STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 an annual survey and complaint investigation on February 1-2, 2022.	D 000		
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, interviews and record reviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 4 of 5 sampled residents (Residents #2, #5, #3, and #4) on the 12/12/21 morning medication pass, including medications for high blood pressure, reduction of risk of heart attack, muscle spasms, high cholesterol and vitamin D deficiency (Resident #2); medications for depression, anxiety, reduction of risk of heart attack, constipation, high cholesterol, anemia, fluid retention and swelling, nerve pain, elevated blood sugar, diabetes, heart failure and vitamin D deficiency (Resident #5), medications for anxiety, high blood pressure and vitamin D deficiency (Resident #3); and medications for Parkinson's disease, high blood pressure, fluid retention and swelling, low potassium, and constipation (Resident #4). The findings are:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 1 Review of the facility's Medication Administration and Medication Error Policy revealed: -The facility shall ensure that all medications are prepared and administered as ordered by the prescribing practitioner. -Each medication will be dispensed based on the time the medication is to be administered. -All medication errors must be reported to the manager on call immediately and the manager on call is responsible for contacting the residents' physician for guidance. -The resident is to be monitored closely by facility staff every 10 to 15 minutes for side effects until physician is contacted and a plan of action is determined. -The medication aide responsible for the medication error must complete the medication error report. 1. Review of Resident #2's current FL2 dated 11/04/21 revealed diagnoses included status post aortic valve replacement, history of cerebrovascular accident, hypotension, acute metabolic encephalopathy, obstructive sleep apnea, coronary artery disease. a. Review of Resident #2's current FL2 dated 11/04/21 revealed an order for amlodipine besylate 2mg (used to treat high blood pressure) take one tablet by mouth daily. Review of Resident #2's December 2021 electronic medication administration record (eMAR) revealed: -There was a computer generated entry for amlodipine besylate 2mg, take on tablet by mouth daily. -Amlodipine besylate was not documented as administered at 8:00am on 12/12/21.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 2 -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #2's medications available for administration on 02/02/22 at 3:00pm revealed there was cassette of amlodipine besylate 2mg with a pharmacy label and directions to take one tablet by mouth daily. b. Review of Resident #2's current FL2 dated 11/04/21 revealed an order for aspirin EC 81mg (used to reduce the risk of heart attack) take one tablet by mouth daily. Review of Resident #2's December 2021 (eMAR) revealed: -There was a computer generated entry for aspirin 81mg, take one tablet by mouth daily. -Aspirin was not documented as administered at 8:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #2's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette for aspirin 81mg with a pharmacy label and directions to take one tablet by mouth daily. c. Review of Resident #2's current FL2 dated 11/04/21 revealed an order for baclofen 10mg (used to treat muscle spasms) take one tablet by mouth three times daily. Review of Resident #2's December 2021 (eMAR) revealed: -There was a computer generated entry for baclofen 10mg, take one tablet by mouth three	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 3	D 358		

times daily.
-Baclofen was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #2's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of baclofen 10mg with a pharmacy label and directions to take one tablet by mouth three times daily.

d. Review of Resident #2's current FL2 dated 11/04/21 revealed an order for fenofibrate 160 mg (used to lower high cholesterol and triglycerides levels) take one tablet by mouth daily.

Review of Resident #2's December 2021 (eMAR) revealed:
-There was a computer generated entry for fenofibrate 160 mg, take one tablet by mouth daily.
-Fenofibrate was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #3's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of fenofibrate 160 mg with a pharmacy label and directions to take one tablet by mouth daily.

e. Review of Resident #2's current FL2 dated 11/04/21 revealed an order for lisinopril 30mg (used to treat high blood pressure and heart failure) take one tablet by mouth daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 4 Review of Resident #2's December 2021 (eMAR) revealed: -There was a computer generated entry for lisinopril 30mg, take one tablet by mouth daily. -Lisinopril was not documented as administered at 8:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #2's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette pack of lisinopril 30mg with a pharmacy label and directions to take one tablet by mouth daily. f. Review of Resident #2's current FL2 dated 11/04/21 revealed an order for metoprolol tartrate 25mg (used to treat high blood pressure) take one tablet by mouth twice daily. Review of Resident #2's December 2021 (eMAR) revealed: -There was a computer generated entry for metoprolol tartrate 25mg, take one tablet by mouth twice daily. -Metoprolol tartrate was not documented as administered at 8:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #2's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette pack of metoprolol tartrate 25 mg with a pharmacy label and directions to take one tablet by mouth twice daily.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 5	D 358		

g. Review of Resident #2's current FL2 dated 11/04/21 revealed an order for vitamin D3 2,000 units (used to help absorb calcium) take one tablet by mouth daily.

Review of Resident #2's December 2021 (eMAR) revealed:
-There was a computer generated entry for vitamin D3 2,000 units, take one tablet by mouth daily.
-Vitamin D3 was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #2's medications available for administration on 02/02/22 at 3:00pm revealed there was a bottle of vitamin D3 2,000 units with a pharmacy label and directions to take one tablet by mouth daily.

Attempted telephone interview with Resident #2's Physician Assistant (PA) on 02/02/22 at 3:30pm was unsuccessful.

Refer to interview with the Administrator on 02/02/22 at 2:35pm.

Review of the facility's Medication Administration and Medication Error Policy.

2. Review of Resident #5's current FL2 dated 09/16/21 revealed diagnoses included endocarditis, heart valve replacement, bacteremia, muscle weakness, diabetes and chronic kidney disease.

a. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for aspirin 325mg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 6	D 358		

(used to reduce the risk of heart attack) take one tablet by mouth daily.

Review of Resident #5's December 2021 electronic medication administration record (eMAR) revealed:
-There was a computer generated entry for aspirin 325mg, take one tablet by mouth daily.
-Aspirin was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of aspirin 325mg with a pharmacy label and directions to take one tablet by mouth daily.

b. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for bupropion 150mg (used to treat depression) take one tablet by mouth four times daily.

Review of Resident #5's December 2021 (eMAR) revealed:
-There was a computer generated entry for bupropion 150mg, take one tablet by mouth four times daily.
- Bupropion was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of bupropion 150mg with a pharmacy label and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 7	D 358		

directions to take one tablet by mouth four times daily.

c. Review of Resident #5's current FL2 dated 09/17/21 revealed an order for divalproex sodium 125mg (used to treat mood disorder) take one tablet by mouth twice daily.

Review of Resident #5's December 2021 (eMAR) revealed:
-There was a computer generated entry for divalproex sodium 125mg, take one tablet by mouth twice daily.
- Divalproex sodium was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of divalproex sodium 125mg with a pharmacy label and directions to take one tablet by mouth twice daily.

d. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for docusate sodium 100mg (to treat occasional constipation) take one capsule by mouth twice daily.

Review of Resident #5's December 2021 (eMAR) revealed:
-There was a computer generated entry for docusate sodium 100mg, take one capsule by mouth twice daily.
- Docusate sodium was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 8 notes. Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of docusate sodium 100mg with a pharmacy label and directions to take one capsule by mouth twice daily. e. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for duloxetine HCL 30mg (to treat depression) take three capsules by mouth daily. Review of Resident #5's December 2021 (eMAR) revealed: -There was a computer generated entry for duloxetine HCL 30mg, take three capsules by mouth daily. - Duloxetine was not documented as administered at 8:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of duloxetine 30mg with a pharmacy label and directions to take three capsules by mouth daily. f. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for fenofibrate 145 mg (to lower high cholesterol and triglycerides levels) take one tablet by mouth daily. Review of Resident #5's December 2021 (eMAR) revealed: -There was a computer generated entry for fenofibrate 145 mg, take one tablet by mouth	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 9	D 358		

daily.
- Fenofibrate was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of fenofibrate 145 mg with a pharmacy label and directions to take one tablet by mouth daily.

g. Review of Resident #5's physician order dated 11/24/21 revealed an order for ferrous sulfate 325mg (used to treat iron deficiency anemia) take one tablet by mouth daily.

Review of Resident #5's December 2021 (eMAR) revealed:
-There was a computer generated entry for ferrous sulfate 325mg, take one tablet by mouth daily.
-Ferrous sulfate was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of ferrous sulfate 325mg with a pharmacy label and directions to take one tablet by mouth daily.

h. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for furosemide 20mg (used to treat fluid retention and swelling) take one tablet by mouth daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 10 Review of Resident #5's December 2021 (eMAR) revealed: -There was a computer generated entry for furosemide 20mg, take one tablet by mouth daily. - Furosemide was not documented as administered at 8:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of furosemide 20mg with a pharmacy label and directions to take one tablet by mouth daily. i. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for gabapentin 100mg (used to treat nerve pain) take one capsule by mouth every 12 hours. Review of Resident #5's December 2021 (eMAR) revealed: -There was a computer generated entry for gabapentin 100mg take one capsule by mouth every 12 hours. - Gabapentin was not documented as administered at 8:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of gabapentin 100mg with a pharmacy label and directions to take one capsule by mouth every 12 hours. j. Review of Resident #5's current FL2 dated	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 11 09/16/21 revealed an order for novolog insulin 100 units/ml (a rapid acting insulin used to control elevated blood sugar) inject 6 units subcutaneously three times daily before meals. Hold if blood sugar is less than 90. Review of Resident #5's December 2021 (eMAR) revealed: -There was a computer generated entry for novolog insulin 100 units/ml, inject 6 units subcutaneously three times daily before meals. Hold if blood sugar is less than 90. -Novolog was not documented as administered at 7:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes. Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a novolog insulin pen 100 units/ml with a pharmacy label and directions to inject 6 units subcutaneously three times daily before meals. Hold if blood sugar is less than 90. k. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for levemir 100 units/ml (a long acting insulin used to treat diabetes) inject 15 units subcutaneously twice daily. Review of Resident #5's December 2021 (eMAR) revealed: -There was a computer generated entry for levemir 100 units/ml, inject 15 units subcutaneous twice daily. - Levemir was not documented as administered at 8:00am on 12/12/21. -There was no reason documented on the eMAR under "exceptions" or in the electronic progress	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 12	D 358		

notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a Levemir insulin pen 100 units/ml with a pharmacy label and directions to inject 15 units subcutaneously twice daily.

l. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for metoprolol succinate ER 100mg (used to treat chest pain, high blood pressure and heart failure) take one tablet by mouth twice daily.

Review of Resident #5's December 2021 (eMAR) revealed:
-There was a computer generated entry for metoprolol succinate 100mg, take one tablet by mouth twice daily.
-Metoprolol succinate was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a cassette of metoprolol succinate 100mg with a pharmacy label and directions to take one tablet by mouth twice daily.

m. Review of Resident #5's current FL2 dated 09/16/21 revealed an order for vitamin D 2,000 International units (used to help absorb calcium) take one tablet by mouth daily.

Review of Resident #5's December 2021 (eMAR) revealed:
-There was a computer generated entry for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 13	D 358		

vitamin D 2,000 international units, take one tablet by mouth daily.
-Vitamin D was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR under "exceptions" or in the electronic progress notes.

Observation of Resident #5's medications available for administration on 02/02/22 at 3:00pm revealed there was a bottle of vitamin D 2,000 international units with a pharmacy label and directions to take one tablet by mouth daily.

Attempted telephone interview with Resident #5's Physician Assistant (PA) on 02/02/22 at 3:30pm was unsuccessful.

Refer to interview with the Administrator on 02/02/22 at 2:35pm.

3. Review of Resident #3's current FL2 dated 01/13/22 revealed diagnoses included dementia, intellectual impairment, iron deficiency anemia, psoriasis, high blood pressure, and anxiety.

a. Review of Resident #3's current FL2 dated 01/13/22 revealed an order for divalproex DR 125mg (used to treat anxiety) take 4 capsules 3 times daily with food, scheduled for 8:00am, 12:00pm and 5:00pm.

Review of Resident #3's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for divalproex DR 125mg, take 4 capsules 3 times daily with food, scheduled for 8:00am, 12:00pm and 5:00pm.
-Divalproex DR 125mg was not documented as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 14	D 358		

administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR regarding why the medication was not administered.

Observation of Resident #3's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of divalproex DR with a pharmacy label and directions to take 4 capsules 3 times daily with food.

b. Review of Resident #3's current FL2 dated 01/13/22 revealed an order for lisinopril 20mg (used to treat high blood pressure) take one tablet by mouth daily, scheduled for 8:00am.

Review of Resident #3's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for lisinopril 20mg, take one tablet daily, scheduled for 8:00am
-Lisinopril 20mg was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR regarding why the medication was not administered.

Observation of Resident #3's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of lisinopril 20mg with a pharmacy label and directions to take one tablet daily.

c. Review of Resident #3's current FL2 dated 01/13/22 revealed an order for vitamin D3 50mcg (used to treat vitamin D deficiency) take one tablet by mouth daily, scheduled for 8:00am.

Review of Resident #3's December 2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 15	D 358		

electronic medication administration record (eMAR) revealed:
-There was an entry for vitamin D3 50mcg, take one tablet by mouth daily.
-Vitamin D3 50mcg was not documented as administered at 8:00am on 12/12/21.
-There was no reason documented on the eMAR regarding why the medication was not administered.

Observation of Resident #3's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of vitamin D3 50mcg with a pharmacy label and directions to take one tablet daily.

Attempted interview with Resident #3 on 02/02/22 at 2:10pm was unsuccessful.

Attempted telephone interview with Resident #3's Physician Assistant (PA) on 02/02/22 at 3:30pm was unsuccessful.

Refer to interview with the Administrator on 02/02/22 at 2:35pm.

Review of the facility's Medication Administration and Medication Error Policy.

4. Review of Resident #4's current FL2 dated 11/04/21 revealed diagnoses included dementia, anxiety, congestive heart failure, Parkinson's disease, depression and insomnia.

a. Review of Resident #4's current FL2 dated 11/04/21 revealed an order for carbidopa-levodopa 25-100mg (used to treat Parkinson's disease) take 2 tablets by mouth 5 times daily, scheduled for 2:00am, 6:00am, 11:00am, 4:00pm and 9:00pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 16	D 358		

Review of Resident #4's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for carbidopa-levodopa 25-100mg, take 2 tablets by mouth 5 times daily.
-Carbidopa-levodopa 25-100mg, was documented as not administered at 2:00am and 6:00am on 12/12/21.
-The reason documented on the eMAR regarding why the medication was not administered was "other".

Observation of Resident #4's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of carbidopa-levodopa 25-100mg with a pharmacy label and directions to take two tablets 5 times daily.

b. Review of Resident #4's current FL2 dated 11/04/21 revealed an order for carvedilol 3.125 mg (used to treat high blood pressure) take 2 tablets by mouth twice daily, scheduled for 8:00am and 8:00pm.

Review of Resident #4's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for carvedilol 3.125 mg, take 2 tablets by mouth twice daily.
-Carvedilol 3.125 mg was documented as not administered at 8:00am on 12/12/21.
-The reason documented on the eMAR regarding why the medication was not administered was "other".

Observation of Resident #4's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 17	D 358		

carvedilol 3.125 mg with a pharmacy label and directions to take two tablets twice daily.

c. Review of Resident #4's current FL2 dated 11/04/21 revealed an order for furosemide 80mg (used to treat edema) take 1 tablet by mouth twice daily, scheduled for 8:00am, and 1:00pm.

Review of Resident #4's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for furosemide 80mg, take one tablet by mouth twice daily.
-Furosemide 80mg was documented as not administered at 8:00am on 12/12/21.
-The reason documented on the eMAR regarding why the medication was not administered was "other".

Observation of Resident #4's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of furosemide 80mg with a pharmacy label and directions to take one tablet twice daily.

d. Review of Resident #4's current FL2 dated 11/04/21 revealed an order for potassium chloride 20meq (used to treat low potassium) take 1 tablet by mouth twice daily, scheduled for 8:00am and 8:00pm.

Review of Resident #4's December 2021 electronic medication administration record (eMAR) revealed:
-There was an entry for potassium chloride 20meq, take 1 tablet by mouth twice daily
-Potassium chloride 20meq was documented as not administered at 8:00am on 12/12/21.
-The reason documented on the eMAR regarding why the medication was not administered was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 18 "other". Observation of Resident #4's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of potassium chloride 20meq with a pharmacy label and directions to take one tablet twice daily. e. Review of Resident #4's current FL2 dated 11/04/21 revealed an order for pramipexole 0.25mg (used to treat Parkinson's disease) take 1 tablet by mouth 3 times daily, scheduled for 8:00am, 2:00pm and 8:00pm. Review of Resident #4's December 2021 electronic medication administration record (eMAR) revealed: -There was an entry for pramipexole 0.25mg, take 1 tablet by mouth 3 times daily. - Pramipexole 0.25mg was documented as not administered at 8:00am on 12/12/21. -The reason documented on the eMAR regarding why the medication was not administered was "other". Observation of Resident #4's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of pramipexole 0.25mg with a pharmacy label and directions to take one tablet daily. f. Review of Resident #4's current FL2 dated 11/04/21 revealed an order for senna-docusate sodium 8.6/50mg (used to treat constipation) take 2 tablets by mouth twice daily, scheduled for 8:00am and 8:00pm. Review of Resident #4's December 2021 electronic medication administration record (eMAR) revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 19 -There was an entry for senna-docusate sodium 8.6/50mg, take 2 tablets by mouth twice daily. -Senna-docusate sodium was documented as not administered at 8:00am on 12/12/21. -The reason documented on the eMAR regarding why the medication was not administered was "other". Observation of Resident #4's medications available for administration on 02/02/22 at 3:40pm revealed there was a cassette of senna/docusate sodium 8.6/50mg with a pharmacy label and directions to take two tablets twice daily. Attempted telephone interview with Resident #4's Physician Assistant (PA) on 02/02/22 at 3:30pm was unsuccessful. Refer to interview with the Administrator on 02/02/22 at 2:35pm. _____ Interview with the Administrator on 02/02/22 at 2:35pm revealed: -She was aware that all morning medications were not administered on 12/12/21. -The third shift medication aide (MA) left at the end of her shift, around 6:30am on 12/12/21, before a replacement MA had arrived to work for first shift on 12/12/21. -The first shift MA was a "no-call/no-show" on 12/12/21. -The third shift MA did not notify her or any other management staff that the first shift MA did not show up for work on 12/12/21. -A first shift personal care aide (PCA) notified the Resident Care Director (RCD) around 8:00am that they did not have a MA on 12/12/21. -An off-duty MA was called and came to the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 20 building at around 9:20am. -Medication error reports were completed on 12/17/21 and the PCP was notified on 12/20/21 and 12/21/21. -She did not think she needed to fill out the medication error report on 12/12/21.	D 358		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a completed 24-hour report was submitted to the Health Care Personnel Registry (HCPR) followed by an investigation and 5-day report for a medication aide leaving the building and leaving 52 residents without a medication aide to administer their morning medications. The findings are: Interview on 02/02/22 at 2:40pm with the Administrator revealed: -On 12/12/21 all resident's morning medications were missed. -The third shift medication aide left the facility without being relieved by another medication aide at around 6:30am. -The first shift medication aide was a "no show no call". -A first shift Personal Care Aide (PCA) called the	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7981 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 438	Continued From page 21 Resident Care Director (RCD) around 8:00am to notify her that there was not a medication aide in the building. -An off-duty medication aide was called and came to the building at around 9:20am. -Because the time was beyond the hour after she did not give the morning medications. -The third shift medication aide was terminated and never returned to the building. -The first shift medication aide was terminated and never returned to the building. -She did not report the third shift medication aide to the HCPR because she had not considered it an abandonment issue. -She completed a 24-hour report when prompted today (02/02/22) and follow up with the 5-day report.	D 438		