STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 follow-up survey on 02/01/22 through 02/02/22.	D 000	Upon the findings in the section of the Activities Program, we immediately held a meeting including the owner, administrator, and activity director. During this meeting the monthly calender was completed. We focused on having more outings and opportunities for the residents to be involved in the community. There	
D 315	10A NCAC 13F .0905(a)(b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure residents were offered activities designed to promote the residents' active involvement with each other and the community. The findings are: Review of the February 2022 activity calendar posted in the hallway on 02/01/22 at 10:30am revealed: -The calendar had holidays and residents' birthdays written on it. -There were not any activities written on the calendar. Observations of residents in the dining room on 02/01/22 from 9:30am to 11:30am and 2:00pm to	D 315		

Reviewed and acknowledged by Sharon Dunton RN on 03/11/22

Sharon Dunton RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 315	Continued From page 1 4:00pm revealed: -2 residents played a card game from 9:30am to 11:30am. -A sitcom played on the television. -From 9:30am to 11:30am several residents walked through the dining room to smoke outside on the back deck. -3 residents played a card game from 2:00pm to 4:00pm. -No staff members were observed conducting an organized activity. Review of the February 2022 activity calendar that was provided after 11:30am on 02/02/22 revealed: -Bingo was scheduled from 1:00pm to 3:00pm on 02/01/22. -There were not any activities scheduled on Wednesdays or Saturdays. -There were not any community outings planned. Interview with a resident on 02/01/22 at 12:30pm revealed: -The resident felt trapped in the facility. -The facility rarely offered activities that the residents were interested in. Interview with a second resident on 02/01/22 at 4:00pm revealed: -The resident was getting bored and thought other residents would sleep less if there was something to do during the day. -The resident relied on a personal laptop for entertainment. -The facility had not planned interesting activities since COVID-19 began. Interview with a group of 3 residents seated in the dining room on 02/02/22 from 11:00am to 11:10am revealed:	D 315	will be a meeting at the end of every month to complete the calender for the following month. The administrator and activity director will have this meeting monthly. This will be completed each month starting 3/1/2022. Immediately after the medication error occurred the residents NP was contacted and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 315	Continued From page 2 -One resident would like to go into the community to attend a church service or go bowling. -A second resident would like the facility to host a pool tournament on their pool table. -A third resident would like the facility to host a poker tournament instead of only offering playing cards. Interview with the Activity Director on 02/02/22 at 10:00am revealed: -She had not finished the January 2022 activity calendar or started the February 2022 activity calendar due to being very busy. -She typically wrote down the activities on a paper calendar then wrote the activities on the large wall calendar that was posted in the hallway. -Some of the planned activities typically included: diamond art, coloring, bingo, painting, holiday parties, haircuts, nail care and cards. -Bingo was typically scheduled weekly but she did not always have time to play it with the residents due to being responsible for multiple roles at the facility. -The facility was able to provide more activities in the spring and summer since residents could be outside. -Residents could sign out board games or a deck cards to play independently. -She had not organized a community outing since she took over as the Activity Director, a year ago. Interview with the Resident Care Coordinator (RCC) on 02/02/22 at 9:15am revealed: -Residents are typically only interested in playing bingo when the facility offers a cash prize. -The facility provides coloring pages and word searches for residents to complete together or on their own. -The facility normally has more activities to offer when the weather is warm since the residents	D 315	the incident was documented. An emergency med aide meeting was initiated, where all the rules and regulations were reviewed. The med aides were re-educated by the facility RN at this time. A weekly cart audit will be performed every Friday to assure this incident does not reoccur. All med aides, the RCC, →	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 315	Continued From page 3 can be outside. -Residents are upset that they cannot go to the store and walk downtown due to COVID-19. -The Activity Director was responsible for planning and conducting activities. Interview with the Activity Director on 02/02/22 at 11:30am revealed: -She finished the January 2022 activity calendar but the February 2022 activity calendar was not finished. -She did not receive formal training when she took the role of Activity Director. -She was not aware that a community outing at least every other month was in the state rules. Interview with the Administrator on 02/02/22 at 2:45pm revealed: -The Activity Director was responsible for planning and conducting activities, but the Administrator could help suggest activities. -Community members and religious groups provided many activities for the residents prior to Covid-19 but many of those activities stopped due to Covid-19. -The Administrator would expect the Activity Director to plan more activities for residents while the community is not able to be involved. -In March 2020 the Owner of the facility stopped allowing resident outings in the community due to Covid-19. -The Administrator was aware that residents would like to shop at a local store. -One resident asked to attend church in person and the facility had been trying to figure out ways to accommodate his request.	D 315	and administrator will sign the audit form upon completion of the care audit. This was put in to place starting 2/11/2022 and will continue every Friday.	
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 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 ensure 1 of 4 residents (Resident #6) observed during the medication pass received a medication used to treat high blood glucose levels as ordered by the primary care physician (PCP). The findings are: Review of Resident #6's current FL2 dated 01/10/22 revealed: -Diagnoses included diabetes and hypertension. -There was an order for NovoLog insulin, a fast-acting insulin (used to treat high blood glucose levels), 20 units before meals. -There was an order for Levemir insulin, a long-acting insulin (used to treat high blood glucose levels), 50 units daily. Review of Resident #6's Resident Register revealed she was admitted to the facility on 01/07/22. Review of Resident #6's PCP order dated 01/20/22 revealed: -The NovoLog 20 units three times daily with meals was to be discontinued. -The Levemir 50 units daily was discontinued.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 -The resident was to receive Levemir 40 units daily. Review of Resident #6's January 2022 electronic Medication Administration Record (eMAR) revealed: -There was an entry for NovoLog 20 units three times daily before meals at 7:30am, 11:30am and 4:30pm. -The NovoLog was administered from 01/10/22 at 4:30pm through 01/21/22 at 7:30am except for three instances the resident refused the medication. -The NovoLog entry was discontinued on 01/21/22. -There was an entry for Levemir 50 units daily at 7:00am. -The Levemir 50 units was administered from 01/11/22 through 01/21/22 except for two instances the resident refused the medication. -The Levemir 50 units entry was discontinued on 01/21/22. -There was an entry dated 01/21/22 for Levemir 40 units daily at 7:00am. -The Levemir 40 units was administered from 01/22/22 through 01/31/22 except for one instance the resident refused the medication on 01/27/22. Review of Resident #6's February 2022 eMAR revealed: -There was an entry for Levemir 40 units daily at 7:00am. -The Levemir 40 units was administered from 02/01/22 through 02/02/22. Observation of the morning medication pass on 02/02/22 at 7:31am revealed: -The medication aide (MA) removed a NovoLog flex pen labeled with Resident #6's name from a	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 top drawer of the medication cart. -The MA placed a needle on the pen and dialed 40 units of insulin to administer. -The MA administered 40 units of NovoLog to Resident #6's lower right abdomen. Interview with Resident #6 on 02/02/22 at 2:29pm revealed: -She was diabetic and took Levemir and NovoLog insulin. -She was not sure how much insulin she took because the MAs gave it to her. Interview with the MA on 02/02/22 at 12:59pm revealed: -She accidentally administered NovoLog 40 units to Resident #6 during the morning medication pass instead of Levemir 40 units. -She was taught to compare the medication label with the eMAR twice before administering a resident's medication. -She was nervous and overlooked that the medication label did not match the eMAR. -Resident #6's NovoLog pen should not have been in the medication cart any longer since it was discontinued. -The MAs or the Resident Care Coordinator (RCC) were responsible for removing discontinued medications from the medication cart. -She was trained by the RCC on medication administration when she was hired. Interview with the RCC on 02/02/22 at 12:59pm revealed: -The MAs or she was responsible for removing discontinued medications from the medication cart. -She was responsible for performing weekly medication cart audits to ensure discontinued	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: _____ B. WING _____	R 02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	111 S CHURCH STREET HUNTERSVILLE, NC 28070

(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 medications had been removed from the cart. -She was behind on cart audits and did not perform one the previous week. -She expected the MAs to administer resident medications as ordered by the PCP. Interview with the Administrator on 02/02/22 at 2:21pm revealed: -The MAs or the RCC were responsible to remove discontinued medications from the medication cart. -The NovoLog insulin for Resident #6 should not have been on the medication cart. -She was not sure why it had not been removed from the medication cart. -The RCC was responsible to audit the medication carts once a week for discontinued medications, especially high-risk medications like insulin. -She expected MAs to give resident medications as ordered by the PCP. Attempted telephone interview with Resident #6's PCP on 02/02/22 at 1:10pm was unsuccessful.	D 358		