at the time the order was received by the facility was responsible for faxing the order to the pharmacy and transcribing the order on the MAR.
-MAs were responsible for MAR audits.
-She started auditing MARs in October 2019.
-She was responsible for ensuring the information on the MARs was accurate.
-She was responsible for auditing MARs.
-She audited Resident #1's record and orders in August 2019.
-She did not know Zofran was not transcribed on Resident #1's October 2019 MAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 367	Continued From page 66 -She expected MAs to transcribe the Zofran order on the MAR and administer the medication to Resident #1 as ordered. Telephone interview with a representative from the contracted pharmacy on 10/23/19 at 4:25 pm revealed: -Zofran 4 mg every 8 hours as needed for nausea and vomiting was the current order for Resident #1. -On 10/04/19, there were 30 tablets of Zofran dispensed. -The pharmacy provided MARs to the facility with the current medication orders printed on the MARs. -If there were any mid-month medication order changes or medication orders after the new MARs were sent, the pharmacy did not place them on the MARs until the following month. -Zofran would be printed on the November 2019 MAR. -November 2019 MARs would be delivered to the facility on 10/25/19. Interview with the Administrator on 10/24/19 at 8:42 am revealed: -She did not know there was no entry for Zofran on Resident #1's October 2019 MAR. -The MAs were responsible for transcribing medication orders on the MARs. -The RCC was "now" responsible for transcribing medication orders on the MARs. -The RCC was responsible for MAR audits. Interview with a medication aide (MA) on 10/24/19 at 10:35 am revealed: -She worked directly with Resident #1. -There were 3 tablets of Zofran "missing" from Resident #1's medication card dispensed on 10/04/19.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 367	Continued From page 67	D 367		

-Zofran was not transcribed on Resident #1's October 2019 MAR.
-She did not know Zofran was ordered for Resident #1 in October 2019.
-She did not know why Zofran was not transcribed on the MAR.
-Zofran was not documented as administered on Resident #1's October 2019 MAR.
-If Zofran was a current order, the medication could have been administered every 8 hours as needed for nausea and vomiting.
-If Zofran was administered, it should have been documented on the MAR.
-She did not administered Zofran to Resident #1 in October 2019.
-Documentation for as needed medications should be transcribed on the back of the MAR with the MA initials.

Interview with the Administrator on 10/24/19 at 11:15 am revealed:
-She did not know Zofran was missing from Resident #1's medication card.
-She did not know Zofran was not documented on Resident #1's October 2019 MAR.
-She expected the MARs to be accurate and she expected MAs to document medication administration on the MAR.

Interview with the Resident Care Coordinator (RCC) on 10/24/19 at 11:17 am revealed:
-She did not know three tablets of Zofran were missing from Resident #1's medication card.
-She did not know Zofran was not documented on Resident #1's October 2019 MAR.
-She expected the MARs to be accurate and she expected MAs to document medication administration on the MAR.

Attempted telephone interview with Resident #1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092131	A. BUILDING: _____ B. WING _____	R 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

(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
D 367	Continued From page 68 Primary Care Provider (PCP) on 10/24/19 at 3:00 pm was unsuccessful.	D 367		