

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                             | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 000                                                                  | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey from 04/19/2022 through 04/21/2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D 000                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 05/16/2022               |                                                     |
| D 273                                                                  | 10A NCAC 13F .0902(b) Health Care<br><br>10A NCAC 13F .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>Based on interviews, and record reviews, the facility failed to ensure physician notification for 1 of 5 sampled residents (Resident #5) related to refusals of medications including a dietary supplement, an anti-seizure medication, an antipsychotic, an non-steroidal anti-inflammatory medication, and a multivitamin.<br><br>The findings are:<br><br>Review of Resident #5's FL2 dated 02/09/22 revealed:<br>-Diagnoses included vitamin B12 deficiency, schizoaffective disorder, bipolar type, and major depressive disorder.<br>-There was an order for Divalproex 500mg 2 tablets every evening (used to treat seizures and mental/mood disorders ).<br>-There was an order for Meloxicam 15mg 1 tablet daily (a non-steroidal anti-inflammatory medication used to treat arthritis).<br>-There was an order for oyster shell calcium with vitamin D 500mg 1 tablet daily (a dietary supplement used to treat calcium deficiency).<br>-There was an order for Paliperidone 6mg 1 tablet at bedtime (an antipsychotic used to | D 273                                                                      | All referrals and follow up will be reviewed and initials by RCC OR RCA from providers.<br>If doctor does not agree than a note from the doctor will be place in the chart at the time of review with staff.<br><br>Doctor will be notified after three refusal. Refusal book is in place and located at the Nurses station.<br>Refusal book has been created and signed weekly or fax to providers.<br>RCC,RCA and ED will review refusal/ MAR daily.<br><br>In-services to all Med Techs the facility policy and procedures on residents refusals. |                          |                                                     |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
Hydia Parker-Administrative  
(X6) DATE  
05/25/22

STATE FORM

6899

POF211

If continuation sheet 1 of 20

Reviewed and acknowledged 05/31/22.

Catherine Prater

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                          |                          |                                                     |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                  |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 273                                                                  | Continued From page 1<br><br>improve thinking, mood and behaviors).<br>-There was an order for Thera M 1 tablet daily (multivitamin).<br><br>Review of Resident #5's electronic Medication Administration Record (eMAR) for February 2022 revealed:<br>-There was an entry for Divalproex 500mg 2 tablets every evening scheduled for administration at 8:00pm.<br>-There was documentation Resident #5 refused Divalproex for 1 of 28 opportunities on 02/12/22.<br>-There was an entry for Meloxicam 15mg 1 tablet daily scheduled for administration at 8:00am.<br>-There was documentation Resident #5 refused Meloxicam for 3 of 19 opportunities on 02/15/22, 02/16/22, and on 02/18/22.<br>-There was an entry for oyster shell calcium with vitamin D 500mg 1 tablet three times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm.<br>-There was documentation Resident #5 refused oyster shell calcium with vitamin D for 9 of 84 opportunities on 02/14/22 at 8:00am, 02/07/22 at 8:00am, 02/12/22 at 8:00pm, 02/15/22 at 8:00am, 02/16/22 at 8:00am, 02/18/22 at 8:00am and 2:00pm, and on 02/21/22 at 8:00am and 2:00pm.<br>-There was an order for Paliperidone 6mg 1 tablet at bedtime scheduled for administration at 8:00pm.<br>-There was documentation Resident #5 refused Paliperidone 1 of 28 opportunities on 02/12/22.<br>-There was an entry for Thera M tablet 1 tablet daily scheduled for administration at 8:00am.<br>-There was documentation Resident #5 refused Thera M tablets 5 of 28 opportunities on 02/04/22, 02/07/22, 02/15/22, 02/16/22, and 02/18/22.<br><br>Review of Resident #5's eMAR for March 2022 | D 273                                                                      | Resident Refusal Book in Place                                                                                           |                          |                                                     |



Division of Health Service Regulation

|                                                  |                                                                            |                                                                        |                                                     |
|--------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
|--------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|

|                                                                        |                                                                                         |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| D 273                    | <p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"><li>-There was an entry for Divalproex 500mg 2 tablets every evening scheduled for administration at 8:00pm.</li><li>-There was documentation Resident #5 refused Divalproex for 8 of 28 opportunities on 03/13/22, 03/21/22, 03/22/22, 03/24/22, 03/25/22, 03/26/22, 03/27/22, and on 03/29/22.</li><li>-There was an entry for Meloxicam 15mg 1 tablet daily scheduled for administration at 8:00am.</li><li>-There was documentation Resident #5 refused Meloxicam for 12 of 31 opportunities on 03/03/22, 03/04/22, 03/07/22, 03/08/22, 03/09/22, 03/11/22, 03/12/22, 03/13/22, 03/16/22, 03/21/22, 03/23/22, and on 03/25/22.</li><li>-There was an entry for oyster shell calcium with vitamin D 500mg 1 tablet three times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm.</li><li>-There was documentation Resident #5 refused oyster shell calcium with vitamin D for 40 of 93 opportunities from 03/01/22 through 03/31/22.</li><li>-There was an entry for Paliperidone 6mg 1 tablet at bedtime scheduled for administration at 8:00pm.</li><li>-There was documentation Resident #5 refused Paliperidone 7 of 31 opportunities on 03/13/22, 03/21/22, 03/22/22, 03/24/22, 03/26/22, 03/27/22, and on 03/29/22.</li><li>-There was an entry for Thera M tablet 1 tablet daily scheduled for administration at 8:00am.</li><li>-There was documentation Resident #5 refused Thera M tablets 15 of 31 opportunities on 03/03/22, 03/04/22, 03/07/22, 03/08/22, 03/09/22, 03/11/22, 03/12/22, 03/13/22, 03/16/22, 03/18/22, 03/21/22, 03/23/22, 03/25/22, 03/27/22, and on 03/31/22.</li></ul> <p>Review of Resident #5's eMAR for April 2022 revealed:</p> | D 273               | Resident Refusal Book in Place                                                                                           |                          |

Division of Health Service Regulation

|                                                  |                                                                            |                                                                        |                                                     |
|--------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
|--------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|

|                                                                        |                                                                                         |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| D 273                    | Continued From page 3<br><br>-There was an entry for Divalproex 500mg 2 tablets every evening scheduled for administration at 8:00pm and an entry for Divalproex 500mg 2 tablets every evening scheduled for administration at 5:00pm.<br>-There was documentation Resident #5 refused Divalproex for 1 of 18 opportunities on 04/05/22 at 5:00pm.<br>-There was an entry for Meloxicam 15mg 1 tablet daily scheduled for administration at 8:00am.<br>-There was documentation Resident #5 refused Meloxicam for 5 of 19 opportunities on 04/04/22, 04/06/22, 04/12/22, 04/14/22, and on 04/15/22.<br>-There was an entry for oyster shell calcium with vitamin D 500mg 1 tablet three times daily scheduled for administration at 9:00am, 1:00pm, and 5:00pm and an entry for oyster shell calcium with vitamin D 500 1 tablet three times daily scheduled for administration at 8:00am, 2:00pm, and 8:00pm.<br>-There was documentation Resident #5 refused oyster shell calcium with vitamin D for 12 of 55 opportunities on 04/01/22 at 8:00am, 04/02/22 at 1:00pm, 04/04/22 at 9:00am, 1:00pm, and 5:00pm, 04/05/22 at 5:00pm, 04/06/22 at 9:00am and 1:00pm, 04/08/22 at 1:00pm, 04/12/22 at 9:00am, 04/14/22 at 9:00am, and 04/15/22 at 9:00am and 1:00pm.<br>-There was an entry for Paliperidone 6mg 1 tablet at bedtime scheduled for administration at 8:00pm.<br>-There was documentation Resident #5 refused Paliperidone 3 of 18 opportunities on 04/04/22, 04/05/22, and on 04/11/22.<br>-There was an entry for Thera M tablet 1 tablet daily scheduled for administration at 8:00am and an entry for Thera M tablet 1 tablet daily scheduled for administration at 9:00am.<br>-There was documentation Resident #5 refused Thera M tablets 6 of 19 opportunities on 04/01/22 | D 273               | Resident Refusal Book in Place Med-Techs has been in-serviced.                                                           |                          |



Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                                          |                                                     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |                                                                                                                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                            |
| D 273                                                                  | <p>Continued From page 4</p> <p>at 8:00am, on 04/04/22 at 8:00am, on 04/05/22 at 9:00am, on 04/12/22 at 9:00am, on 04/14/22 at 9:00am, and on 04/15/22 at 9:00am.</p> <p>Review of Resident #5's Licensed Health Personnel Support (LHPS) Review dated 02/09/22 revealed there was documentation to place primary care provider (PCP) and mental health provider (MHP) notes about medication refusals in Resident #5's record.</p> <p>Interview with Resident #5 on 04/21/22 at 9:54am revealed:</p> <ul style="list-style-type: none"><li>-She refused to take her medication at times.</li><li>-Sometimes she refused to take her morning meds because she was asleep and did not want to wake up to take them.</li><li>-She refused medications this morning, 04/21/22.</li><li>-If the medication aides (MA) did not administer her morning medications so early, she might would take them.</li><li>-She did not refuse any medication in particular.</li></ul> <p>Interview with a MA on 04/20/22 at 11:15am revealed:</p> <ul style="list-style-type: none"><li>-Resident #5 often refused her medications.</li><li>-Prior to administering Resident #5's medications, she went to her room to ask if she would be taking them that day.</li><li>-If Resident #5 told her she was not taking her medication, the MA continued her medication pass and then asked Resident #5 to take her medications a second and third time.</li><li>-After Resident #5 refused her medications a third time, she documented Resident #5 refused her medications and told the Resident Care Coordinator (RCC) who contacted Resident #5's PCP.</li></ul> <p>Interview with a second MA on 04/20/22 at</p> | D 273                                                                                   | <p>Resident Refusal Book in Place Med-Techs has been in-serviced.</p>                                                    |                                                     |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                          |                          |                                                     |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                  |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 273                                                                  | <p>Continued From page 5</p> <p>11:23am revealed:</p> <ul style="list-style-type: none"><li>-When Resident #5 refused her medications, she came back to her to attempt to administer the medications a second and sometimes a third time.</li><li>-Sometimes Resident #5 would take her medication after multiple attempts and sometimes she would not.</li><li>-If Resident #5 refused her medications, she documented the refusal and let the RCC know each time.</li><li>-She walked through the facility with Resident #5's PCP when he saw residents.</li><li>-Resident #5's PCP came to the facility weekly and she told the PCP Resident #5 continued to refuse medication about every other week.</li><li>-Resident #5's PCP told her to continue to encourage her to take her medication.</li><li>-There was no written notification to Resident #5's PCP regarding her refusing her medications.</li></ul> <p>Interview with the RCC on 04/21/22 at 2:19pm revealed:</p> <ul style="list-style-type: none"><li>-Resident #5's PCP and MHP knew Resident #5 refused her medications ongoing.</li><li>-There was no written documentation Resident #5's PCP or MHP were notified and she continued to refuse her medications.</li><li>-The PCP and MHP instructed staff to continue to offer Resident #5 her medication.</li></ul> <p>Interview with Resident #5's PCP on 04/20/22 at 3:07pm revealed:</p> <ul style="list-style-type: none"><li>-He did not have Resident #5's record in front of him, but he was not familiar with Resident #5 refusing her medications.</li><li>-He did not want to be contacted every time Resident #5 refused her medication.</li><li>-If Resident #5 was refusing her medication, he preferred staff to notify him by placing a written</li></ul> | D 273                                                                      | Resident Refusal Book in Place Med-Techs has been in-serviced.                                                           |                          |                                                     |



Division of Health Service Regulation

|                                                     |                                                                               |                                                                       |                                                        |
|-----------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/21/2022</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|

|                                                                        |                                                                                         |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| D 273                    | <p>Continued From page 6</p> <p>notification of her refusals in the folder for him at the facility and he would review the notification when he visited the facility weekly.</p> <p>-Resident #5's MHP managed her refusals of psychotropic medications.</p> <p>Interview with the medical assistance at Resident #5's MHP's office on 04/21/22 at 9:43am revealed:</p> <p>-There had not been notification sent to the MHP's office from the facility regarding Resident #5 refusing any medication.</p> <p>-She would have been the one to receive the call or notification from the facility.</p> <p>-The MHP was not available and she did not know if the facility notified the MHP regarding Resident #5 refusing medications when she visited the facility.</p> <p>Interview with the Administrator on 04/21/22 at 10:40am revealed:</p> <p>-She knew Resident #5 refused her medications often.</p> <p>-She spoke with Resident #5's guardian a few months ago regarding her refusing medications and saying the prescribed Divalproex made her hallucinate at night.</p> <p>-The facility policy for when a resident refused medication was for the MA to ask the resident to take the medication at least 3 times, inform the RCC the resident refused, and to let the PCP know after 3 days of refusing the medication.</p> <p>-She had seen staff notifying the facility PCP of residents' refusals, so she knew staff told him about refusals.</p> <p>-She did not know there was no documentation Resident #5's PCP or MHP were notified of her continuing to refuse medications.</p> | D 273               | Resident Refusal Book in Place Med-Techs has been in-serviced.                                                           |                          |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                                                                                                                                                                                                                                                              |                                                     |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                                                                                                                                                       | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |                                                                                                                                                                                                                                                                                                                                              |                                                     |
| (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                                                                                   |                                                                                                                                                                                                                                                                                                                                              |                                                     |
| D 358                                                                  | <p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration<br/>(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:<br/>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and<br/>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 6 residents (#2 and #6) sampled residents including errors in insulin administration (#2) and a diuretic medication (#6).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL2 dated 09/23/21 revealed diagnoses included type 2 diabetes uncontrolled and hypertension.</p> <p>a. Review of Resident #2's current FL2 dated 09/23/21 revealed:<br/>-There was an order for fingerstick blood sugar (FSBS) checks 3 times daily.<br/>-There was an order for insulin lispro 100 unit/mL pen inject 5 units 3 times daily hold if blood sugar is less than 100.</p> <p>Review of Resident #2's physician's orders dated 02/15/22 revealed an order for insulin lispro 100 unit/mL pen inject 5 units 3 times daily with meals. Hold if blood sugar less than 100.</p> | D 358                                                                                   | <p>Insulin Administration</p> <p>All Med Techs has been in-serviced with Southern Pharmacy or Completed an In-serviced with Diabetes and Insulin.</p> <p>RCC/RCA will review FSBS weekly.<br/>Doctor will clarify any Blood Sugars orders<br/>New FSBS sheets are in place and on All medication carts. Reviewed daily by RCC/RCA OR SIC</p> |                                                     |



Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                                                                            |                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                     | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |                                                                                                                                                                            |                                                     |
| (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                                                                  | <p>Continued From page 8</p> <p>Review of Resident #2's February 2022 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for FSBS check 3 times daily before meal/lispro insulin dose scheduled for 6:30am, 1:00pm, and 6:00pm.</li> <li>-There was an entry for insulin lispro 100 unit/mL pen inject 5 units 3 times daily with meals. Hold if blood sugar less than 100 scheduled for administration at 6:30am, 1:00pm, and 6:00pm.</li> <li>-There was documentation lispro was administered 1 of 84 opportunities when Resident #2's FSBS was less than 100 on 02/26/22 at 6:30am, FSBS=59.</li> <li>-FSBS ranged from 58 to 396.</li> </ul> <p>Review of Resident #2's March 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for FSBS check 3 times daily before meal/lispro insulin dose scheduled for 6:30am or 1:00pm, and 6:00pm.</li> <li>-There was an entry for insulin lispro 100 unit/mL pen inject 5 units 3 times daily with meals. Hold if blood sugar less than 100 scheduled for administration at 6:30am, 1:00pm, and 6:00pm.</li> <li>-There was documentation lispro was administered 9 of 93 opportunities when Resident #2's FSBS was less than 100, on 03/02/22 at 6:30am, FSBS=82; on 03/07/22 at 6:30am, FSBS=70; on 03/08/22 at 6:30am, FSBS=99; on 03/21/22 at 6:30am, FSBS=91; on 03/26/22 at 6:30am, FSBS=83; on 03/28/22 at 6:30am, FSBS=89; on 03/29/22 at 6:30am, FSBS=93 and at 6:00pm, FSBS=84; and on 03/30/22 at 6:30am, FSBS=81.</li> <li>-FSBS ranged from 64 to 354.</li> </ul> <p>Review of Resident #2's April 2022 eMAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for FSBS check 3 times daily</li> </ul> | D 358                                                                                   | <p>FSBS sheets are in place on Medication Cart</p> <p>Doctor will sign and be notified of any FSBS weekly with concerns.</p> <p>RCC/RCA will review FSBS sheet weekly.</p> |                                                     |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                                                                            |                          |                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                     |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                                                                    |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                   | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 358                                                                  | <p>Continued From page 9</p> <p>before meal/lispro insulin dose scheduled for 6:00am or 8:00am, 12:00pm, and 5:00pm.</p> <p>-There was an entry for insulin lispro 100 unit/mL pen inject 5 units 3 times daily with meals. Hold if blood sugar less than 100 scheduled for administration at 7:30am, 11:30pm, and 4:30pm.</p> <p>-There was documentation lispro was administered 4 of 93 opportunities when Resident #2's FSBS was less than 100, on 04/02/22 at 7:30am, FSBS=99; on 04/12/22 at 7:30am, FSBS=84; on 04/17/22 at 7:30am, FSBS=89; and on 04/18/22 at 7:30am, FSBS=85.</p> <p>-There was documentation lispro was not administered 2 times, due to withheld per doctor's orders, when Resident #2's FSBS was greater than 100 on 04/06/22 at 7:30am, FSBS=162 and at 11:30am, FSBS=175.</p> <p>-FSBS ranged from 85 to 315.</p> <p>Interview with a representative from the facility's contracted pharmacy on 04/20/22 at 9:01am revealed Resident #5 had an order for Lispro 5 units 3 times daily with meals. Hold if FSBS was below 100.</p> <p>Interview with a medication aide (MA) on 04/20/22 at 1:36pm revealed:</p> <p>-She usually worked third shift.</p> <p>-Resident #2's FSBS was not usually below 100.</p> <p>-Resident #2's FSBS populated on the eMAR at 6:30am so third shift MAs obtained the FSBS.</p> <p>-Lispro populated on the eMAR at 7:30am during first shift, so first shift administered Resident #2's insulin.</p> <p>-The first shift MA was supposed to look at the FSBS obtained on third shift to see if the reading was below 100 prior to administering lispro, but she did know this happened.</p> <p>Interview with the Resident Care Coordinator</p> | D 358                                                                      | <p>FSBS sheets are in place on Medication Cart</p> <p>Doctor will sign and be notified of any FSBS weekly with concerns.</p> <p>RCC/RCA will review FSBS sheet weekly.</p> |                          |                                                     |



Division of Health Service Regulation

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                                                                      |                    |                                              |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL041082 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                |                    | (X3) DATE SURVEY COMPLETED<br><br>04/21/2022 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ALPHA CONCORD OF GREENSBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3301 GAR PLACE<br>GREENSBORO, NC 27406                                                                                      |                    |                                              |
| (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                                                           | <p>Continued From page 10</p> <p>(RCC) on 04/20/22 at 2:19pm revealed:<br/>-Resident #2's FSBSs were checked at 6:30am on third shift and lispro insulin was administered at 7:30am on first shift.<br/>-She thought that sometimes first shift MAs did not refer to the FSBS readings from third shift to see if insulin needed to be administered or not.<br/>-Resident #2's FSBS was not rechecked prior to administration of lispro at 7:30am.<br/>-She administered lispro to Resident #2 on 04/16/22 when her FSBS was below 100, but she did not know why she documented she administered the lispro because she knew not to.<br/>-She would contact the pharmacy to make sure the time on the eMAR was changed so that FSBS checks were completed at the same time as the time for administration of lispro insulin.</p> <p>Interview with Resident #2's primary care provider (PCP) on 04/20/22 at 3:07pm revealed:<br/>-Resident #2 should be administered lispro with meals and lispro should have been held if her FSBS was less than 100.<br/>-He did not know there were times when Resident #2 was administered lispro when her FSBSs were less than 100.</p> <p>Interview with the Administrator on 04/21/22 at 10:40am revealed:<br/>-She did not know Resident #2's lispro was not held when her FSBS was less than 100.<br/>-The RCC was responsible for checking FSBS and insulin administration on the eMAR once monthly.<br/>-There had been no reports to her that Resident #2's lispro had not been administered as ordered.</p> <p>Refer to interview with Resident #2 on 04/21/22 at 10:01am.</p> | D 358                                                               | <p>FSBS sheets are in place on Medication Cart<br/>Doctor will sign and be notified of any FSBS weekly with concerns.<br/>RCC/RCA will review FSBS sheet weekly.</p> |                    |                                              |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                                                                            |                                                        |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041082</b>           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |                                                                                                                                                                            |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                   | (X5)<br>COMPLETE<br>DATE                               |
| D 358                                                                  | <p>Continued From page 11</p> <p>b. Review of Resident #2's current FL2 dated 09/23/21 revealed there was an order for FSBS 3 times daily.</p> <p>Review of Resident #2's physician's orders dated 02/15/22 revealed:</p> <p>-There was an order for fingerstick blood sugar (FSBS) 70 and resident was alert and able to swallow, give 4 ounces of orange juice (used to treat low blood sugar) and recheck FSBS in 15 minutes. Repeat 4 ounces of orange juice if FSBS remains below 70 and recheck in 15 minutes. If FSBS remains below 70, 15 minutes after repeating the administration of orange juice, call the primary care provider (PCP) or 911 if deemed necessary.</p> <p>-There was an order for glucose gel (used to treat low blood sugar) give for FSBS below 70 if resident was alert and not able to swallow. Give glucose gel and repeat FSBS in 15 minutes. Repeat gel and recheck FSBS in 15 minutes. If FSBS remained below 70 (15 minutes after repeating the administration of glucose gel), call the PCP. If deemed necessary, call 911. If resident was symptomatic, not alert or unconscious, call 911.</p> <p>-There was an order for glucose 4gm chewable tablets (used to treat low blood sugar) check 5 tablets every 15 minutes as needed for FSBS less than 70. Recheck FSBS after 15 minutes and repeat up to 2 times. If FSBS was not greater than 70 after 3 attempts, contact the PCP.</p> <p>Review of Resident #2's February 2022 electronic Medication Administration Record (eMAR) revealed:</p> <p>-There was an entry for FSBS 3 times daily before each meal/lispro insulin dose scheduled for 6:30am, 1:00pm, and 6:00pm.</p> <p>-There was an entry for fingerstick blood sugar</p> | D 358                                                                                   | <p>FSBS sheets are in place on Medication Cart</p> <p>Doctor will sign and be notified of any FSBS weekly with concerns.</p> <p>RCC/RCA will review FSBS sheet weekly.</p> |                                                        |



Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |                                                                                                                                                                            |                                                        |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041082</b>           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |                                                                                                                                                                            |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                   | (X5)<br>COMPLETE<br>DATE                               |
| D 358                                                                  | <p>Continued From page 12</p> <p>(FSBS) 70 and resident was alert and able to swallow, give 4 ounces of orange juice and recheck FSBS in 15 minutes. Repeat 4 ounces of orange juice if FSBS remains below 70 and recheck in 15 minutes. If FSBS remains below 70, 15 minutes after repeating the administration of orange juice, call the PCP or 911 if deemed necessary.</p> <p>-There was an entry for glucose gel give for FSBS below 70 if resident was alert and not able to swallow. Give glucose gel and repeat FSBS in 15 minutes. Repeat gel and recheck FSBS in 15 minutes. If FSBS remained below 70 (15 minutes after repeating the administration of glucose gel), call the PCP. If deemed necessary, call 911. If resident was symptomatic, not alert or unconscious, call 911.</p> <p>-There was an entry for glucose 4gm chewable tablets check 5 tablets every 15 minutes as needed for FSBS less than 70. Recheck FSBS after 15 minutes and repeat up to 2 times. If FSBS was not greater than 70 after 3 attempts, contact the PCP.</p> <p>-There was documentation Resident #2's FSBS was less than 70 on 02/26/22 at 6:30am (59).</p> <p>-There was documentation glucose gel was administered on 02/05/22, but there was no documentation Resident #2's FSBS was rechecked after 15 minutes.</p> <p>Review of Resident #2's March 2022 eMAR revealed:</p> <p>-There was an entry for FSBS 3 times daily before each meal/lispro insulin dose scheduled for 6:30am, 1:00pm, and 6:00pm.</p> <p>-There was an entry for fingerstick blood sugar (FSBS) 70 and resident was alert and able to swallow, give 4 ounces of orange juice and recheck FSBS in 15 minutes. Repeat 4 ounces of orange juice if FSBS remains below 70 and</p> | D 358                                                                                   | <p>FSBS sheets are in place on Medication Cart</p> <p>Doctor will sign and be notified of any FSBS weekly with concerns.</p> <p>RCC/RCA will review FSBS sheet weekly.</p> |                                                        |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                          |                          |                                                     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                  |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 358                                                                  | <p>Continued From page 13</p> <p>recheck in 15 minutes. If FSBS remains below 70, 15 minutes after repeating the administration of orange juice, call primary care provider (PCP) or 911 if deemed necessary.</p> <p>-There was an entry for glucose gel give for FSBS below 70 if resident was alert and not able to swallow. Give glucose gel and repeat FSBS in 15 minutes. Repeat gel and recheck FSBS in 15 minutes. If FSBS remained below 70 (15 minutes after repeating the administration of glucose gel), call the PCP. If deemed necessary, call 911. If resident was symptomatic, not alert or unconscious, call 911.</p> <p>-There was an entry for glucose 4gm chewable tablets check 5 tablets every 15 minutes as needed for FSBS less than 70. Recheck FSBS after 15 minutes and repeat up to 2 times. If FSBS was not greater than 70 after 3 attempts, contact the PCP.</p> <p>-There was documentation Resident #2's FSBS was less than 70 on 03/31/22 at 6:30am (64).</p> <p>-There was no documentation Resident #2 was administered orange juice, glucose gel, or a glucose tablet and no documentation her FSBS was rechecked after 15 minutes.</p> <p>Interview with a third shift medication aide (MA) on 04/20/22 at 1:36pm revealed:</p> <p>-She had to give Resident #2 glucose gel a few times when her FSBS was below 70, but she did not remember when.</p> <p>-If Resident #2's FSBS was below 70, MAs were to give glucose gel, glucose tablet, or orange juice, then recheck Resident #2's FSBS in 15 minutes.</p> <p>-Resident #2's FSBS continued to be under 70, then her FSBS needed to be rechecked, and glucose gel, glucose tablet or orange juice would have to be administered again.</p> <p>-Sometimes Resident #2's second and third</p> | D 358                                                                      | <p>RCC/RCA will review MAR to ensure documentation of FSBS in-services provided to all staff.</p>                        |                          |                                                     |



Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                          |                          |                                                     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                  |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 358                                                                  | <p>Continued From page 14</p> <p>FSBS recheck would need to be completed on first shift because the first FSBS was scheduled at 6:30am, towards the end of third shift.</p> <p>-If Resident #2 required a second or a third FSBS check on first shift, she told the next shift.</p> <p>Interview with the Resident Care Coordinator (RCC) on 04/20/22 at 2:19pm revealed:</p> <p>-If Resident #2's FSBS was below 70, there was a standing order to administer glucose gel, glucose tablets, or orange juice and then recheck in 15 minutes.</p> <p>-If Resident #2's FSBS were still below 70, MAs were to repeat administration of the gel, tablet, or orange juice and contact Resident #2's primary care physician (PCP).</p> <p>-MAs had not contacted Resident #2's PCP lately because her FSBS always came back up after rechecking.</p> <p>-MAs should have documented rechecking FSBS and administration of glucose gel, tablets, or orange juice on the eMAR.</p> <p>-Resident #2 did not had any signs or symptoms of hypoglycemia.</p> <p>-She was supposed to review the eMARs for accuracy in insulin administration, but she had not reviewed the eMARs since February 2022.</p> <p>-She found a couple of errors with insulin administration when she reviewed the eMARs in February 2022 and informed Resident #2's PCP.</p> <p>Interview with Resident #2's primary care provider (PCP) on 04/20/22 at 3:07pm revealed:</p> <p>-If Resident #2's FSBS was below 70, she should have been administered glucose gel, glucose tablets, or orange juice and her FSBS should have been rechecked in 15 minutes.</p> <p>-If her FSBS continued to be less than 70, MAs should have repeated the steps above.</p> <p>-If Resident #2 did not receive glucose gel,</p> | D 358                                                                      | <p>RCC/RCA will review MAR to ensure documentation of FSBS in-services provided to all staff.</p>                        |                          |                                                     |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                               |                          |                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                        |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                                                                                                       |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                      | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 358                                                                  | <p>Continued From page 15</p> <p>glucose tablets, or orange juice when her FSBS was below 70, she could have been at risk for hypoglycemia.</p> <p>Interview with the Administrator on 04/21/22 at 10:40am revealed:</p> <ul style="list-style-type: none"><li>-She did not know there was no documentation Resident #2 was administered glucose gel, tablets, or orange juice when her FSBS was below 70 and there was no documentation MAs followed the order to recheck FSBS and administer the gel, tablets, or orange juice if her FSBS remained below 70.</li><li>-The RCC was responsible for checking FSBS and insulin administration on the eMAR once monthly.</li><li>-There had been no reports to her that Resident #2 had not been administered glucose gel, tablets, or orange juice as ordered.</li></ul> <p>Refer to interview with Resident #2 on 04/21/22 at 10:01am.</p> <p>Interview with Resident #2 on 04/21/22 at 10:01am revealed:</p> <ul style="list-style-type: none"><li>-She had her FSBS checked and was administered insulin because she was diabetic.</li><li>-MAs did not tell her what her FSBS readings were when they checked it so she did not know when her FSBS reading was below 100 or below 70.</li><li>-MAs sometimes checked her FSBS, but they did not always give her insulin after checking it.</li><li>-She did not know if she was administered glucose gel, glucose tablets, or orange juice when her FSBS reading was below 70.</li></ul> <p>2. Review of Resident #6's current FL-2 dated 11/10/21 revealed diagnoses included type 2 diabetes with neuropathy, hypoglycemia,</p> | D 358                                                                      | <p>New Medication order logs is in place<br/>RCC/RCA is tracked on a new order tracker as a new order arrived to the facility by all providers.<br/>RCC/ED will review and signed the tracker Log weekly.</p> | 05-16-2022               |                                                     |



Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                                                 |                                                     |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b> |                                                                                                                 |                                                     |
| (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                                                                  | <p>Continued From page 16</p> <p>dementia without behaviors, chronic kidney disease, hypertension and atherosclerotic heart disease.</p> <p>Review of Resident #6's physician's orders dated 12/08/21 revealed there was an order for furosemide, a treatment for fluid retention (edema), 40 mg., take one tablet by mouth daily.</p> <p>Review of Resident #6's physician's orders dated 02/17/22 revealed an order for furosemide, 40 mg, take one tablet daily for 7 days.</p> <p>Review of Resident #6's February 2022 electronic Medication Administration Record (eMAR) revealed:<br/>-There was an order for furosemide, 40 mg, take one tablet by mouth daily.<br/>-There was no order for furosemide, 40 mg, take one tablet daily for 7 days.<br/>-There was no documentation furosemide 40 mg was administered to Resident #6 for 7 days for edema.</p> <p>Observation of Resident #6's lower legs and feet on 04/21/22 at 9:00am revealed:<br/>-The resident was wearing socks that stretched tightly over her feet and ankles.<br/>-The resident's skin below her knees appeared dry and swollen.</p> <p>Interview with Resident #6 on 04/21/22 at 09:01am revealed:<br/>-She was not feeling well; her feet were swollen, and her ankles and hip had been hurting since last week.<br/>-She did not know if she had taken any fluid pills to keep the swelling down.<br/>-She liked to drink water and drank several glasses a day.</p> | D 358                                                                                   | New Medication order logs are in Place                                                                          |                                                     |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                          |                          |                                                     |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                  |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                     |
| D 358                                                                  | <p>Continued From page 17</p> <p>Interview with the RCC on 04/21/22 at 9:10am and 11:40am revealed:</p> <ul style="list-style-type: none"><li>-The PCP visited the patients in the facility and wrote orders while there, giving them to the medication aides or the RCC before leaving.</li><li>-A few months ago, the PCPs started faxing their orders to the facility to process.</li><li>-She did not remember seeing the order for furosemide, 40 mg., take one tablet daily for 7 days for Resident #6.</li><li>-If she had seen the order, she would not have sent it to the pharmacy to fill because Resident #6 already had an order for furosemide, 40 mg., take one tablet by mouth daily.</li><li>-She did not see the furosemide, 40 mg., take one tablet daily for 7 days order until yesterday (04/20/22).</li><li>-She did not know who placed the faxed order in Resident's record when it came into the facility.</li><li>-She was responsible for auditing resident's records to be sure they were processed and sent to the pharmacy or clarified with the PCP.</li><li>-The medication order should have been sent to the pharmacy to be filled and placed on Resident #6's eMAR.</li><li>-Resident #6 did not receive the 40 mg., take one tablet daily for 7 days order in addition to the furosemide, 40 mg., take one tablet by mouth daily and her legs stayed swollen.</li></ul> <p>Telephone interview with the facility's contracted pharmacy staff on 04/21/22 at 9:59am revealed:</p> <ul style="list-style-type: none"><li>-Resident #6 had a cardiologist's order for the furosemide, 40 mg., take one tablet by mouth daily for over a year.</li><li>-The pharmacy had not received the 02/17/22 order for furosemide, 40 mg., take one tablet daily for 7 days for Resident #6.</li></ul> | D 358                                                                      | <p>New medication order logs in place<br/>Reviewed weekly by RCC/RCA</p>                                                 |                          |                                                     |



Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                                          |  |                                                     |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                  |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| D 358                                                                  | <p>Continued From page 18</p> <p>-The facility should have faxed the pharmacy the 02/17/2022 furosemide order for Resident #6 to take for edema.</p> <p>-Resident #6 did not receive the furosemide, 40 mg., take one tablet daily medication for 7 days.</p> <p>Telephone interview with the PCP on 04/20/22 at 3:06pm and 04/21/22 at 11:10am revealed:</p> <p>-He was aware of Resident #6's cardiologist's order for furosemide, 40 mg., take one tablet by mouth daily.</p> <p>-After making a follow-up visit to see Resident #6, he wrote the order on 12/17/22 for furosemide, 40 mg., take one tablet daily for 7 days for her episode of acute edema.</p> <p>- Resident #6 should have been administered both dosages of furosemide 40mg (to make 80 mg.) for 7 days.</p> <p>-He was not aware until today (04/21/22) that Resident #6 did not receive the additional dosage of furosemide 40 mg.</p> <p>-He was not notified Resident #6 did not receive the furosemide 40 mg dosage for 7 days in addition to the daily dosages.</p> <p>-He did not remember having a call from the facility to clarify the order for Resident #6.</p> <p>-Resident #6 had congestive heart failure, her condition could have worsened, and she would need to be hospitalized.</p> <p>-He expected the facility staff to read, process and administer his furosemide orders for Resident #6.</p> <p>Interview with the Administrator on 04/20/22 at 12:40pm revealed:</p> <p>-She was not aware of the furosemide, 40 mg., take one tablet daily for 7 days order for Resident #6.</p> <p>-It was the MAs and the RCC's duty to review the physicians' orders when they arrived on the fax</p> | D 358                                                                      |                                                                                                                          |  |                                                     |

Division of Health Service Regulation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                          |  |                                                        |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/21/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CONCORD OF GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3301 GAR PLACE<br/>GREENSBORO, NC 27406</b>                                  |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| D 358                                                                  | Continued From page 19<br><br>machine and send the orders to the pharmacy to<br>deliver the medications to the facility.<br>-The PCP's order for furosemide 40 mg. for 7<br>days was not placed on Resident #6's MAR for<br>administration.<br>-Resident #6 did not receive the medication to<br>control her edema.<br>-Residents' records would be audited every day to<br>ensure orders were processed correctly. | D 358                                                                         |                                                                                                                          |  |                                                        |



## NEW ORDERS REQUISITIONS TRACKER

[illegible]

[illegible]



ALPHA CONCORD OF GREENSBORO

PHYSICIAN NOTIFICATION FORM

ALPHA CONCORD OF GREENSBORO

3301 GAR PLACE

GREENSBORO, NC 27406

336-852-5810

336-852-5839FAX

DR. \_\_\_\_\_ TIME: \_\_\_\_\_ AM, PM DATE: \_\_\_\_\_

THIS IS TO INFORM YOU THAT: \_\_\_\_\_ DOB \_\_\_\_\_ HAS \_\_\_\_\_

FALLEN: HOW \_\_\_\_\_ INJURED: \_\_\_\_\_ TREATMENT: \_\_\_\_\_

CHOKED: ON WHAT \_\_\_\_\_

SKIN TEAR: \_\_\_\_\_ FROM WHAT \_\_\_\_\_

TRANSFERRED TO THE ER REASON: \_\_\_\_\_

OTHER: \_\_\_\_\_

MEDICATION REFUSAL: \_\_\_\_\_

HOW IS RESIDENT AT THIS

TIME: \_\_\_\_\_  
\_\_\_\_\_

IF YOU HAVE ANY QUESTIONS REGARDING THIS RESIDENT, PLEASE FEEL FREE TO CALL.

THANK YOU

\_\_\_\_\_ MED TECH SHIFT \_\_\_\_\_

DOCTOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

POA/GAURDIAN NOTIFIED \_\_\_\_\_ DATE: \_\_\_\_\_