

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on 04/25/23-04/27/23.	D 000		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure implementation of orders for 1 of 5 sampled residents (#5) related to daily blood pressure checks. The findings are: Review of Resident #5's current FL2 dated 10/13/22 revealed diagnoses included hypertension, osteoarthritis, and post-polio syndrome. Review of Resident #5's physician's order dated 10/01/22 revealed an order to check blood pressure (BP) twice a day. Review of Resident #5's February 2023 medication administration record (MAR) revealed: -There was an entry to check blood pressure on the day shift and evening shift. -There was no documentation Resident #5's BP was checked 20 out of 28 opportunities on the	D 276	* DRC/designee will follow all new orders from physicians to ensure all orders are followed. * Auditing charts of all Residents to ensure al orders are transcribed correctly *Going forward auditing by-weekly to ensure compliance is followed for 2 months and then monthly going forward by DRC/ or designee *Med Teh refresher class to be completed by June 7, 2023 by RN designee	06/11/23

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

7DT911

If continuation sheet 1 of 78

Received, reviewed, and acknowledged with addendums on pages 61, 64 on 05/31/23. *ky*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMEPLACE OF BURLINGTON

**118 ALAMANCE ROAD
BURLINGTON, NC 27215**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on 04/25/23-04/27/23.	D 000		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure implementation of orders for 1 of 5 sampled residents (#5) related to daily blood pressure checks. The findings are: Review of Resident #5's current FL2 dated 10/13/22 revealed diagnoses included hypertension, osteoarthritis, and post-polio syndrome. Review of Resident #5's physician's order dated 10/01/22 revealed an order to check blood pressure (BP) twice a day. Review of Resident #5's February 2023 medication administration record (MAR) revealed: -There was an entry to check blood pressure on the day shift and evening shift. -There was no documentation Resident #5's BP was checked 20 out of 28 opportunities on the	D 276	* DRC/designee will follow all new orders from physicians to ensure all orders are followed. * Auditing charts of all Residents to ensure all orders are transcribed correctly *Going forward auditing by-weekly to ensure compliance is followed for 2 months and then monthly going forward by DRC/ or designee *Med Teh refresher class to be completed by June 7, 2023 by RN designee	06/11/23

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 1 day shift. Review of Resident #5's March 2023 MAR from 03/01/23-03/117/23 revealed: -There was an entry to check blood pressure on the day shift and the night shift. -There was no documentation Resident #5's BP was checked 9 out of 17 opportunities on the day shift. -There was no documentation Resident #5's BP was checked 1 out of 16 opportunities on the evening shift. Interview with a medication aide (MA) on 04/27/23 at 10:29am revealed: -The personal care aide (PCAs) normally checked the resident's vitals and would give her the vitals on paper, and she would enter them into the eMAR. -She probably forgot to document Resident #5's BP on the eMAR. -She knew Resident #5's BP was checked as ordered; it just did not get transcribed to the eMAR. Interview with another MA on 04/27/23 at 10:39am revealed: -She let the PCAs check Resident #5's vitals, but sometimes she did it herself. -She may have forgotten to enter Resident #5's BP into the eMAR. -When she checked the resident's BP she wrote it on paper, and then "probably" forgot to enter it into the eMAR. Interview with a PCA on 05/27/23 at 11:06am revealed when she checked residents' vitals, she wrote the vitals on paper and gave the paper to the MA.	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 2 Interview with Resident #5's PCP on 04/27/23 at 8:31am revealed she expected Resident #5's BP to be checked twice a day as ordered. Interview with the Resident Care Director (RCD) on 04/27/23 at 3:36pm revealed: -She expected Resident #5's BP to be taken twice a day as ordered. -If something was not documented, she considered it as not being done. Interview with the Administrator on 04/27/23 at 4:36pm revealed she expected Resident #5's SBP to be checked twice daily as ordered. Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable.	D 276		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 5 sampled residents (#1, #3, and #5) regarding a medication	D 358	* Immediate education on medication administration policy. In service by ED/DRC completed by 4/28/2023 * Cart audits start immediately, checking meds against orders and then to EMAR, with 10 residents per daily. Completed by May 5, 2023 by DRC / or designee * Re-educate the use of New Order tracking that is already in place and checked by DRC or designee X 4 weeks In service led by DRC 4/28/2023 * Continue education with med techs on med administration policy. Ongoing by DRC/ED/ designee * Continue audits on New Orders from daily to weekly ongoing By DRC/designee	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 3 used to treat liver disease was not administered as ordered and a seizure medication was not administered for 48 days (#3); and two blood pressure medications with hold parameters that were not held and the frequency was changed but the change was not implemented for 8 days, and dosage changes for another blood pressure medication and a diuretic were not implemented for 8 days (#5); and multiple doses were not administered of a medication used to treat Parkinson's disease, a medication for depression, a supplement and a diuretic (#1). The findings are: 1. Review of Resident #3's current FL-2 dated 10/10/22 revealed diagnoses included Alzheimer's disease, essential hypertension, insomnia, anemia, irritable bowel syndrome, major depressive disorder, and vitamin D deficiency. a. Review of Resident #3's physician's orders dated 01/19/23 revealed an order for Lactulose (used as a laxative to reduce ammonia) 20mg/30ml administer 30ml once daily. Review of Resident #3's Primary Care Provider's (PCP) after-visit summary dated 01/19/23 revealed: -Resident #3 continued to be very fatigued. -She was concerned that Lactulose was no longer on the electronic medication administration record (eMAR). -Reports received of resident stiffening; will ensure Lactulose restarted with follow-up ammonia levels. -There was an order written for Lactulose 20mg/ml administer 30ml daily.	D 358	* Continue education for med techs on reporting any medication issues Ongoing by DRC / designee *Monitor MARs for any missed meds or exception coding daily X 3 weeks and then ongoing by DRC / designee *Med Teh refresher class to be completed by June 7, 2023 by RN designee	06/11/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 4 Review of Resident #3's PCP after-visit summary dated 02/16/23 revealed: -Resident #3 continued to sleep during the day but was easy to awake and appeared less sedated overall. -Recent Ammonia levels were within normal range with a restart of Lactulose. -There was documentation under the heading for fatigue, to continue Lactulose. Review of Resident #3's January 2023 electronic medication administration record (eMAR) for 01/19/23-01/31/23 revealed: -There was an entry for Lactulose 20mg/30ml give 30ml in the morning with a scheduled administration time of 9:00am. -Lactulose 30ml was documented as administered from 01/20/23-01/31/23 with exceptions documented as other for 01/24/23, 01/25/23, and 01/30/23; there was no reason documented on the eMAR for these dates. Review of Resident #3's laboratory results dated 01/27/23 revealed the resident's Ammonia level (A test to check the amount of ammonia in the blood when monitoring liver disease) was 44 (Reference range 16-53). Review of Resident #3's February 2023 eMAR revealed: -There was an entry for Lactulose 20mg/30ml give 30ml in the morning with a scheduled administration time of 9:00am. -Lactulose 30ml was documented as administered from 02/01/23-02/28/23 with exceptions documented as other for 02/24/23. -There was documentation Lactulose was held on 02/24/23 due to loose stools. Review of Resident #3's laboratory results dated	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 5 02/24/23 revealed the resident's Ammonia level was 43. Review of Resident #3's March 2023 eMAR revealed: -There was an entry for Lactulose 20mg/30ml give 30ml in the morning with a scheduled administration time of 9:00am. -Lactulose 30ml was documented as administered from 03/01/23-03/31/23 with exceptions documented as other for 03/02/23 and 03/26/23. -There was documentation Lactulose was held on 03/02/23 due to loose stools and on 03/26/23 due to the medication not being available. Review of Resident #3's laboratory results dated 03/09/23 revealed the resident's Ammonia level was 61 and was identified as high. Review of Resident #3's April 2023 eMAR for 04/01/23-04/25/23 revealed: -There was an entry for Lactulose 20mg/30ml give 30ml in the morning with a scheduled administration time of 9:00am. -Lactulose 30ml was documented as administered from 04/01/23-04/25/23 with no exceptions documented. Review of Resident #3's laboratory results dated 04/14/23 revealed the resident's Ammonia level was 90 and was identified as high. Observation of Resident #3's medications on hand on 04/26/23 at 10:31am revealed: -There was a bottle of Lactulose dispensed on 03/21/23 with directions to take 30ml once a day. -The bottle was $\frac{3}{4}$ full. -There were no other bottles of Lactulose on hand.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 6 Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 04/26/23 at 8:11am revealed: -Two bottles of Lactulose were dispensed for Resident #3 on 03/21/23. -Each bottle contained 473mls and if the resident was administered 30mls daily each bottle would last for 15.76 days (~16 days). -Two bottles would be considered a 30-day supply but would last for 32 days. -A prescription was received on 01/19/23 and Lactulose was filled on 01/19/23 for a 32-day supply. -The only other dispensing of Lactulose was on 08/27/22 for 90ml. -Lactulose was not cycle filled and had to be reordered. Review of eMAR documentation, medications dispensed, and medications on hand between 01/19/23 and 04/25/23 revealed: -There were a total of 63 doses of 30ml Lactulose dispensed. -There were 30mls of Lactulose documented as administered 90 times from 01/20/23 to 04/25/23. -There was ¾ of a bottle of Lactulose remaining on 04/26/23. Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/26/23 at 9:18am revealed: -Lactulose was used for the treatment of ammonia levels. -If a resident's ammonia levels remained high, they were at risk for liver failure. Telephone interview with Resident #3's PCP on 04/26/23 at 9:42am revealed: -Resident #3 was prescribed Lactulose for	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 encephalopathy (encephalopathy is a deterioration of brain function that occurs in people with severe liver disease). -She was concerned Resident #3's Lactulose was not administered as ordered because she assumed it was based on documentation. -When Resident #3 was having increased sedation, she was making changes to other medications when Resident #3's sedation could have been related to his ammonia levels being high. -Lab results revealed Resident #3's medications were not administered as ordered but the eMARs were showing the medications were administered as ordered. -She was adjusting the resident's medications assuming the medication had been administered. Interview with a medication aide (MA) on 04/26/23 at 10:31am revealed: -Resident #3's Lactulose was administered in the mornings with his other medications. -Resident #3 had not refused to take the Lactulose, but sometimes would take a sip and not like it, but would drink it. -If Resident #3 refused the Lactulose she would have documented it. -She did not know why there was more Lactulose on hand than there should be based on documentation and dispensed medication. Interview with another MA on 04/26/23 at 10:38am revealed: -She administered Resident #3's Lactulose when she worked. -Resident #3 had never refused Lactulose. -Another named MA or the Resident Care Director (RCD) ordered medications. -She did not know why there was more Lactulose on hand than there should be based on	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 8 documentation and dispensed medication. Interview with the RCD on 04/26/23 at 11:40am revealed: -Based on the dispensing record and amount on hand it did not appear Resident #3's Lactulose was administered as ordered. -She was concerned Resident #3's Lactulose was not being administered as ordered. Interview with the Administrator on 04/26/23 at 5:07pm revealed: -After the two bottles of Lactulose ordered in January 2023 were used up, the medication should have been reordered. -She was concerned Resident #3's Lactulose had not been reordered. -Obviously, Resident #3's Lactulose had not been administered as ordered based on dispensing dates and medication on hand. -It was concerning Resident #3's order for Lactulose was not being followed. Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable. Attempted telephone interview with Resident #3's family member on 03/27/23 at 6:45pm was unsuccessful. b. Review of Resident #3's physician's orders dated 10/10/22 revealed: -There was an order for Depakote (an anticonvulsant used to treat seizures) delayed-release (DR) 250mg (2 tablets) every morning. -There was an order for Depakote DR 500mg at bedtime.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 9 Review of Resident #3's physician's orders dated 01/16/23 revealed an order for Depakote DR 250mg (1 tablet) every morning. Review of Resident #3's Primary Care Provider's (PCP) after-visit summary dated 01/19/23 revealed: -Resident #3 continued to be very fatigued. -There was concern that Depakote was impacting ongoing sedation. However, the risk of decrease far outweighed the benefits. -Depakote levels were ordered. (A blood test measures the levels of Depakote in your blood. Depakote blood levels must stay within a specific range of 50-100 for the drug to work properly.) Review of Resident #3's PCP after-visit summary dated 02/16/23 revealed: -Resident #'s recent Valproic acid level was within normal limits. -Resident #3's Depakote under the current medication list was Depakote DR 250mg (2 tablets) to equal 500mg twice a day. Review of Resident #3's PCP after-visit summary dated 04/13/23 revealed: -Facility staff had concerns there was some confusion regarding Depakote dosing and asked for clarification. -She suspected the attending medical doctor (MD) who wrote the order to reduce Resident #3's Depakote from 500mg to 250mg on 01/16/23 did so due to reports of somnolence. -Resident #3 had a history of seizure disorder but had no clinical sign of seizure activity since the decrease in the dose and was increasingly alert. -She would reach out to Resident #3's family member to discuss continuing the current dose in the absence of seizure activity and follow Valproic acid levels.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 10 -On 04/13/23, she reached out to the laboratory to ensure the scheduled Valproic acid levels would be checked. Review of Resident #3's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Depakote 500mg give 1 tablet at bedtime with a start date of 10/15/21 and a discontinuation date of 01/16/23. -Depakote 500mg was documented as administered from 01/01/23-01/15/23 at 8:00pm. -There was a second entry for Depakote 500mg give 1 tablet at bedtime with a start date of 01/16/23. -Depakote 500mg was documented as administered from 01/16/23-01/31/23 at 7:00pm. -There was a third entry for Depakote 500mg with a scheduled administration time of 8:00am; the order start date was 01/19/23. -Depakote 500mg was documented as administered at 8:00am from 01/23/23-01/31/23. -There was an entry for Depakote 250mg (1 tablet) with a scheduled administration time of 8:00am with a start date of 01/16/23 and a discontinuation date of 01/16/23. -There was no documentation Depakote 250mg (1 tablet) was administered at 8:00am. -There was a second entry for Depakote 250mg take (2 tablets) with a scheduled administration time of 8:00am with a start date of 01/03/23 and a discontinuation date of 01/16/23 -Depakote 250mg (2 tablets) were documented as administered from 01/01/23-01/16/23. -There was a third entry for Depakote 250mg take (2 tablets) with a scheduled administration time of 8:00am with a start date 01/16/23 and a discontinuation date of 01/19/23. -Depakote 250mg (2 tablets) were documented as administered from 01/17/23-01/19/23 at	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 11 8:00am. -There was no documentation Depakote was administered at 8:00am from 01/20/23-01/22/23. Review of Resident #3's laboratory results dated 01/27/23 revealed the resident's Valproic acid level was 59. Review of Resident #3's February 2023 eMAR revealed: -There was an entry for Depakote 500mg give 1 tablet at bedtime with a start date of 01/16/23. -Depakote 500mg was documented as administered from 02/01/23-02/28/23 at 8:00pm. -There were exceptions documented on 02/07/23 and 02/08/23, medication not in the facility. -There was a second entry for Depakote 500mg give 1 tablet at 8:00am with a start date of 01/19/23. -Depakote 500mg was documented as administered from 02/01/23-02/28/23 at 8:00am. -There were exceptions documented on 02/08/23 and 02/09/23, medication not in the facility. Review of Resident #3's laboratory results dated 02/24/23 revealed the resident's Depakote level was 69. Review of Resident #3's March 2023 eMAR revealed: -There was an entry for Depakote 500mg give 1 tablet at bedtime with a start date of 01/16/23. -Depakote 500mg was documented as administered from 03/01/23-03/31/23 at 8:00pm. -There was a second entry for Depakote 500mg give 1 tablet at 8:00am with a start date of 01/19/23 and a discontinuation date of 03/08/23. -Depakote 500mg was documented as administered from 03/01/23-03/08/23 at 8:00am. -There was an entry for Depakote 250mg (1	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 12 tablet) with a scheduled administration time of 9:00am with a start date of 03/08/23. -Depakote 250mg was documented as administered on 03/09/23, 03/10/23, 03/20/23, 03/22/23, 03/24/23, 03/25/23-03/28/23 and 03/31/23. -There were exceptions documented as other for Depakote 250mg at 9:00am for 03/11/23-03/19/23, 03/21/23, 03/24/23, 03/29/23 and 03/30/23. -The only exceptions documented with an explanation of other were 03/12/23, 03/17/23-03/21/23, and 03/30/21 with the reason documented as medication was not in the facility. -Depakote 250mg was documented as administered 10 times and documented as other 13 times; there was no explanation documented for other. Review of Resident #3's laboratory results dated 03/09/23 revealed Valproic level was 57. Review of Resident #3's April 2023 eMAR for 04/01/23-04/25/23 revealed: --There was an entry for Depakote 500mg give 1 tablet at bedtime with a start date of 01/16/23. -Depakote 500mg was documented as administered from 04/01/23-04/25/23 at 7:00pm. -There was an entry for Depakote 250mg (1 tablet) with a scheduled administration time of 9:00am with a start date of 03/08/23. -Depakote 250mg was documented as administered on 04/01/23-04/03/23, 04/05/23-04/08/23, 04/11/23, 04/19/23, 04/22/23, and 04/23/23. -There were exceptions documented as other for Depakote 250mg at 9:00am for 04/04/23, 04/09/23-04/10/23, 04/12/23-04/18/23, 04/20/23-04/21/23, and 04/24/23-04/25/23. -The only exceptions documented with an	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 13 explanation of other were 04/09/23, 04/15/23-04/16/23, 04/20/23, and 04/25/23. -On 04/21/23 there was documentation as waiting on clarification from PCP. -Depakote 250mg was documented as administered 11 times and documented as other 14 times; there was no explanation documented for other. Review of Resident #3's laboratory results dated 04/14/23 revealed the resident's Depakote level was 25 and was identified as low. Observation of Resident #3's medications on hand on 04/25/23 at 3:57pm revealed there was no Depakote 250mg available to be administered. Telephone interview with a pharmacy technician with the facility's contracted pharmacy on 04/26/23 at 8:11am revealed: -They did not have an order for Depakote 250mg on file for Resident #3. -If Depakote 250mg was listed on Resident #3's eMAR, the facility staff entered in on the eMAR. -Resident #3 was profiled as Depakote 500mg twice daily. -On 01/10/23, 02/07/23, and 03/13/23, 60 tablets of Depakote 500mg were dispensed for a one-month supply with each dispensing for Resident #3, one tablet to be administered twice daily. Telephone interview with a Pharmacist at the facility's contracted pharmacy on 04/26/23 at 9:18am revealed: -Depakote was a medication that needed to be tapered, and not abruptly stopped, even if the dosage was changed. -A therapeutic level took time to get into the blood system.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 14 Telephone interview with Resident #3's PCP on 04/26/23 at 9:42am revealed: -Another provider had written the order to decrease Resident #3's am dose of Depakote. -Facility staff had emailed her about the change, and she told them not to change it, Resident #3 needed the medication to prevent seizures (she did not recall the date). -On 03/15/23, the facility staff sent her a copy of the order and she told them to not change the 500mg to 250mg because Resident #3 has a seizure disorder. -She saw Resident #3 on 04/13/23 and was under the impression that the Depakote had been changed from 500mg to 250mg, even though she had told the facility staff not to, but the resident had not had any signs of seizure activity according to the facility staff. -Because it now appeared based on documentation and lab results, Resident #3 was not receiving the am dosage of Depakote, and the resident was at risk of a seizure. Interview with a medication aide (MA) on 04/26/23 at 10:31am revealed: -Resident #3's current order was for Depakote 250mg in the morning and 500mg in the evening. -Resident #3's Depakote would need to come from the pharmacy as a 250mg dosage, because they were not supposed to cut medication. -She had never cut Resident #3's Depakote 500mg to administer 250mg. -Resident #3 had Depakote 500mg on the medication cart but did not have Depakote 250mg. -She documented the medication was not available and notified the PCP. -If she documented she administered Depakote 250mg to Resident #3 it was in error.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 15 Interview with another MA on 04/26/23 at 10:38am revealed: -She had never cut Resident #3's Depakote 500mg to administer 250mg. -Resident #3 had Depakote 500mg on the medication cart but did not have Depakote 250mg. -She documented the medication was not available and notified the person who had processed the order that the medication had not been delivered. -Whoever was on the cart when the order came in was who processed the order, it was usually a named MA, the Licensed Practical Nurse (LPN), or the Administrator. -If she documented she administered Depakote 250mg to Resident #3 it was in error. Interview with the Resident Care Director (RCD) on 04/26/23 at 11:40am revealed: -She started working at the facility on 04/12/23. -Most of her time since 04/12/23, had been training. -No one had reported to her any issues with Resident #3's medications. -If Resident #3 had Depakote 250mg in the past, they may have used it up and that was why the prescription had not been filled. -The MAs were not allowed to cut medication unless it had been scored. -She was concerned Resident #3's Depakote was not being administered as ordered and he would be at increased risk of seizures. -Her expectation was if a medication was not delivered within a couple of days of being ordered, the MA should reach out to the pharmacy and notify the PCP of what was going on. -The facility had a new order tracking form that	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 358	Continued From page 16 was supposed to be used but she had noted it was not consistently being used. Interview with the Administrator on 04/26/23 at 5:07pm revealed: -The MAs were responsible for processing new orders. -When orders were received, the order should be faxed the order to the pharmacy. -The MAs had brought it to her attention that the previous RCD had been putting orders into the eMAR incorrectly. -If the medication was not in the facility, she expected the MA to reach out to the pharmacy. -She was not aware Resident #3's Depakote 250mg was not in the facility until today, 04/26/23, when a MA brought it to her attention. -The MAs should have reached out to her to help in obtaining the medication. Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable. Attempted telephone interview with Resident #3's family member on 03/27/23 at 6:45pm was unsuccessful. 2. Review of Resident #5's current FL2 dated 10/13/22 revealed diagnoses included hypertension, osteoarthritis, and post-polio syndrome. a. Review of Resident #5's physician's order dated 12/08/22 revealed there was an order for Hydralazine (used to treat high blood pressure) 10mg every 12 hours as needed (PRN) for systolic blood pressure (SBP) greater than 180. Review of Resident #5's primary care provider's	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 17 (PCP) after-visit summary dated 01/12/23 revealed: -Resident #5's systolic blood pressure (SBP) remained elevated per review with no Hydralazine use. -She discussed with the facility staff the importance of administering Resident #5's Hydralazine if the resident's SBP was outside the parameters. -Resident #5 remained asymptomatic; however, it was important to control SBPs to prevent further kidney damage. -Resident #5 had chronic kidney disease (CKD), secondary to hypertension. Review of Resident #5's care notes dated 02/03/23 revealed: -The Resident Care Director (RCD) documented Resident #5 was to get a PRN Hydralazine 10mg when her SBP was over 180. -Resident #5 could get the Hydralazine every 12 hours. Review of Resident #5's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Hydralazine 10mg every twelve hours as needed for a SBP greater than 180, administer one tablet and recheck blood pressure in 30 minutes. If the SBP remained greater than 180 call the PCP. -There was documentation Resident #5's SBP was checked 48 out of 62 opportunities. -There was documentation Resident #5's SBP was greater than 180 on 26 of 48 occasions from 01/01/23-01/31/23 and there were only 6 occasions Hydralazine was documented as administered. Review of Resident #5's February 2023 eMAR for	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 18 02/01/23-02/16/23 revealed: -There was an entry for Hydralazine 10mg every twelve hours as needed for a SBP greater than 180, administer one tablet and recheck blood pressure in 30 minutes. If SBP remained greater than 180 call the PCP. -There was documentation Resident #5's SBP was checked 21 out of 30 opportunities. -There was documentation Resident #5's SBP was greater than 180 on 9 of 21 occasions from 02/01/23-02/15/23 and there were only 2 occasions Hydralazine was documented as administered. Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 04/26/23 at 4:00pm revealed: -Resident #5 had an order dated 09/16/22 to check her SBP twice daily and administer Hydralazine 10mg for SBP greater than 160 and recheck the SBP after 30 minutes and report if the SBP remained above 160. -She did not see an order for Hydralazine 10mg for SBP greater than 180. -Resident #5 received her prescriptions from another named pharmacy and they only profiled the information for the eMAR. -The facility was responsible for entering orders on the eMAR. Telephone interview with a pharmacist at Resident #5's pharmacy on 04/26/23 at 4:12pm revealed: -Resident #5's Hydralazine order dated 09/16/22 was for 10mg twice daily as needed for SBP greater than 160, administer Hydralazine 10mg, and recheck the SBP after 30 minutes, and report if the SBP remained above 160. -She did not see an order for Hydralazine 10mg for SBP greater than 180.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 19 -They had not received any physician's orders for Resident #5's Hydralazine since 09/16/22. -Resident #5's Hydralazine 10mg was only dispensed on 09/16/22 for 60 tablets. -On 02/21/23, Resident #5's pharmacy provider changed to another pharmacy. Telephone interview with a pharmacist at Resident #5's current pharmacy on 04/26/23 at 4:23pm revealed: -Resident #5's order for Hydralazine 10mg PRN was not transferred to their pharmacy. -He had not dispensed PRN Hydralazine for Resident #5. Interview with a medication aide (MA) on 04/27/23 at 10:29am revealed: -The personal care aide (PCAs) normally checked the resident's vitals and would give her the vitals on paper, and she would enter them into the eMAR. -She probably forgot to document Resident #5's SBP on the eMAR. -Sometimes Resident #5's family member would check the resident's SBP and give it to her. -She knew Resident #5's SBP was checked as ordered; it just did not get transcribed to the eMAR. -There were times she administered Resident #5's Hydralazine and did not document she administered the medication because she would forget. Interview with another MA on 04/27/23 at 10:39am revealed: -She let the PCAs check Resident #5's vitals, but sometimes she did it herself. -She may have forgotten to enter Resident #5's SBP into the eMAR. -When she checked the resident's SBP she wrote	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 20 it on paper, and then "probably" forgot to enter it into the eMAR. -She gave Resident #5's Hydralazine when her SBP was greater than 180, but she may have not documented it. -Sometimes, Resident #5's family member would come to tell her the resident's SBP was high, and she would take her a Hydralazine but forgot to document she administered the medication. Interview with a PCA on 05/27/23 at 11:06am revealed: -She did not recall checking Resident #5's vitals. -She had checked other residents' vitals, and when she did, she wrote it on paper and gave the paper to the MA. Interview with a third MA on 05/27/23 at 11:18am revealed: -Resident #5's SBP was ordered to be checked on the second shift. -If Resident #5's SBP was high when she checked it, she would administer the Hydralazine, but she did not document it. -"If it was not documented, that was saying I did not give it." -She did not know why she did not document administering Resident #5's Hydralazine, other than she just forgot. -She knew she administered Resident #5's Hydralazine when her SBP was high because if the resident's SBP was that high, she might have a stroke. Interview with Resident #5's PCP on 04/27/23 at 8:31am revealed: -Resident #5's Hydralazine was ordered because it was a quick-acting medication, and it would bring the resident's SBP down immediately. -She expected Resident #5's SBP to be checked	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 21 twice a day, and Hydralazine administered when the resident's SBP was greater than 180. -Resident #5's Hydralazine not being administered, left the resident with a high SBP, which increased her risk of a stroke. Interview with the RCD on 04/27/23 at 3:36pm revealed: -She expected Resident #5's SBP to be taken twice a day as ordered and Hydralazine to be administered if the SBP was outside the parameter ordered. -If something was not documented, she considered it as not being done. -She was concerned Resident #5 could have a heart attack or stroke if her SBP remained high when the medication was not administered as ordered. Interview with the Administrator on 04/27/23 at 4:36pm revealed: -She expected Resident #5's SBP to be checked twice daily as ordered. -If Resident #5's SBP was greater than 180, the PRN Hydralazine should have been administered. -"If it was not documented it did not happen." -If Hydralazine was administered, it should have been documented. -If Resident #5's Hydralazine was not administered when her SBP was greater than 180, it put the resident at risk for a stroke. -Staff knew Resident #5 was having transient ischemic attacks [(TIAs) is a temporary blockage of blood flow to the brain also called a mini stroke] because her family member told staff Resident #5 had a history of TIAs. -Resident #5's family member did not want the resident to be sent out to the emergency department because she was not going to do any aggressive treatment anyway.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 22 -With Resident #5's history of TIAs she was at risk of a major stroke. Based on observations, interviews and record reviews, it was determined Resident #5 was not interviewable. Attempted telephone interview with the former RCD on 04/26/23 at 4:32pm was unsuccessful. Refer to the interview with the RCD on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. b. Review of Resident #5's physician's order dated 02/09/23 revealed an order to stop Hydralazine 10mg PRN and start Hydralazine 10mg three times daily. Review of Resident #5's Primary Care Provider (PCP) after-visit summary dated 02/09/23 revealed: -Resident #5's family member reported concern with elevated SBPs and cognitive decline. -Resident #5's SBP was being managed with daily medication and Hydralazine PRN; however, the family reported Resident #5 rarely received Hydralazine. -Resident #5's SBP remained elevated per review. -Hydralazine was not being utilized as ordered. -Discussed with Resident #5's family member that scheduling the Hydralazine at this time may be the best option to prevent a transient ischemic attack (TIA or mini-stroke)/ cerebral vascular accident (CVA) complications. -It was important to control Resident #5's SBP to prevent organ damage.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 23 -Resident #5's PRN Hydralazine 10mg was discontinued. -Hydralazine 10mg was ordered three times daily. Review of Resident #5's PCP after-visit summary dated 02/16/23 revealed: -Resident #5 was being seen at the request of the facility for confusion and hallucinations. -Resident #5's SBP tended to trend high, and Hydralazine was changed from PRN to scheduled last week, the week of 02/09/23. -Staff reported Resident #5 had received the scheduled dose for about 2 days with no report of chest pain or shortness of breath. -There was a concern of history of atrial fibrillation and TIA. -Resident #5's SBP slightly improved with Hydralazine; however, she needed to adjust the resident's medication regimen due to the resident's low heart rate (HR). -It was important to control SBPs to prevent organ damage. -Resident #5's SBP medication would be changed, and Hydralazine discontinued. -There was an order to discontinue Hydralazine 10mg three times daily. Review of Resident #5's PCP after-visit summary dated 02/23/23 revealed: -The reason for the visit was to follow up on medication changes from 02/16/23 and to address concerns about hallucinations and confusion. -It was also noted on the last visit Resident #5's SBP was trending high, and her HR ranged from 49-66. -Unfortunately, the medication changes on 02/16/23 had not been implemented and she re-sent those changes today, 02/23/23. -It was noted Resident #3 was alert and oriented	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 24 x 3 and was back at her baseline for her mental status and her confusion most likely was due to a urinary tract infection (UTI) that was treated. -Resident #5's hypertensive renal disease was uncontrolled. -Adjustments to Resident #5's medications were needed due to high SBP and low HR. -There was an order to discontinue Hydralazine 10mg three times daily. Review of Resident #5's February 2023 electronic medication administration record (eMAR) from 02/16/23-02/24/23 revealed: -There was an entry for Hydralazine 10mg three times daily with an administration time of between 8:00am-9:00am, 12:00pm-1:00pm, and 5:00pm. -There was documentation Hydralazine 10mg was administered twice a day on 02/16/23, 02/20/23, 02/21/23, 02/23/23, and 02/24/23 and three times a day on 02/17/23-02/19/23, and 02/22/23. -Hydralazine 10mg was not documented as administered after 02/24/23. Telephone interview with a pharmacist at Resident #5's new pharmacy on 04/26/23 at 4:23pm revealed: -He had received an order for Hydralazine 10mg three times a day on 02/13/23. -Hydralazine 10mg was dispensed on 02/13/23 for 90 tablets which was a one-month supply when administered three times daily. -He had not received an order to discontinue the Hydralazine 10mg three times a day. Interview with a medication aide (MA) on 04/27/23 at 10:29am revealed: -If a medication had been discontinued it would not "pop" on the eMAR to be administered. -She did not enter Resident #5's order to stop the	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 25 PRN Hydralazine and schedule the Hydralazine three times daily. -She could see the order was entered by the previous Resident Care Director (RCD) on 02/16/23. -She did not recall anything about Resident #5's Hydralazine being discontinued. Interview with another MA on 04/27/23 at 10:39am revealed: -She recalled Resident #5's Hydralazine changing from PRN to scheduled. -If a medication "popped up" she administered the medication. -She would not know a medication had been discontinued and had not been changed in the eMAR unless she saw the order; she did not see the order for Resident #5's Hydralazine to be discontinued on 02/16/23. Interview with a third MA on 05/27/23 at 11:18am revealed: -She did not know who entered orders into the eMAR. -She did not know why Resident #5's scheduled Hydralazine ordered on 02/09/23 was not started until 02/16/23 and why the medication was not discontinued on 02/16/23 as ordered. -She administered medications based on what "popped" on the eMAR during her shift to be administered. Interview with Resident #5's PCP on 04/27/23 at 8:31am revealed: -Resident #5's Hydralazine was changed from PRN to scheduled because it had not been administered when it should have been for the resident's SBP greater than 180. -She discontinued Resident #5's scheduled Hydralazine on 02/16/23 because she was not	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 26 seeing the results she needed to see, so she was making multiple changes to Resident #5's medications. -On 02/16/23 she knew she needed to make some medication changes and did not realize until 02/23/23 her orders had not been implemented. -She expected the medication to have been changed when the order was written. -If there were acute changes with a resident's medications, she signed her note the same day. -Once her note was signed the Administrator and the pharmacy received the orders. -Review of her note for 02/16/23 showed she had signed it on 02/16/23 at 3:11pm so the facility and the pharmacy would have received the order at that time by electronic mail. Interview with the Administrator on 04/27/23 at 4:36pm revealed: -If a new medication "showed up" she expected the MAs to verify with the pharmacy there was a new order and input the order into the eMAR and have it verified as correct so the medication could begin to be administered. -She was not aware Resident #5's scheduled Hydralazine was dispensed on 02/13/23, not started until 02/16/23, and was not discontinued on 02/16/23 as ordered. Based on interviews and record reviews, it was determined Resident #5 was not interviewable. Attempted telephone interview with the former RCD on 04/26/23 at 4:32pm was unsuccessful. Refer to the interview with the RCD on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 27 04/27/23 at 4:05pm. c. Review of Resident #5's physician's order dated 02/16/23 revealed an order to reduce Furosemide (used to treat fluid retention) to 20mg daily. Review of Resident #5's Primary Care Provider (PCP) after-visit summary dated 02/16/23 revealed: -Resident #5 was being seen at the request of the facility for confusion and hallucinations. -She questioned whether dehydration was playing a role in Resident #5's confusion, so she was going to reduce Resident #5's Furosemide from 40mg every other day and 20mg on alternate days to 20mg daily. Review of Resident #5's PCP after-visit summary dated 02/23/23 revealed: -The reason for the visit was to follow up on medication changes from 02/16/23 and to address concerns about hallucinations and confusion. -Unfortunately, the medication changes on 02/16/23 had not been implemented and she re-sent those changes today, 02/23/23. -Resident #5's lab work completed on 02/16/23 showed her blood urea nitrogen (BUN) was elevated at 44 and creatinine was elevated at 1.24. -Furosemide was decreased due to concerns of possible dehydration. (Elevated BUN and creatinine levels occur with sudden (acute) kidney problems, which may be caused by severe dehydration.) Review of Resident #5's February 2023 electronic medication administration record (eMAR) from 02/16/23-02/28/23 revealed:	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 28 -There was an entry for Furosemide 40mg one time a day on even days with a scheduled administration time of 8:00am. -There was documentation Furosemide 40mg was administered daily on 02/18/23, 02/20/23, 02/22/23, and 02/24/23. -There was an entry for Furosemide 20mg one time a day on odd days with a scheduled administration time of 8:00am. -There was documentation Furosemide 20mg was administered daily on 02/17/23, 02/19/23, 02/21/23, and 02/23/23. -There was an entry for Furosemide 20mg daily with a scheduled administration time of 8:00am. -Furosemide 20mg was documented as administered from 02/25/23-02/28/23. Telephone interview with a pharmacist at Resident #5's current pharmacy on 04/26/23 at 4:23pm revealed: -He had received an order for Furosemide 20mg daily on 02/16/23 and to discontinue all previous orders for Furosemide . -Furosemide 20mg was dispensed on 02/16/23 for 30 tablets. Interview with a medication aide (MA) on 04/27/23 at 10:29am revealed: -If a medication had been discontinued it would not "pop" on the eMAR to be administered. -She administered medication based on what "popped" on the eMAR. -She did not recall any specifics related to Resident #5's Furosemide. Interview with another MA on 04/27/23 at 10:39am revealed: -If a medication "popped up" she administered the medication. -She would not know a medication had been	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 29 discontinued and had not been changed in the eMAR unless she saw the order; she did not see the order for Resident #5's Furosemide to be changed on 2/16/23. Interview with Resident #5's PCP on 04/27/23 at 8:31am revealed: -She changed Resident #5's Furosemide due to concerns about dehydration. -If Resident #5's Furosemide was not changed she could continue to lose fluid, have increased confusion, and the resident's kidneys could be impacted negatively. -She expected the medication to have been changed when the order was written. -If there were acute changes with a resident's medications, she signed her note the same day. -Once her note was signed the Administrator and the pharmacy received the orders. -Review of her note for 02/16/23 showed she had signed it on 02/16/23 at 3:11pm so the facility and the pharmacy would have received the order by electronic mail at that time. Interview with the facility's Administrator on 04/27/23 at 4:36pm revealed she was not aware Resident #5's Furosemide dosage had been changed, was dispensed on 02/16/23, and not started until 02/23/23. Based on interviews and record reviews, it was determined Resident #5 was not interviewable. Attempted telephone interview with the former RCD on 04/26/23 at 4:32pm was unsuccessful. Refer to the interview with the RCD on 04/27/23 at 2:57pm. Refer to the interview with the facility's	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 30 Administrator on 04/27/23 at 4:05pm. d. Review of Resident #5's physician's order dated 10/01/22 revealed an order for Metoprolol Succinate (used to treat high blood pressure) 25mg extended release administer one tablet at bedtime for hypertension; hold for heart rate (HR) less than 60. Review of Resident #5's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Metoprolol Succinate ER 25mg 1 tablet at bedtime, hold for HR less than 60 with a scheduled administration time of 8:00pm. -There was a block to document Resident #5's heart rate and another block to document the administration of the medication. -There was documentation Resident #5's heart rate was checked, and Metoprolol was administered from 01/01/23-01/31/23. -There were 12 times Resident #5's HR was less than 60 and the Metoprolol was documented as administered. Review of Resident #5's February 2023 eMAR for 02/01/23-02/23/23 revealed: -There was an entry for Metoprolol Succinate ER 25mg 1 tablet at bedtime, hold for HR less than 60 with a scheduled administration time of 8:00pm. -There was a block to document Resident #5's heart rate and another block to document the administration of the medication. -There was documentation Resident #5's heart rate was checked, and Metoprolol was administered from 02/01/23-02/23/23 with exceptions for 02/07/23, 02/08/23, and 02/18/23 due to HR less than 60.	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 31 -Resident #5's HR was documented as 56 on 02/06/23 and Metoprolol was documented as administered. -Metoprolol Succinate ER 25mg was discontinued on 02/24/23. Telephone interview with a pharmacist at Resident #5's pharmacy on 04/26/23 at 4:12pm revealed: -Resident #5's Metoprolol ER order was for 25mg at bedtime and a 30-day supply was dispensed on 02/09/23. -No other Metoprolol ER was dispensed for Resident #5. Interview with a Medication Aide (MA) on 05/27/23 at 11:18am revealed: -She knew she checked Resident #5's blood pressure (BP) every day but did not remember if she checked the resident's HR every day or not. -At one time the MA would not be able to get to the screen for the medication without entering the HR first. -If Resident #5's HR was less than 60 she would not administer Metoprolol; she did not know why there were no exceptions documented when the resident's HR was less than 60 in January 2023. -If she took Resident #5's HR and it was less than 60 she would not have administered Metoprolol, so she had documented in error on 02/06/23. Interview with Resident #5's PCP on 04/27/23 at 8:31am revealed: -If Resident #5's HR was less than 60 she expected the medication to be held. -A low HR could cause increased confusion and dizziness. Interview with the Resident Care Director (RCD) on 04/27/23 at 3:36pm revealed:	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 32 -If Resident #5's HR was checked and it was less than 60 she expected the MA to recheck the HR and if it was still below 60, to follow the physician's order and hold the medication. -If Resident #5's HR was low, and the medication was administered her HR would bottom out even more. Interview with the Administrator on 04/27/23 at 4:36pm revealed: -She was not aware Resident #5 had been administered Metoprolol when the resident's HR was less than 60 and there was an order to hold the medication. -She expected Resident #5's medications to be administered as ordered and if the medication was to be held the medication should have been held and documented as held. Based on interviews and record reviews, it was determined Resident #5 was not interviewable. Attempted telephone interview with the former RCD on 04/26/23 at 4:32pm was unsuccessful. Refer to the interview with the RCD on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. e. Review of Resident #5's physician's order dated 02/16/23 revealed an order to stop Metoprolol and start Metoprolol Succinate 25mg take ½ tablet daily and hold for BP less than 100/60 or heart rate (HR) less than 60 and call the primary care provider (PCP). Review of Resident #5's Primary Care Provider (PCP) after-visit summary dated 02/16/23	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 33 revealed: -Resident #5 was being seen at the request of the facility for confusion and hallucinations. -Resident #5's HR had been running low, so she needed to adjust her BP medications. -She was going to half Resident #5's Metoprolol. -Resident #5 had acute bradycardia (low HR), which was new, and most likely due to Metoprolol. -She would decrease the Metoprolol dose to hopefully increase perfusion which could be contributing to confusion. -If Resident #5's HR did not improve she may have to discontinue the medication. Review of Resident #5's PCP after-visit summary dated 02/23/23 revealed: -The reason for the visit was to follow up on medication changes from 02/16/23 and to address concerns about hallucinations and confusion. -Unfortunately, the medication changes on 02/16/23 had not been implemented and she re-sent those changes today, 02/23/23. -Metoprolol ER 25mg give ½ tablet; hold for BP less than 100/60 or HR less than 60 was reordered. Review of Resident #5's February 2023 electronic medication administration record (eMAR) for 02/16/23-02/28/23 revealed: -There was an entry for Metoprolol Succinate ER 25mg give 0.5 tablet in the evening for BP with a scheduled administration time of 7:00pm. -There was documentation Metoprolol 12.5mg was administered at 7:00pm on 02/24/23-02/28/23. -There was no entry for a HR to be checked or documented. -There were no exceptions documented.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 34 Review of Resident #5's vitals summary for 02/24/23-02/28/23 revealed: -Resident #5's HR was not checked at 7:00pm before administering the medication from 02/24/23-02/28/23. -Resident #5's HR was checked on 02/25/23 at 2:20pm with a reading of 58. -There were no other HR documented for Resident #5 between 02/24/23-02/28/23. Review of Resident #5's March eMAR for 03/01/23-03/17/23 revealed: -There was an entry for Metoprolol Succinate ER 25mg give 0.5 tablet in the evening for BP with a scheduled administration time of 7:00pm. -There was documentation Metoprolol 12.5mg was administered at 7:00pm on 03/01/23-03/17/23. -There was no entry for a HR to be checked or documented. -There were no exceptions documented. Review of Resident #5's vitals summary for 03/01/23-03/17/23 revealed: -Resident #5's HR was not checked at 7:00pm before administering the medication from 03/01/23-03/17/23. -Resident #5's HR had been checked at various times between 7:35am-2:39pm with multiple readings of an HR less than 60. Telephone interview with a pharmacist at Resident #5's current pharmacy on 04/26/23 at 4:23pm revealed: -Metoprolol ER 25mg was dispensed on 02/16/23 for one-half tablets for a 30-day supply. -There was a note to hold if the resident's HR was less than 60 or BP less than 100/60.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 35 Interview with Resident #5's PCP on 04/27/23 at 8:31am revealed: -She did not know why Resident #5's Metoprolol was not changed on 02/16/23 when she made the change. -She made the change because Resident #5's HR was running low. -She expected the medication to have been changed when the order was written. -If there were acute changes with a resident's medications, she signed her note the same day. -Once her note was signed the Administrator and the pharmacy received the orders by electronic mail. -Review of her note for 02/16/23 showed she had signed it on 02/16/23 at 3:11pm so the facility and the pharmacy would have received the order at that time. -Resident #5's HR needed to be checked before every administration of Metoprolol because if the resident's HR was already low, administering the Metoprolol would lower it further. -If Resident #5's HR was less than 60 she expected the medication to be held. -A low HR could cause increased confusion, which the resident had experienced, and dizziness. Interview with the Administrator on 04/27/23 at 4:36pm revealed she was not aware Resident #5's Metoprolol had been changed on 02/16/23 and was not changed until 02/24/23. Based on interviews and record reviews, it was determined Resident #5 was not interviewable. Attempted telephone interview with the former RCD on 04/26/23 at 4:32pm was unsuccessful. Refer to the interview with the RCD on 04/27/23	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 36 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. f. Review of Resident #5's physician's order dated 02/16/23 revealed an order to increase Lisinopril (used to treat high blood pressure (BP)) from 30mg daily to 40mg daily. Review of Resident #5's Primary Care Provider (PCP) after-visit summary dated 02/16/23 revealed: -Resident #5 was being seen at the request of the facility for confusion and hallucinations. -Resident #5's BP continued to trend high and because of the resident's low heart rate (HR) she was going to make several medication changes, including increasing Lisinopril from 30mg to 40mg daily. Review of Resident #5's PCP after-visit summary dated 02/23/23 revealed: -The reason for the visit was to follow up on medication changes from 02/16/23 and to address concerns about hallucinations and confusion. -Unfortunately, the medication changes on 02/16/23 had not been implemented and she re-sent those changes today, 02/23/23. -Lisinopril 40mg was reordered. Review of Resident #5's February 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Lisinopril 30mg one time a day with a scheduled administration time of 8:00am. -There was documentation Lisinopril 30mg was administered daily from 02/01/23- 02/24/23.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 37 -There was an entry for Lisinopril 40mg with a scheduled administration time of 9:00am. -There was documentation Lisinopril 40mg was administered daily from 02/25/23-02/28/23. Telephone interview with a pharmacist at Resident #5's current pharmacy on 04/26/23 at 4:23pm revealed: -He had received an order for Lisinopril 40mg daily on 02/16/23. - Lisinopril 40mg was dispensed on 02/16/23 for 30 tablets. Interview with a medication aide (MA) on 04/27/23 at 10:29am revealed: -If a medication had been discontinued it would not "pop" on the eMAR to be administered. -She administered medication based on what "popped" on the eMAR. -She did not recall any specifics related to Resident #5's Lisinopril. Interview with another MA on 04/27/23 at 10:39am revealed: -If a medication "popped up" she administered the medication. -She would not know a medication had been discontinued and had not been changed in the eMAR unless she saw the physical order; she did not see the physical order for Resident #5's Lisinopril to be changed on 2/16/23. Interview with Resident #5's PCP on 04/27/23 at 8:31am revealed: -She changed Resident #5's Lisinopril due to ongoing concern for high BPs. -She wanted to increase the Lisinopril to see if the resident's BP improved before adding in other BP medications. -She expected the order to have been changed	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 38 when she wrote the order to increase the Lisinopril on 02/16/23. -If there were acute changes with a resident's medications, she signed her note the same day. -Once her note was signed the Administrator and the pharmacy received the orders by electronic mail. -Review of her note for 02/16/23 showed she had signed it on 02/16/23 at 3:11pm so the facility and the pharmacy would have received the order at that time. Interview with the Administrator on 04/27/23 at 4:36pm revealed she was not aware Resident #5's Lisinopril dosage had been changed, was dispensed on 02/16/23, and not started until 02/23/23. Based on interviews and record reviews, it was determined Resident #5 was not interviewable. Attempted telephone interview with the former RCD on 04/26/23 at 4:32pm was unsuccessful. Refer to the interview with the RCD on 04/27/23 at 2:57pm. Refer to the interview with the Administrator 04/27/23 at 4:05pm. Interview with the Resident Care Director (RCD) on 04/27/23 at 3:36pm revealed: -New orders were faxed to the pharmacy by the MA or by the RCD and then entered into the eMAR. -If a MA entered the new order it would need to be verified by another person. -If the order was entered by the RCD it was not verified, but she was implementing a process that all orders needed to be verified.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 39 -She expected all orders to be implemented as ordered immediately after the order was received. -The old medication should be pulled off the medication cart and the new medication added to the cart as soon as it was delivered. Interview with the Administrator on 04/27/23 at 4:36pm revealed: -She expected medications to be administered as ordered. -She expected all orders to be implemented as ordered. Telephone interview with Resident #5's family member on 04/27/23 at 6:33pm revealed: -Resident #5 had always had high BPs, but when she moved to the facility, her BP was under control. -The last few months, Resident #5's BP was "all over the place." -Resident #5's BP was reasonable for her when it was 150-160/90 but then her BP would be 220/160. -The hospitalist (ED physician) had told her Resident #5 had been having TIAs, because multiple TIAs were seen on the brain scan, one being recent, which was probably the reason for the increased confusion during the week of the fall. 3. Review of Resident #1's current FL-2 dated 10/10/22 revealed Diagnoses included Parkinson's disease, vitamin D deficiency, heart failure, venous insufficiency, and obstructive sleep apnea. a. Review of Resident #1's current FL-2 dated 10/10/22 revealed there was an order for Sinemet CR ER 25-100mg (used to manage tremors and stiffness as a result of Parkinson's Disease) one three times daily.	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 40 Review of Resident #1's January 2023 from 01/23/23 to 01/31/23 electronic medication administration record (eMAR) revealed: -There was an entry for Sinemet 25-100mg one three times daily with a scheduled administration time of 7:00am, 12:00pm, and 5:00pm. -There was documentation Sinemet was administered three times daily from 01/23/23 to 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for Sinemet 25-100mg one three times daily with a scheduled administration time of 7:00am, 12:00pm, and 5:00pm. -There was documentation Sinemet was administered three times daily from 02/01/23 to 02/04/23, 02/07/23 to 02/22/23, 02/24/23 to 02/28/23, on 02/06/23 at 7:00am, on 02/05/23 and 02/06/23 at 5:00pm, and on 02/23/23 at 7:00am and 5:00pm. -There was no documentation Sinemet was administered on 02/05/23 at 7:00am and 12:00pm, and on 02/06/23 and 02/23/23 at 12:00pm. -There were no exceptions documented; the eMAR was blank. Review of Resident #1's March 2023 eMAR revealed: -There was an entry for Sinemet 25-100mg one three times daily with a scheduled administration time of 7:00am, 12:00pm, and 5:00pm. -There was documentation Sinemet was administered three times daily from 03/01/23 to 03/06/23, 03/08/23 to 03/31/23, and on 03/07/23 at 7:00am and 5:00pm. -There was no documentation Sinemet was administered on 03/07/23 at 12:00pm.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 41 -There were no exceptions documented; the eMAR was blank. Review of Resident #1's April 2023 from 04/01/23 to 04/26/23 eMAR revealed: -There was an entry for Sinemet 25-100mg one three times daily with a scheduled administration time of 7:00am, 12:00pm, and 5:00pm. -There was documentation Sinemet was administered three times daily from 04/01/23 to 04/07/23, 04/11/23 to 04/24/23, on 04/08/23 to 04/09/23 at 5:00pm, and 04/25/23 at 7:00am and 12:00pm. -There were exceptions documented on 04/08/23 to 04/10/23 at 7:00am and 12:00pm and 04/10/23 at 5:00pm; the exceptions documented were "other." Observation of Resident #1's medication on hand on 04/26/23 at 9:37am revealed there were 53 of 90 Sinemet CR ER 25-100 tablets dispensed on 04/11/23 available for administration. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 04/26/23 at 4:25pm revealed: -The pharmacy had an order for Resident #1 for Sinemet CR ER 25-100 three times daily. -The pharmacy dispensed 90 Sinemet CR ER 25-100 on 01/23/23, 02/21/23 and 04/11/23. -Ninety tablets would last 30 days if Resident #1 was administered 3 tablets per day. -Sinemet was used to manage stiffness and tremors in residents with Parkinson's disease. Review of eMAR documentation, medications dispensed and medications on hand between 01/23/23 and 04/25/23 revealed: -There were 90 Sinemet CR ER 25-100 dispensed on 02/21/23 to be administered from	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 42 02/23/23 to 03/25/23. -There were four exceptions in February 2023, for a total of 12 tablets and one exception in March 2023, for a total of 3 tablets. -These 15 tablets would have been available to administered from 03/26/23 to 03/27/23 at 12:00pm. -There was no Sinemet CR ER 25-100 dispensed and available to administered from 03/27/23 at 5:00pm to 04/11/23. -There were 90 Sinemet CR ER 25-100 dispensed on 04/11/23. -There was documentation Sinemet CR ER 25-100mg was administered three times a day from 04/12/23 to 04/24/23 and on 04/25/23 at 7:00am and 12:00pm. -There was documentation Sinemet 25-100mg was administered three times a day from 04/12/23 to 04/24/23 and on 04/25/23 at 7:00am and 12:00pm for a total of 41 tablets, with 53 remaining, when there should have been 49. Interview with the medication aide (MA) on 04/27/23 at 11:15am revealed: -She administered Sinemet CR ER to Resident #1 as ordered. -She had not noticed the dispensed date for Sinemet CR ER and the number of tablets remaining. -Resident #1 should not have 53 tablets of Sinemet CR ER remaining to administer when the blister pack was dispensed on 04/11/23. -Resident #1 did not refuse her medications. -It appeared Resident #1 did not receive her medication as ordered. Interview with a second MA on 4/27/23 at 11:48am revealed: -Resident #1 had not refused any medications. -She did not know why Resident #1 had extra	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 43 medications on hand for administration. -It appeared someone was documenting the medication was administered but did not administer the medications. Telephone interview with Resident #1's Primary Care Provide (PCP) on 04/27/23 at 9:13am revealed: -Resident #1 was ordered Sinemet CR ER 25-100 three times daily for Parkinson's disease. -Resident #1 could have increased symptoms with tremors and stiffness if Sinemet was not administered as ordered. -Resident #1 could have an increase in falls if Sinemet was not administered as ordered. Attempted telephone interview with Resident #1's neurologist on 04/27/23 at 4:56pm was unsuccessful. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. b. Review of Resident #1's current FL-2 dated 10/10/22 revealed there was an order for Sinemet 25-100mg daily. Review of Resident #1's January 2023 from 01/23/23 to 01/31/23 electronic medication administration record (eMAR) revealed: -There was an entry for Sinemet 25-100mg one daily with a scheduled administration time of 8:00am. -There was documentation Sinemet was administered daily from 01/23/23 to 01/31/23. Review of Resident #1's February 2023 eMAR	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 44 revealed: -There was an entry for Sinemet 25-100mg daily with a scheduled administration time of 8:00am. -There was documentation Sinemet was administered daily from 02/01/23 to 02/04/23, 02/06/23 to 02/28/23. -There was no documentation Sinemet was administered on 02/05/23 at 8:00am. -There was no exception documented; the eMAR was blank. Review of Resident #1's March 2023 eMAR revealed: -There was an entry for Sinemet 25-100mg daily with a scheduled administration time of 8:00am. -There was documentation Sinemet was administered daily from 03/01/23 to 03/31/23. Review of Resident #1's April 2023 from 04/01/23 to 04/25/23 eMAR revealed: -There was an entry for Sinemet 25-100mg daily with a scheduled administration time of 8:00am. -There was documentation Sinemet was administered daily from 04/01/23 to 04/25/23. Observation of Resident #1's medication on hand on 04/26/23 at 9:37am revealed there were 16 of 30 Sinemet 25-100 tablets dispensed on 04/05/23 available for administration. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 04/26/23 at 4:25pm revealed: -The pharmacy had an order for Resident #1 for Sinemet 25-100 daily. -The pharmacy dispensed a 30-day supply of Sinemet 25-100 on 01/23/23, 02/21/23 and 04/05/23. Review of eMAR documentation, medications	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 45 dispensed and medications on hand between 01/23/23 and 04/25/23 revealed: -There were 30 Sinemet 25-100mg dispensed on 02/21/23 available for administration from 02/23/23 to 03/25/23. -There were no Sinemet 25-100mg dispensed and available for administration from 03/26/23 to 04/05/23. -There were 30 Sinemet 25-100mg dispensed on 04/05/23 available for administration from 04/06/23 to 04/25/23. -There was documentation Sinemet 25-100mg was administered 20 times from 04/06/23 to 04/25/23, with 16 tablets remaining when there should have been 10. Interview with the medication aide (MA) on 04/27/23 at 11:15am revealed: -She administered Sinemet to Resident #1 as ordered. -She had not noticed the dispensed date for Sinemet and the number of tablets remaining. -Resident #1 should not have 16 tablets of Sinemet remaining to administer. -It appeared Resident #1 did not receive her medication as ordered. Interview with a second MA on 4/27/23 at 11:48am revealed: -Resident #1 had not refused any medications. -She did not know why Resident #1 had extra medications on hand for administration. -It appeared someone was documenting the medication was administered but did not administer the medications. Telephone interview with Resident #1's Primary Care Provide (PCP) on 04/27/23 at 9:13am revealed: -Resident #1 was ordered Sinemet 25-100 daily	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 46 for Parkinson's disease. -Resident #1 could have increased symptoms with tremors and stiffness if Sinemet was not administered as ordered. -Sinemet 25-100 was released immediately. -Resident #1 could have an increase in falls if Sinemet was not administered as ordered. Attempted telephone interview with Resident #1's neurologist on 04/27/23 at 4:56pm was unsuccessful. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. c. Review of Resident #1's current FL-2 dated 10/10/22 revealed there was an order for Sinemet 25-100mg one-half daily. Review of Resident #1's January 2023 from 01/23/23 to 01/31/23 electronic medication administration record (eMAR) revealed: -There was an entry for Sinemet 25-100mg one-half tablet daily with a scheduled administration time of 12:00pm. -There was documentation Sinemet one-half tablet was administered daily from 01/23/23 to 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for Sinemet 25-100mg one-half tablet daily with a scheduled administration time of 12:00pm. -There was documentation Sinemet was administered daily from 02/01/23 to 02/04/23, 02/07/23 to 02/22/23, and from 02/24/23 to	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 47 02/28/23. -There was no documentation Sinemet was administered on 02/05/23, 02/06/23, and 02/23/23 at 12:00pm. -There were no exceptions documented; the eMAR was blank. Review of Resident #1's March 2023 eMAR revealed: -There was an entry for Sinemet 25-100mg one-half tablet with a scheduled administration time of 12:00pm. -There was documentation Sinemet was administered daily from 03/01/23 to 03/06/23 and 03/08/23 to 03/31/23. -There was no documentation Sinemet was administered on 03/07/23 at 12:00pm. -There were no exceptions documented; the eMAR was blank. Review of Resident #1's April 2023 from 04/01/23 to 04/26/23 eMAR revealed: -There was an entry for Sinemet 25-100mg one-half tablet with a scheduled administration time of 12:00pm. -There was documentation Sinemet was administered daily from 04/01/23 to 04/25/23. Observation of Resident #1's medication on hand on 04/26/23 at 9:37am revealed there were 13 of 30 Sinemet 25-100 one-half tablets dispensed on 04/05/23 available for administration. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 04/26/23 at 4:25pm revealed: -The pharmacy had an order for Resident #1 for Sinemet 25-100 one-half daily. -The pharmacy dispensed 30 - ½ tablets of Sinemet 25-100 on 01/23/23, 02/21/23 and	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 48 04/5/23. -The blister pack with 30 - ½ tablets would last 30 days. Review of eMAR documentation, medications dispensed and medications on hand between 01/23/23 and 04/25/23 revealed: -There were 30 Sinemet 25-100mg dispensed on 02/21/23 available for administration from 02/23/23 to 03/25/23. -There was no documentation Sinemet was administered on 02/23/23 or 03/07/23. -The two tablets from 02/03/23 and 03/07/23 would have been available for administration on 03/26/23 and 03/27/23. -There were no Sinemet 25-100mg dispensed and available for administration from 03/28/23 to 04/05/23. -There were 30 Sinemet 25-100mg dispensed on 04/05/23 available for administration from 04/06/23 to 04/25/23. -There was documentation Sinemet 25-100mg was administered 20 times from 04/06/23 to 04/25/23, with 13 tablets remaining when there should have been 10. Interview with the medication aide (MA) on 04/27/23 at 11:15am revealed: -She administered Sinemet to Resident #1 as ordered. -She had not noticed the dispensed date for Sinemet and the number of tablets remaining. -Resident #1 should not have 13 tablets of Sinemet remaining to administer. -It appeared Resident #1 did not receive her medication as ordered. Interview with a second MA on 4/27/23 at 11:48am revealed: -Resident #1 had not refused any medications.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 49 -She did not know why Resident #1 had extra medications on hand for administration. -It appeared someone was documenting the medication was administered but did not administer the medications. Telephone interview with Resident #1's Primary Care Provide (PCP) on 04/27/23 at 9:13am revealed: -Resident #1 was ordered Sinemet 25-100 daily for Parkinson's disease ½ tablet at 12:00pm -Resident #1 could have increased symptoms with tremors and stiffness if Sinemet was not administered as ordered. -Sinemet 25-100 was released immediately. -Resident #1 could have an increase in falls if Sinemet was not administered as ordered. Attempted telephone interview with Resident #1's neurologist on 04/27/23 at 4:56pm was unsuccessful. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. d. Review of Resident #1's current FL-2 dated 10/10/22 revealed there was an order for escitalopram 20mg (used to treat depression) daily. Review of Resident #1's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for escitalopram 20mg daily with a scheduled administration time of 8:00am. -There was documentation escitalopram 20mg was administered daily from 01/01/23 to 01/04/23	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 50 and from 01/08/23 to 01/31/23. -There were exceptions documented from 01/05/23 to 01/07/23; the exception was hospital. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for escitalopram 20mg daily with a scheduled administration time of 8:00am. -There was documentation escitalopram 20mg was administered daily from 02/01/23 to 02/04/23 and from 02/06/23 to 02/28/23. -There was no documentation escitalopram was administered on 02/05/23. -There was no exception documented.; the eMAR was blank. Review of Resident #1's March 2023 eMAR revealed: -There was an entry for escitalopram 20mg daily with a scheduled administration time of 8:00am. -There was documentation escitalopram was administered daily from 03/01/23 to 03/31/23. Review of Resident #1's April 2023 from 04/01/23 to 04/25/23 eMAR revealed: -There was an entry for escitalopram 20mg daily with a scheduled administration time of 8:00am. -There was documentation escitalopram was administered daily from 04/01/23 to 04/25/23. Observation of Resident #1's medication on hand on 04/26/23 at 9:37am revealed there were 13 of 30 escitalopram dispensed on 03/25/23 available for administration. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 04/26/23 at 4:25pm revealed: -The pharmacy had an order for Resident #1 for escitalopram 20mg daily.	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 51 -The pharmacy dispensed a 30-day supply of escitalopram on 12/31/22, 02/14/23 and 03/25/23. Review of eMAR documentation, medications dispensed and medications on hand between 12/31/22 and 04/25/23 revealed: -There were 30 escitalopram 20mg dispensed on 12/31/22 available for administration from 01/01/23 to 01/30/23. -There were exceptions documented on 01/05/23 to 01/07/23; the exception was hospital. -The three tablets from 01/05/23 to 01/07/23 would have been available for administration on 01/31/23 to 02/02/23. -There were no escitalopram dispensed and available for administration from 02/03/23 to 02/14/23. -There were 30 escitalopram dispensed on 02/14/23 and available for administering from 02/15/23 to 03/16/23. -There were no escitalopram dispensed and available for administration from 03/16/23 to 03/25/23. -There was documentation escitalopram was administered 29 times from 03/23/23 to 04/25/23, with 13 escitalopram remaining when there should have been zero. Interview with the medication aide (MA) on 04/27/23 at 11:15am revealed: -She administered escitalopram to Resident #1 as ordered. -She had not noticed the dispensed date for escitalopram and the number of tablets remaining. -Resident #1 should not have 13 tablets of escitalopram remaining to administer. -It appeared Resident #1 did not receive her medication as ordered.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 52 Interview with a second MA on 4/27/23 at 11:48am revealed: -Resident #1 had not refused any medications. -She did not know why Resident #1 had extra medications on hand for administration. -It appeared someone was documenting the medication was administered but did not administer the medications. Telephone interview with Resident #1's Primary Care Provide (PCP) on 04/27/23 at 9:13am revealed: -Resident #1 was ordered escitalopram 20mg daily. -Escitalopram was ordered for major depression and anxiety. -Escitalopram could not be stopped abruptly, it would be tapered to prevent rebound effects, increased agitation, and headaches. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. e. Review of Resident #1's current FL-2 dated 10/10/22 revealed there was an order for potassium chloride ER 10mEq (used as a supplement) one daily. Review of Resident #1's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for potassium chloride ER 10mEq daily with a scheduled administration time of 8:00am. -There was documentation potassium chloride ER 10mEq was administered daily from 01/01/23 to 01/04/23 and from 01/08/23 to 01/31/23.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 53 -There were exceptions documented on 01/05/23 to 01/07/23; the exception was Resident #1 was in the hospital. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for potassium chloride ER 10mEq daily with a scheduled administration time of 8:00am. -There was documentation potassium chloride was administered daily from 02/01/23 to 02/04/23 and from 02/06/23 to 02/28/23. -There was no documentation potassium chloride was administered on 02/05/23. -There was no exception documented.; the eMAR was blank. Review of Resident #1's March 2023 eMAR revealed: -There was an entry for potassium chloride ER 10mEq daily with a scheduled administration time of 8:00am. -There was documentation potassium chloride ER was administered from 03/01/23 to 03/31/23. Review of Resident #1's April 2023 from 04/01/23 to 04/25/23 eMAR revealed: -There was an entry for potassium chloride ER 10mEq daily with a scheduled administration time of 8:00am. -There was documentation potassium chloride ER was administered daily from 04/01/23 to 04/25/23. Observation of Resident #1's medication on hand on 04/26/23 at 9:37am revealed there were 16 of 30 potassium chloride dispensed on 03/30/23 available for administration. Telephone interview with the Pharmacist at the	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 54 facility's contracted pharmacy on 04/26/23 at 4:25pm revealed: -The pharmacy had an order for Resident #1 for potassium chloride ER 10 mEq daily. -The pharmacy dispensed a 30-day supply of potassium chloride ER 10mEq on 12/31/22, 02/13/23 and 03/30/23. Review of eMAR documentation, medications dispensed and medications on hand between 12/31/22 and 04/25/23 revealed: -There were 30 potassium chloride ER 10 mEq dispensed on 12/31/22 available for administration from 01/01/23 to 01/30/23. -There were exceptions documented on 01/05/23 to 01/07/23; the exception was hospital. -The three tablets from 01/05/23 to 01/07/23 would have been available for administration on 01/31/23 to 02/02/23. -There were no potassium chloride dispensed and available for administration from 02/03/23 to 02/14/23. -There were 30 potassium chloride dispensed on 02/13/23 and available for administration from 02/14/23 to 03/15/23. -There were no potassium chloride dispensed and available for administration from 03/16/23 to 03/30/23. -There was documentation potassium chloride was administered 20 times from 04/01/23 to 04/25/23, with 16 potassium chloride remaining when there should have been 5. Interview with the medication aide (MA) on 04/27/23 at 11:15am revealed: -She administered potassium chloride ER to Resident #1 as ordered. -She had not noticed the dispensed date for potassium chloride ER and the number of tablets remaining.	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 55 -Resident #1 should not have 16 tablets of potassium chloride ER remaining to administer. -It appeared Resident #1 did not receive her medication as ordered. Interview with a second MA on 4/27/23 at 11:48am revealed: -Resident #1 had not refused any medications. -She did not know why Resident #1 had extra medications on hand for administration. -It appeared someone was documenting the medication was administered but did not administer the medications. Telephone interview with Resident #1's Primary Care Provide (PCP) on 04/27/23 at 9:13am revealed: -Resident #1 was ordered potassium chloride 10mEq daily to replenish potassium. -Resident #1's potassium chloride was depleted because of a diuretic she was administered. -Resident #1 could have low potassium level which could cause arrhythmias and muscle cramps. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. f. Review of Resident #1's current FL-2 dated 10/10/22 revealed there was an order for furosemide 40mg (used to remove excess fluid) daily. Review of Resident #1's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for furosemide 40mg one	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 56 daily with a scheduled administration time of 8:00am. -There was documentation furosemide 40mg was administered daily from 01/01/23 to 01/04/23 and from 01/08/23 to 01/31/23. -There were exceptions documented from 01/05/23 to 01/07/23; the exception was hospital. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for furosemide 40mg one daily with a scheduled administration time of 8:00am. -There was documentation furosemide was administered daily from 02/01/23 to 02/04/23 and from 02/06/23 to 02/28/23. -There was no documentation furosemide was administered on 02/05/23. -There was no exception documented; the eMAR was blank. Review of Resident #1's March 2023 eMAR revealed: -There was an entry for furosemide 40mg one daily with a scheduled administration time of 8:00am. -There was documentation furosemide was administered daily from 03/01/23 to 03/31/23. Review of Resident #1's April 2023 from 04/01/23 to 04/25/23 eMAR revealed: -There was an entry for furosemide 40mg one daily with a scheduled administration time of 8:00am. -There was documentation furosemide was administered daily from 04/01/23 to 04/25/23. Observation of Resident #1's medication on hand on 04/26/23 at 9:37am revealed there were 18 of 30 furosemide dispensed on 03/30/23 available	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 57 for administration. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 04/26/23 at 4:25pm revealed: -The pharmacy had an order for Resident #1 for furosemide 40mg daily. -The pharmacy dispensed a 30 day supply of furosemide on 12/31/22, 02/13/23 and 03/30/23. Review of eMAR documentation, medications dispensed and medications on hand between 12/31/22 and 04/25/23 revealed: -There were 30 furosemide 40mg dispensed on 12/31/22 available for administration from 01/01/23 to 01/30/23. -There were exceptions documented on 01/05/23 to 01/07/23; the exception was hospital. -The three tablets from 01/05/23 to 01/07/23 would have been available for administration on 01/31/23 to 02/02/23. -There were no furosemide dispensed and available for administration from 02/03/23 to 02/14/23. -There were 30 furosemide dispensed on 02/13/23 and available for administration from 02/14/23 to 03/15/23. -There were no furosemide dispensed and available for administration from 03/16/23 to 03/30/23. -There was documentation Furosemide administered from 04/01/23 to 04/25/23, with 18 furosemide remaining when there should have been 5. Interview with the MA on 04/27/23 at 11:15am revealed: -She administered furosemide to Resident #1 as ordered. -She had not noticed the dispensed date for	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 58 furosemide and the number of tablets remaining. -Resident #1 should not have 18 tablets of furosemide remaining to administer. -It appeared Resident #1 did not receive her medication as ordered. Interview with a second MA on 4/27/23 at 11:48am revealed: -Resident #1 had not refused any medications. -She did not know why Resident #1 had extra medications on hand for administration. -It appeared someone was documenting the medication was administered but did not administer the medications. Telephone interview with Resident #1's Primary Care Provide (PCP) on 04/27/23 at 9:13am revealed: -Resident #1 was ordered furosemide 40mg daily. -Resident #1 had a history of heart failure and furosemide was used to remove excess fluid. -Resident #1 could have increased fluid overload and swelling. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm. Refer to the interview with the Administrator on 04/27/23 at 4:05pm. Interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm revealed: -She did not know if medication cart audits were being done. -She had not completed a medication cart audit; she had been in training. -She did not know residents had more tablets on hand than was documented on the electronic medication administration record(eMAR). -She did not know why residents had more	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 358	Continued From page 59 tablets on hand than was documented on the eMAR. -If residents had more tablets on hand than were documented, the resident was not being administered the medication as ordered. -The MAs should administer medications to the residents as ordered. Interview with the Administrator on 04/27/23 at 4:05pm revealed: -She did not audit the medication carts. -The third shift medication aide (MA) audited the medication carts. -The MA looked for medications that needed re-ordering. -The pharmacy representative audited the medication carts when they were in the facility. -She did not know what the pharmacy representative looked for on the medication cart. -She did not know why residents had more tablets on hand. -The staff had not reported the residents had more tablets on hand. -The MAs were responsible for administering medication as ordered. The facility failed to ensure medications were administered as ordered for 3 sampled residents, including a resident who was not administered lactulose as ordered and his subsequent ammonia levels were elevated which could lead to liver failure, and the resident was experiencing periods of sedation which could also be an effect of elevated ammonia levels, the resident did not receive Depakote as ordered and his Depakote acid level became too low to be therapeutic and increased his risk of a seizure (#3); a resident (#1) who did not receive medication for Parkinson's disease for more than 16 days, which could increase falls; and a resident whose blood	D 358			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 60 pressure medication was not documented as administered they the resident's systolic blood pressure was greater than 180 increasing the resident's risk of a stroke. The facility's failure to administer medication as ordered was detrimental to the health, safety, and welfare of the residents which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 4/26/23. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED 04/26//23.	D 358	A	
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication	D 367	* In serviced all med techs on proper medication administration and documentation completed 4/28/2023 by ED/DRC * Ongoing review of PRN medication to ensure all meds are documented 1 x weekly for 4 weeks 1 X every other week for 4 weeks then montly performed by DRC	kg 08/01/23 and then ongoing monthly
			Addendum 05/31/23 Complete date changed:	06/11/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 367	Continued From page 61 administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the electronic medication administration record was accurate for 1 of 5 sampled residents (#1) including a medication for pain. The findings are: Review of Resident #1's current FL-2 dated 10/10/22 revealed diagnoses included Parkinson's disease, vitamin D deficiency, heart failure, venous insufficiency, and obstructive sleep apnea. Review of Resident #1's signed physician's order dated 01/10/23 revealed there was an order for tramadol (used for pain) 50mg every 12 hours as needed for pain. Review of Resident #1's January 2023 electronic medication administration record (eMAR) from 01/10/23 to 01/31/23 revealed: -There was an entry for tramadol 50mg every 12 hours as needed for pain. -There was no documentation tramadol was administered from 01/10/23 to 01/31/23. Review of Resident #1's February 2023 eMAR revealed: -There was an entry for tramadol 50mg every 12 hours as needed for pain. -There was no documentation tramadol was administered from 02/01/23 to 02/28/23. Review of Resident #1's March 2023 eMAR revealed:	D 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 367	Continued From page 62 -There was an entry for tramadol 50mg every 12 hours as needed for pain. -There was no documentation tramadol was administered from 03/01/23 to 03/31/23. Review of Resident #1's April 2023 eMAR from 04/01/23 to 04/26/23 revealed: -There was an entry for tramadol 50mg every 12 hours as needed for pain. -There was documentation tramadol 50mg was administered on 04/22/23. Review of Resident #1's control substance count sheet (CSCS) on 04/26/23 revealed: -There was a CSCS for tramadol 50mg every 12 hours as needed for pain. -The pharmacy dispensed 14 tramadol 50mg on 01/14/23. -There was documentation on the CSCS that tramadol 50mg was administered on 04/08/23 at 8:30pm, 04/09/23 at 8:00am, 04/22/23 at 9:50pm, and 04/23/23 at 9:30pm. Observation of medications on hand on 04/26/23 at 9:50am revealed there were 10 tramadol 50mg remaining for administration. Telephone interview with the medication aide (MA) on 04/27/23 at 9:57am revealed: -She worked second shift and administered medications to Resident #1. -She had administered tramadol to Resident #1 four times in April 2023. -She signed the CSCS four times, but failed to sign the eMAR three of the four times the medication was administered. -She would administer Resident #1's pain medication when needed. -She would have to stop what she was doing to administer Resident #1 her pain medication.	D 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 63 -She signed Resident #1's CSCS but forgot to sign the eMAR because she was busy. Interview with the Resident Care Director (RCD) on 04/27/23 at 2:57pm revealed: -All "as needed" medication should be documented on the eMAR. -The resident could receive medication more frequently than ordered if the "as needed" medication was not documented on the eMAR. -She expected the MAs to document "as needed" medications on the eMAR when administered. Interview with the Administrator on 04/27/23 at 4:05pm revealed: -Resident #1 could receive too much medication if the MA did not document "as needed" medications on the eMAR. -The MAs should document "as needed" medication on the eMAR.	D 367	Type text here	
D 375	10A NCAC 13F .1005(a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.	D 375	* Self medicators will be reviewed by utilizing our self medication assessment after reviewing chart for physician order to ensure compliance. * Self medicators will be reviewed by by DRC / designee every three months for ability to continue managing their medications. * educating residents and families of reporting any med changes to us immediately. to be completed by 5/25/2023 ED/DRC/Designee *New self administering assessments will be completed by 6/1/2023 *Med Teh refresher class to be completed by June 7, 2023 by RN designee *monitored ongoing by the DRC/ designee	07/01/23 ^{kg}

Addendum 05/31/23 Complete date changed: 06/11/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 375	Continued From page 64 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#4) had a physician's order to self-administer an eye drop and a laxative, and a discontinued order for a blood pressure medication. The findings are: Review of the facility's policy for self-administration of medications revealed: -The Resident Care Director (RCD) or designee would assess the resident's ability to identify, prepare and administer medications and would document on the self-administration medication form. -The RCD would assess the accuracy and compliance of self-administration by periodic observation. -An updated list of the resident's medications would be maintained in the resident record. Observation of medications in Resident #4's kitchen counter revealed there was a bottle of lactulose, polyethylene glycol, and amlodipine on the bottom shelf of the kitchen cabinet and a bottle of eye drops on the end table next to the recliner. Review of Resident #4's self-administration management evaluation dated 04/11/23 revealed: -Resident #4 was able to pour liquids, not applicable/medication not used. -Resident #4 was able to administer eye drops, not applicable/medication not used. Review of Resident #4's FL-2 dated 10/22/23	D 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 375	Continued From page 65 revealed there was an order for amlodipine 5mg daily. Review of Resident #4's signed physician order from 10/22/23 to 04/27/23 revealed: -There was no order to discontinue amlodipine 5mg (used for elevated blood pressure) daily. -There was no order to administer brominide 0.25 (used to lower pressure inside the eye) drop both eyes daily. -There was no order for polyethylene glycol (used for constipation) 1 capful daily. -There was no order to administer or discontinue lactulose (used for constipation) 30cc daily. Interview with Resident #4 on 04/26/23 at 2:18pm revealed: -She self-administered medications. -She had self-administered medications since admitted to the facility, 6 years ago. -She had used brominide eye drops since the first week in April 2023. -She was instructed by the Primary Care Provider (PCP) to stop taking lactulose 4 days ago and start taking polyethylene glycol. -She stopped taking the amlodipine 10 days ago after an appointment with her PCP. -She did not bring an after-visit note back to the facility when returning from her visit with the PCP. -She did not tell the staff about any medication changes the PCP made. -The Staff did not ask if there were any medications changed when returning from her visit with the PCP. -She had another appointment today, 04/26/23, with her PCP. -She recalled a facility staff reviewing the medications with her when she was admitted 6 years ago. -She did not demonstrate administration of eye	D 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 375	Continued From page 66 drops when she was admitted to the facility; she forgot to tell the staff she had eye drops. -The next day, she took the eye drops to the staff member and showed her the eye drops. -No staff had reviewed the medications with her since admission. Telephone interview with a representative from Resident #4's PCP on 04/26/23 at 3:10pm revealed: -Resident #4 was seen by the PCP on 04/12/23. -The PCP discontinued amlodipine 5mg daily and polyethylene. -She was to continue lactulose 30mls daily. -Resident #4's PCP did not order brominide eye drops. Interview with Resident #4 on 04/27/23 at 10:01am revealed: -She had a PCP visit yesterday afternoon, 04/26/23. -The PCP prescribed acetaminophen 500mg 2 tablets four times daily for pain in her lower back. -She returned with an after-visit report from yesterday's visit, 04/26/23, with her PCP. -She did not give the after-visit report to the facility staff. -The facility staff did not ask for an after-visit report. Interview with a medication aide (MA) on 04/27/23 at 11:15am revealed: -The MAs do not touch the medications of residents who self-administer medications. -She did not ask Resident #4 if she took her medication. -She would document on the eMAR self-administered. -Resident #4's PCP would fax new orders to the facility or have the resident bring the orders to the	D 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 375	Continued From page 67 facility. -She did not know Resident #4 had medication order changes and the facility was not notified. Interview with a second MA on 04/27/23 at 11:45am revealed: -She asked residents who self-administer if they had taken their medications. -She wanted to make sure they took their medications. -She asked Resident #4 if she took her medications. -She documented on the eMAR Resident #4 self-administered medications. Interview with the Resident Care Director RCD on 04/27/23 at 2:57pm revealed: -The RCD or the Administrator were responsible for completing the self-administration form. -She did not complete the self-administration form for Resident #4. -She was not sure if the MAs reminded Resident #4 to take her medications. -The MAs would document self-administration on the eMAR. -She did not know Resident #4 had medication changes and the facility was not provided an after-visit report. -Resident #4's PCP should fax orders to the facility or have Resident #4 bring a copy of orders to the facility when she returned from the PCP visit. Interview with the Administrator on 04/27/23 at 4:05pm revealed -The Self-Administration assessments were completed initially and every 3 months. -The RCD or the Administrator were responsible for completing the self-administration form. -The resident had to be knowledgeable about all	D 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 375	Continued From page 68 the medications self-administered. -The resident would demonstrate how to administer eye drops and pouring liquids. -The resident would verbalize what each medication was used for and how often to administer each medication. -She knew Resident #4 had a self-administration assessment completed in April 2023. -She did not realize Resident #4 had eye drops to administer. -She asked Resident #4 what medications she took; she did not verbalize she had eye drops. -She did not look at Resident #4's medications. -She did not see Resident #4's eye drops on the table next to her recliner. -Resident #4 should have demonstrated administration of the eye drops. -The residents were asked to bring an after-visit report to the facility after each PCP appointment. -She did not know Resident #4 had medication changes in the past two weeks and did not bring an after-visit report.	D 375		
D 377	10A NCAC 13F .1006(a) Medication Storage 10A NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures.	D 377	* Storage locked boxes purchased for all Assisted Living Residents that are self medicating and also Independent Living residents. To be completed by 5/24/2023 by ED *meeting with families to ensure residents and families are all understanding the need to utilize the locked boxes for medication. ongoing by ED/ designee *Ongoing audits by ED/DRC/designee	06/01/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 377	Continued From page 69 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure that the residents' medications were stored in a safe and secure manner for 1 of 1 sampled resident (#4) who self-administered medications. The findings are: Review of the facility's Resident Self-Administration of Medications policy revealed residents capable of self-administration may store prescription and non-prescription medications on their person or in their apartment as long as they keep them safe and secure from other residents. Review of Resident #4's current FL-2 dated 10/21/22 revealed: -Diagnoses included pleural effusion, hypertension, edema, and atherosclerotic heart disease. -Medications included levothyroxine 50mcg (to treat an underactive thyroid gland), mesalamine DR (used to treat bowel disease) 800mg, multivitamins (used as a supplement), dorzolamide 2% (used to treat elevated pressure of the eyes) eye drops, pilocarpine 2% (used to treat elevated pressure of the eyes) eye drops, refresh 1.4 - 0.6% (used for dry eyes) eye drops, Delsym suspension ER 30mg/5ml (used for cough), Lumigan solution 0.01% (used to treat elevated pressure of the eyes) eye drops, vitamin D3 1000 (used as a supplement, fluticasone	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 377	Continued From page 70 50mcg (used to relieve sneezing, runny, stuffy, and itchy nose, and watery eyes) aspirin EC 81mg (used to reduce risk of heart attacks), metoprolol ER (used to treat elevated blood pressure), simvastatin 20mg (used to treat elevated cholesterol), amlodipine 5mg (used to treat elevated blood pressure), and hydrochlorothiazide 12.5mg (used to treat elevated blood pressure). Observation of Resident #4's room on 04/26/23 at 9:31am revealed: -Resident #4 was seated in the recliner in her room. -There were 4 bottles of eye drops on the table by the recliner. -There was a medi-planner which contained medications for the week on the kitchen counter. -There was a bottle of acetaminophen sitting on the microwave. Interview with Resident #4 on 04/26/23 at 2:18pm revealed: -She self-administered medications. -She had self-administered medications since admitted to the facility, 6 years ago. -She kept eye drops on top of the table beside the recliner and in the top drawer of the nightstand beside her bed, the medi-planner on the kitchen counter, bottles of medications in the kitchen cabinet and in the cabinet in the bathroom. -She did not lock any of the medications. -She did not lock her bedroom door when she was out of her room. Interview with a personal care aide (PCA) on 04/27/23 at 11:06am revealed: -She did not see medications in Resident #4's room.	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 377	Continued From page 71 -She would report to the Resident Care Director (RCD) if she saw medications in a room. -She did not see Resident #4's medication sitting on the kitchen counter or on the table by the recliner. Interview with a medication aide (MA) on 04/27/23 at 11:15am revealed: -She had noticed Resident #4's medication on the table by the recliner and on the kitchen counter. -Resident #4 self-administered medications; she could keep the medications in her room. -Resident #4 should keep medications in the kitchen cabinet, the bathroom cabinet or the nightstand drawer. -She did not know if Resident #4 locked her medications in a drawer or cabinet. Interview with another MA on 04/27/23 at 11:45am revealed: -Residents who self-administer their medications should keep their medications locked in the bedside table or in the kitchen cabinet, over the sink. -She did not know if Resident #4 secured her medications in a locked drawer or cabinet. -She did not recall seeing Resident #4's medication sitting on the table beside the recliner or on the kitchen counter. -She did not know Resident #4's medications were not secured. -Resident #4 did not lock her bedroom door when she left her room or the facility. Review of Resident #4's self-administration assessment dated 04/14/23 revealed resident's medication storage preference was in the apartment in locked box or drawer. Interview with the RCD on 04/27/23 at 2:57pm	D 377		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 377	Continued From page 72 revealed: -Residents who self-administer medications, should keep the medications under a double lock. -Another resident could wander in the room and take the medications Resident #4 was not in her room or when she was sleeping. -She was in Resident #4's room on 04/24/23 and she did not notice medications on the kitchen counter or the table beside the recliner. -She did not know there were medications in Resident #4's room that were not secure. -Self-Administration medication should be double locked, in a locked box and the door locked when Resident #4 was not in the room. Interview with the Administrator on 04/27/23 at 4:05pm revealed residents who self-administer medications should have medications contained in a locked box or locked drawer.	D 377		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to notify the County Department of Social Services (DSS) of incidents/accidents that required emergency medical evaluation for 2 of 5 residents.	D 451	* Procedures reviewed with DRC by ED to ensure understanding of reporting any incidents to our county monitor in our timed window for compliance *Book in ED office created for incidents to be placed in with conformation of faxing. Completed 5/22/2023 monitored by ED/designee going forward	5/31/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 451	Continued From page 73 The findings are: 1. Review of Resident #1's current FL-2 dated 10/10/22 revealed: -Diagnoses included Parkinson's disease, vitamin D deficiency, heart failure, venous insufficiency, and obstructive sleep apnea. -Resident #1 was non-ambulatory Review of Resident #1's accident/incident report dated 01/04/23 revealed: -Incident/accident report was completed at 1:03am by the medication aide (MA). -Resident #1 fell out of the wheelchair as the personal care assistant (PCA) assisted her to the bathroom. -Resident #1 was observed lying on her back on the bathroom floor. -Resident #1 had a skin tear on her left elbow and left knee. -Resident #1 stated "she fell out of her wheelchair." -Resident #1's right knee was bruised and swollen. -The MA applied an ice pack to Resident #1's swollen right knee. -Resident #1's Power of Attorney (POA) was notified. Interview with Resident #1's POA on 04/05/23 at 12:40pm revealed: -Resident #1 fell from the wheelchair when transferred to the bathroom. -Resident #1 did not have any core strength, and when the wheelchair stopped, Resident #1 continued forward and fell. -The MA telephoned and informed me of Resident #1's fall; she did not complain of any pain.	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 451	Continued From page 74 -The next day, 01/05/23, Resident #1 complained of pain in her legs and was sent to the Emergency Department (ED). -Resident #1 broke her right femur and left fibula, which did not require surgery. -Resident #1 had a brace placed on her right leg. -Resident #1 fell in February 2023 and in March 2023 that required being seen in the ED. Review of Resident #1's hospital discharge summary dated 01/07/23 revealed: -Resident #1 was seen for pain in her right leg on 01/05/23 in the ED due to a fall from the wheelchair. -Resident #1 sustained a closed fracture of the right femur and left fibula; surgery was not required. -Resident #1's right leg was placed in an immobilizer to control right leg pain. -Resident #1 was discharge on 01/07/23 to the assisted living facility and to follow up with her Primary Care Provider (PCP) and Orthopedics. Review of Resident #1's ED report dated 02/26/23 revealed: -Resident #1 was evaluated for a fall. -Resident #1 was instructed to keep right knee immobilizer on and take pain medication as needed. Review of Resident #1's ED report dated 03/14/23 revealed: -Resident #1 was evaluated for a fall. -Resident #1 hit her head and had a skin tear to the right forearm. -Resident #1 had imaging of her head with no problems noted from the fall; the skin tear was cleaned and dressed. Requested incident/accident reports on 04/26/23	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 451	Continued From page 75 and 04/27/23 from the incident/accidents that occurred on 02/26/23 and 03/24/23 were not made available for review. Telephone interview with the Adult Home Specialist (AHS) of the county Department of Social Services (DSS) on 04/26/23 at 9:35am revealed she did not receive incident/accident reports for Resident #1 for the hospital admission for pain due to a fractured femur and fibula dated 01/05/23 or from ED visit dated 02/26/23 and 03/14/23 related to falls. Interview with the Administrator on 04/27/23 at 4:22pm. -Resident #1 fell on 01/04/23 and did not go to the Emergency Department (ED). -The incident/accident report did not need to be reported to the DSS. -Resident #1 was transferred to the ED on 01/05/23 and was diagnosed with a left femur and right fibula. -She did not realize she needed to send the incident/accident report from 01/04/23 after Resident #1 was seen in the ED on 01/05/23 and was diagnosed with a fracture femur and fractured fibula. -The Previous RCD was responsible for sending the incident/accident reports from March and February. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 8:05am. Refer to the interview with the Administrator on 04/27/23 at 4:22pm. 2. Review of Resident #4's current FL-2 dated 10/21/22 revealed diagnoses included pleural effusion, hypertension, edema, and	D 451		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 451	Continued From page 76 atherosclerotic heart disease. Review of Resident #4's accident/incident report dated 03/29/23 revealed: -Incident/accident report was completed at 8:00am by the medication aide (MA). -Resident #4 was found on the floor of the bathroom sitting up against the wall. -Resident #4 stated "she lost her balance and fell backwards onto her bottom." -Resident #4 complained of soreness in her lower back. -Resident #4's Power of Attorney (POA) was notified. -Resident #4 and POA agreed to send Resident #4 to the Emergency Department. (ED). Review of Resident #4's ED report dated 03/29/23 revealed: -Resident #4 was evaluated for a fall. -There were no fractures identified through imaging. Requested incident/accident report on 04/26/23 and 04/27/23 from the incident/accident that occurred on 04/09/23 was not made available for review. Telephone interview with the Adult Home Specialist (AHS) of the county Department of Social Services (DSS) on 04/27/23 at 2:26pm revealed the facility did not submit an incident/accident report for Resident #4's fall requiring Emergency Care in April 2023. Refer to the interview with the Resident Care Director (RCD) on 04/27/23 at 8:05am. Refer to the interview with the Administrator on 04/27/23 at 4:22pm.	D 451			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2023
NAME OF PROVIDER OR SUPPLIER HOMEPLACE OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 118 ALAMANCE ROAD BURLINGTON, NC 27215		
(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 451	Continued From page 77 Interview with the Resident Care Director (RCD) on 04/27/23 at 8:05am revealed she would be responsible for reporting incidents/accidents that required emergency medical attention to the Adult Home Specialist (AHS) after she completed her training. Interview with the Administrator on 04/27/23 at 4:22pm revealed: -The previous RCD was responsible for reporting incidents/accidents that required emergency medical attention to the AHS. -She expected the RCD to report all incidents/accident requiring emergency medical attention to the AHS.	D 451		