

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103	
(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)
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 10/25/23 through 10/26/23.	D 000	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This Plan of Correction is submitted to meet the requirements established by State and Federal law
D 156	10A NCAC 13F .0503 Medication Administration Competency 10A NCAC 13F .0503 Medication Administration Competency (a) The competency evaluation for medication administration required in Rule .0403 of this Subchapter shall consist of a written examination and a clinical skills evaluation to determine competency in the following areas: (1) medical abbreviations and terminology; (2) transcription of medication orders; (3) obtaining and documenting vital signs; (4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications; (5) infection control procedures; (6) documentation of medication administration; (7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions; (8) medication storage and disposition; (9) regulations pertaining to medication administration in adult care facilities; and (10) the facility's medication administration policy and procedures (b) An individual shall score at least 90% on the written examination which shall be a standardized examination established by the Department. (c) Verification of an individual's completion of the written examination and results can be obtained at no charge on the North Carolina Adult	D 156	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Dorian Edwards*

TITLE

Care Services Administrator

(X6) DATE

12/12/23

STATE FORM

6899

GXF611

If continuation sheet 1 of 40

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D 156	Continued From page 1 Care Medication Aide Testing website at https://mats.ncdhhs.gov/test-result. (d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a licensed pharmacist who has a current unencumbered license in North Carolina. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication administration task or skill that will be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter. (e) The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide. The form requires the following: (1) name of the staff and adult care home; (2) satisfactory completion date of demonstrated competency of task or skill with the instructor's initials or signature; (3) if staff needs more training on skills or tasks, it should be noted with the instructor's signature; and (4) staff and instructor signatures and date after completion of tasks. Copies of this form and instructions for its use may be obtained at no cost on the Adult Care Licensure website, https://info.ncdhhs.gov/dhsr/acls/pdf/medchk1st.pdf. The completed form shall be maintained and available for review in the facility and is not transferable from one facility to another.	D 156	D156 1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice? All Med Techs will be audited for competency compliance. Med Techs found to be out of compliance will be enrolled in the November 15, 2023 5/10/15 hr Med Tech class. which includes skills checkoff. 2. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur? All Med Techs will be audited for competency compliance. Med Techs found to be out of compliance will be enrolled in the November 15, 2023 5/10/15 hour Med Tech class. All med techs will be in compliance by passing with at score of at least 90% of the written examination and the clinical skills competency evaluation will be conducted by a registered nurse, through our pharmacy vendor, Guardian Pharmacy. All Med Techs out of compliance will be taken off medication administration shifts until compliant. All new hires will be enrolled in the class prior to working as a Med Tech in AL/MC. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/26/23 for this violation.	11/10/23

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D 156	Continued From page 2 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure 5 of 6 sampled staff, who administered medications, completed a medication clinical skills checklist (Staff B, C, D, E, and F), and 4 of 6 sampled staff (C, D, E, and F) completed the 5, 10, or 15-hour medication aide training course or had verification of previous employment as a medication aide (MA) before administering medication to residents. The findings are: 1. Review of Staff B's medication aide (MA) personnel record revealed: -Staff B was hired on 03/29/12. -There was no documentation Staff B completed a medication clinical skills checklist. Review of a resident's September and October 2023 electronic medication administration record (eMAR) revealed there was documentation Staff B administered medications on 1 day from 09/01/23 through 09/30/23. Interview with Staff B on 10/26/23 at 5:10pm revealed: -She had worked as a MA at the facility administering medications to the residents	D 156	D 156 3. Monitoring of procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements: The Resident Care Director or designee will review all Med Techs competencies and keep the completed Medication Administration Skills Validation Form Documents current through monthly audits and all new hires will be required to take the 5/10/15 hour class conducted by a registered nurse or licensed pharmacist who has a current unencumbered license in North Carolina. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed. Resident Care Director or designee began audits of all Med Tech competencies on October 27th and identified those out of compliance. A 5/10/15 hour class was scheduled and all med techs out of compliance are enrolled. The audits will continue until 100% compliant. The findings will be reviewed in the monthly Quality Assurance meetings to ensure compliance. The facility will be in compliance by December 10, 2023.	11/10/23

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D 156	Continued From page 3 several days each week since March 2012. -She thought when she was hired she had completed a medication clinical skills checklist. -She could not remember who had completed her training with her. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to the telephone interview with a representative from the Human Resources/Business Office on 10/26/23 at 6:00pm. Refer to the interview with the Administrator on 10/26/23 at 6:40pm. 2. Review of Staff C's, medication aide (MA) personnel record revealed: -Staff C was hired on 08/10/22. -Staff C passed his MA examination on 08/27/14. -There was no documentation Staff C completed the 5, 10, or 15-hour medication aide training. -There was no documentation Staff C had completed the medication clinical skills checklist. Review of a resident's September and October 2023 electronic medication administration records (eMAR) revealed: -There was documentation Staff C administered medications on 21 days from 09/01/23 through 09/30/23. -There was documentation Staff C administered medications on 13 days from 10/01/23 through 10/25/23. Interview with Staff C on 10/26/23 at 5:20pm revealed: -He had worked at the facility administering	D 156		

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D 156	Continued From page 4 medications as a MA for the last year. -When he was hired, he had completed a MA training course but could not remember if it was a 5 and 10-hour or a 15-hour training. -He did not keep record of his training and thought the facility had it on file. -He had completed a medication clinical skills competency with a nurse from the pharmacy but did not remember what month or day. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to the telephone interview with a representative from the Human Resources/Business Office on 10/26/23 at 6:00pm. Refer to the interview with the Administrator on 10/26/23 at 6:40pm. 3. Review of Staff D's, medication aide (MA) personnel record revealed: -Staff D was hired on 06/26/19. -Staff D passed her MA examination on 10/19/05. -There was no documentation Staff D completed the 5, 10, or 15-hour medication aide training. -There was no documentation Staff D had completed the medication clinical skills checklist. -There was no documentation of previous employment verifications Staff D had worked as a MA. Review of a resident's September and October 2023 electronic medication administration records (eMAR) revealed: -There was documentation Staff D administered medications on 4 days from 09/01/23 through 09/30/23.	D 156		

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D 156	Continued From page 5 -There was documentation Staff D administered medications on 5 days from 10/01/23 through 10/25/23. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Attempted telephone interview with Staff D on 10/26/23 at 5:50pm was unsuccessful. Refer to telephone interview with a representative from the Human Resources/Business Office on 10/26/23 at 6:00pm. Refer to interview with the Administrator on 10/26/23 at 6:40pm. 4. Review of Staff E's, medication aide (MA) personnel record revealed: -Staff E was hired on 07/12/23. -Staff E passed her MA examination on 09/29/06. -There was no documentation Staff E completed the 5, 10, or 15-hour medication aide training. -There was no documentation Staff E had completed the medication clinical skills checklist. -There was no documentation of previous employment verifications Staff E had worked as a MA. Review of a resident's September and October 2023 electronic medication administration records (eMAR) revealed: -There was documentation Staff E administered medications on 19 days from 09/01/23 through 09/30/23. -There was documentation Staff E administered medications on 17 days from 10/01/23 through 10/25/23.	D 156		

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D 156	Continued From page 6 Telephone interview with Staff E on 10/26/23 at 5:55pm revealed: -She worked for the facility administering medications to residents as a MA since July 2023. -The facility signed her up for MA training when she was first hired but she missed the class due to an illness. -She was told her training would be rescheduled but she had not been told when the training would be, or if it was a 5 and 10-hour or a 15-hour class. -She thought the facility's previous Resident Care Director (RCD) completed an employment verification for her when she was hired. -She had worked as a MA at least one shift every two years since she took her MA examination in 2006. -A few days after she was hired she did a medication clinical skills checklist with the facility's previous RCD. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to telephone interview with a representative from the Human Resources/Business Office on 10/26/23 at 6:00pm. Refer to interview with the Administrator on 10/26/23 at 6:40pm. 5. Review of Staff F's, medication aide (MA) personnel record revealed: -Staff F was hired on 08/23/23. -Staff F passed her MA examination on 08/21/07. -There was no documentation Staff F completed the 5, 10, or 15-hour medication aide training. -There was no documentation Staff F had completed the medication clinical skills checklist.	D 156		

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D 156	Continued From page 7 -There was no documentation of previous employment verifications Staff F had worked as a MA. Review of a resident's September and October 2023 electronic medication administration records (eMAR) revealed: -There was documentation Staff F administered medications on 2 days from 09/01/23 through 09/30/23. -There was documentation Staff F administered medications on 15 days from 10/01/23 through 10/25/23. Attempted telephone interview with Staff F on 10/26/23 at 6:15pm was unsuccessful. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to telephone interview with a representative from the Human Resources/Business Office on 10/26/23 at 6:00pm. Refer to interview with the Administrator on 10/26/23 at 6:40pm. Telephone interview with a representative from the Human Resources/Business Office (HR/BO) on 10/26/23 at 6:00pm revealed: -The HR/BO office maintained the personnel records, but nursing staff were responsible for collecting the information for the records. -There was no current tracking form for personnel records to ensure each record had all of the components needed for the staff to begin their roles. -There were no staff in the HR/BO responsible for completing audits of personnel records.	D 156		

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D 156	Continued From page 8 -She was not aware of any personnel missing components required for their records. Interview with the Administrator on 10/26/23 at 6:40pm revealed: -He was not aware Staff B, C, D, E, and F were out of compliance with their medication aide (MA) training and competency. -The Resident Care Director (RCD) was responsible for scheduling any required training for the MAs prior to them passing medications to residents. -He was not aware of any staff who were responsible for auditing personnel records. -He expected each MA to have completed all of the required training prior to passing medications to residents. The facility failed to ensure five staff who worked as MAs and administered medications to residents had verification they had previously worked as a MA, or completed the medication aide training and competency evaluation before administering medications including the 5, 10, or 15-hour medication aide training course and the clinical skills checklist resulting in the risk for medication errors. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/26/23 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 10, 2023.	D 156		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD HILLS ASSISTED LIVING

**2101 HOMESTEAD HILLS DRIVE
WINSTON SALEM, NC 27103**

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D 161	Continued From page 9	D 161		
D 161	10A NCAC 13F .0504(a & b) Competency Eval & Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a) (1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 4 of 6 staff (C, D, E, and F) had been competency validated for licensed health professional support (LHPS) tasks by return demonstration including fingerstick blood sugar checks, medication administration via injections, administering medications via machine, and oxygen administration. The findings are:	D 161	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? RCD and designee audited all Med Tech files to identify those team members out of compliance for LHPS validation competency. All current Med Techs will be verified for competency by a licensed health professional.	11/10/23

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D 161	Continued From page 10 1. Review of Staff C's, medication aide (MA) personnel record revealed: -He was hired on 08/10/22. -There was no documentation Staff C completed a LHPS competency validation checklist. Review of a resident's September 2023 electronic medication administration record (eMAR) revealed: -Staff C documented checking fingerstick blood sugar (FSBS) values 6 times from 09/01/23 through 09/30/23. -Staff C documented administering a nebulizer breathing treatment one time from 09/01/23 through 09/30/23. -Staff C documented administering and monitoring oxygen therapy 7 times from 09/01/23 through 09/30/23. Review of a resident's October 2023 eMAR from 10/01/23 through 10/25/23 revealed Staff C documented administering and monitoring oxygen therapy 2 times from 10/01/23 through 10/25/23. Interview with Staff C on 10/26/23 at 5:20pm revealed: -He thought he had completed LHPS competency validation when he was initially hired in August 2022. -As a MA he did administer oxygen and monitor oxygen therapy, administer insulin and check FSBS values, and administer nebulizer treatments to residents as ordered. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to interview with the resident on 10/26/23 at	D 161	D161 2. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur? All Med Techs will be audited for LHPS competency compliance. Med Techs found to be out of compliance will be verified from a licensed professional. All med techs out of compliance will be taken off medication administration shifts until compliant with LHPS competency. All med techs will be in compliance by passing with a score of at least 90% of the written examination and the clinical skills competency evaluation will be conducted by a registered Nurse. All new hires will be enrolled in the class prior to working as a Med Tech in AL/MC. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/26/23 for this violation.	11/10/23

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D 161	Continued From page 11 2:50pm. Refer to interview with the Administrator on 10/26/23 at 6:40pm. 2. Review of Staff D's medication aide (MA) personnel record revealed: -She was hired as a MA on 06/26/19. -There was no documentation that she completed a licensed health professional support (LHPS) competency validation checklist. Review of a resident's September 2023 electronic medication administration record (eMAR) revealed: -Staff D documented checking fingerstick blood sugar (FSBS) values 2 times from 09/01/23 through 09/30/23. -Staff D documented administering a nebulizer breathing treatment 3 times from 09/01/23 through 09/30/23. -Staff D documented administering and monitoring oxygen therapy 4 times from 09/01/23 through 09/30/23. Review of a resident's October 2023 eMAR from 10/01/23 through 10/25/23 revealed: -Staff D documented checking FSBS values 5 times from 10/01/23 through 10/25/23. -Staff D documented administering a nebulizer breathing treatment 3 times from 10/01/23 through 10/25/23. -Staff D documented administering and monitoring oxygen therapy 5 times from 10/01/23 through 10/25/23. -Staff D documented administering medication via injection one time from 10/01/23 through 10/25/23. Attempted telephone interview with Staff D on	D 161	D 161 3. Monitoring of procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements: The Resident Care Director or designee will review all Med Techs competencies and keep the completed LHPS competency current through monthly audits and all new hires will be required to take the 5/10/15 hour class conducted by a registered nurse or licensed pharmacist who has a current unencumbered license in North Carolina. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed. Resident Care Director or designee began audits of all Med Tech competencies on October 27th and identified those out of compliance. A 5/10/15 hour class was scheduled and all med techs out of compliance are enrolled. The audits will continue until 100% compliant. The findings will be reviewed in the monthly Quality Assurance meetings to ensure compliance. The facility will be in compliance by December 10, 2023.	11/10/23

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103
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(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 161	Continued From page 12 10/26/23 at 5:50pm was unsuccessful. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to interview with the resident on 10/26/23 at 2:50pm. Refer to interview with the Administrator on 10/26/23 at 6:40pm. 3. Review of Staff E's medication aide (MA) personnel record revealed: -She was hired as a MA on 07/12/23. -There was no documentation that she completed a licensed health professional support (LHPS) competency validation checklist. Review of a resident's September 2023 electronic medication administration record (eMAR) revealed: -Staff E documented checking fingerstick blood sugar (FSBS) values 1 time from 09/01/23 through 09/30/23. -Staff E documented administering a nebulizer breathing treatment 1 time from 09/01/23 through 09/30/23. -Staff E documented administering and monitoring oxygen therapy 2 times from 09/01/23 through 09/30/23. Telephone interview with Staff E on 10/26/23 at 5:55pm revealed: -She was hired in July 2023 as a MA. -She did a LHPS skills competency training shortly after being hired but she did not remember which day. -She thought the facility's previous Resident Care Director (RCD) had completed her LHPS skills	D 161		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
(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 161	Continued From page 13 competency checklist. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to interview with the resident on 10/26/23 at 2:50pm. Refer to interview with the Administrator on 10/26/23 at 6:40pm. 4. Review of Staff F's medication aide (MA) personnel record revealed: -She was hired as a MA on 08/23/23. -There was no documentation that she completed a licensed health professional support (LHPS) competency validation checklist. Review of a resident's September 2023 electronic medication administration record (eMAR) revealed: -Staff F documented checking fingerstick blood sugar (FSBS) values 2 times from 09/01/23 through 09/30/23. -Staff F documented administering and monitoring oxygen therapy 2 times from 09/01/23 through 09/30/23. Attempted telephone interview with Staff F on 10/26/23 at 6:15pm was unsuccessful. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to interview with the resident on 10/26/23 at 2:50pm. Refer to interview with the Administrator on	D 161		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103			
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D 161	Continued From page 14 10/26/23 at 6:40pm. Interview with the resident on 10/26/23 at 2:50pm revealed: -The medication aides (MA) checked her fingerstick blood sugar (FSBS) twice daily and administered insulin to her. -She received an as-needed nebulizer breathing treatment at least once daily. -She wore oxygen continuously and the MAs checked her oxygen saturation level three times daily. -She could not identify any of the MAs that helped her because she was new to the facility and still learning their names. Interview with the Administrator on 10/26/23 at 6:40pm revealed: -He was not aware Staff C, D, E, and F were out of compliance with their Licensed Health Professional Support (LHPS) competency training. -The RCD was responsible for scheduling any required training for the MAs prior to them performing LHPS tasks for the residents. -He was not aware of any staff who were responsible for auditing personnel records. -He expected each MA to have completed all of the required training prior to performing LHPS tasks on the residents.	D 161			
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunization 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted	D 234			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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D 234	Continued From page 15 by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 5 sampled residents (#1 and #2) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL2 dated 08/28/23 revealed diagnoses included chronic obstructive pulmonary disease, hypertensive chronic kidney disease, and peripheral vascular disease. Review of Resident #1's Resident Register revealed an admission date of 08/30/23. Review of Resident #1's record for a tuberculosis (TB) skin tests revealed there were no documented TB skin tests for review. Telephone interview with Resident #1's hospice nurse on 10/26/23 at 2:00pm revealed: -She did not have any documentation that Resident #1 was tested for TB prior to or upon admission to the facility on 08/30/23. -Hospice would arrange the completion of pre-admission TB skin tests if the facility requested it, but she did not have documentation that the facility had requested it.	D 234	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law. D234 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? RCD or designee audited all resident charts/clinical notes to identify residents out of compliance for 2 step TB test. This audit was complete on November 10, 2023.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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D 234	Continued From page 16 Interview with Resident #1 on 10/26/23 at 2:50pm revealed she did not remember being tested for TB prior to admission to the facility or after she was admitted to the facility. Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Refer to the telephone interview with a representative from the Human Resource/Business Office on 10/26/23 at 6:00pm. Refer to the interview with the Administrator on 10/26/23 at 6:40pm. 2. Review of Resident #2's current FL2 dated 07/13/23 revealed: -Resident #2 was admitted to the facility on 07/01/22. -There were no diagnoses documented. Review of Resident #2's physician's orders dated 10/04/23 revealed admission diagnoses included frontotemporal neurocognitive disorder, hypertensive chronic kidney disease with stage 1 through stage 4 kidney disease, hypothyroidism, diabetes mellitus without complications, and essential hypertension. Review of Resident #2's Resident Register revealed an admission date of 07/01/22. Review of Resident #2's record revealed: -There was a TB skin test administered on 06/27/23 with a negative reading on 06/29/23. -There was no documentation of a second TB skin test for Resident #2.	D 234	D234 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? RCD or designee audited all notes and records for all residents to ensure that all residents have been tested and received 2 step TB shot which was completed on November 10, 2023. Those found to be out of compliance will receive 2 step PPD with results documented in medical record by November 30, 2023.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
(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 234	Continued From page 17 Attempted telephone interview with the Resident Care Director (RCD) on 10/26/23 at 6:34pm was unsuccessful. Based on observations and record review, it was determined Resident #2 was not interviewable. Refer to the telephone interview with a representative from the Human Resource/Business Office on 10/26/23 at 6:00pm. Refer to the interview with the Administrator on 10/26/23 at 6:40pm. Telephone interview with a representative from the Human Resource/Business Office on 10/26/23 at 6:00pm revealed when residents were admitted to the facility, clinical staff such as the RCD were responsible for ensuring the first TB skin test was completed. Interview with the Administrator on 10/26/23 at 6:40pm revealed: -He was not aware of a resident did not have testing for TB upon admission to the facility. -Each resident was supposed to have the first TB skin testing completed prior to admission to the facility. -Once admitted to the facility, the RCD was responsible for scheduling the second TB skin test. -The facility's RCD at the time Resident #1 was admitted to the facility would have been responsible for checking that she had completed one TB skin test prior to admission and then scheduling her for a second TB skin test after admission. -He expected all staff to follow the admission	D 234	D234 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. All admission team members will be educated on admission process that includes Rule 10NCAC 41A.0205 that requires 1 step PPD test and results completed prior to admission. An Admission Check Sheet will be created to provide guidance. After TB test results are received, RCD or designee to schedule second TB test at time of admission. The results of those tests will be documented in the medical record. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed. RCD or designee will audit admissions to ensure that TB tests and second step TB test are scheduled and that results are recorded in medical record by utilizing an audit tool that identifies compliance. Audits will continue monthly to ensure that all TB results are in compliance. All audits will be reviewed in Quality Assurance Monthly meetings. All negative findings will be corrected immediately. The facility will be compliant by November 30, 2023.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103			
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D 234	Continued From page 18 process so that all residents would be in compliance with TB testing.	D 234			
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater;	D 278			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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D 278	Continued From page 19 (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin. (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule); (21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21	D 278		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD HILLS ASSISTED LIVING

**2101 HOMESTEAD HILLS DRIVE
WINSTON SALEM, NC 27103**

(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 278	Continued From page 20 NCAC 36. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed within 30 days of admission for 1 of 5 sampled residents (#1) with LHPS tasks of fingerstick blood sugar checks, medication administration via injection, inhalation of medication via machine, and oxygen administration and monitoring. The findings are: Review of Resident #1's current FL2 dated 08/28/23 revealed diagnoses included chronic obstructive pulmonary disease, hypertensive chronic kidney disease, and peripheral vascular disease. Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 08/30/23. a. Review of Resident #1's current FL2 dated 08/28/23 revealed there was an order for continuous oxygen at 4 liters per minute (L). Review of Resident #1's August 2023 electronic treatment administration record (eTAR) from 08/30/23 through 08/31/23 revealed: -There was an entry for oxygen 4L via nasal cannula with pulse oximeter checks three times daily scheduled first shift, second shift, and third shift.	D 278	D278 This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? LHPS assessment was completed by RCD or designee on 10/30/23 for Resident #1. An audit of all resident medical records was conducted 11/15/23 to identify any resident out of compliance. All residents residing in Assisted Living/Memory Care are compliant as of 11/15/23.	11/15/23

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD HILLS ASSISTED LIVING

**2101 HOMESTEAD HILLS DRIVE
WINSTON SALEM, NC 27103**

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D 278	Continued From page 21 -There was documentation oxygen was administered and monitored three times daily from 08/30/23 through 08/31/23. Review of Resident #1's September 2023 eTAR revealed: -There was an entry for oxygen 4L via nasal cannula with pulse oximeter checks three times daily scheduled first shift, second shift, and third shift. -There was documentation oxygen was administered and monitored three times daily from 09/01/23 through 09/30/23. Review of Resident #1's October 2023 eTAR from 10/01/23 through 10/25/23 revealed: -There was an entry for oxygen 4L via nasal cannula with pulse oximeter checks three times daily scheduled first shift, second shift, and third shift. -There was documentation oxygen was administered and monitored three times daily from 10/01/23 through 10/25/23. Review of Resident #1's record revealed there were no Licensed Health Professional Support (LHPS) evaluations available for review. Observation of Resident #1 on 10/23/23 at 9:30am revealed she was sitting in her recliner chair wearing oxygen at 4L. Interview with a medication aide (MA) on 10/26/23 at 10:00am revealed: -She checked oxygen saturation levels for Resident #1. -She monitored Resident #1 during her shift when she worked on Resident #1's hall to ensure she was wearing her oxygen at 4L as ordered.	D 278	2.How will the facility identify other residents having the potential to be affected by the same deficient practice? An audit of all resident medical records was conducted on 11/15/23 by RCD or designee to identify LHPS evaluations out of compliance. All evaluations of residents residing in Assisted Living/Memory Care are in compliance on this date, 11/15/23. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. The RCD or designee will audit all quarterly assessments to ensure evaluations are in compliance. All evaluations out of compliance will be corrected immediately.	11/15/23

Division of Health Service Regulation

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D 278	Continued From page 22 Interview with a second MA on 10/26/23 at 12:00pm revealed Resident #1 wore oxygen and the MAs were responsible for monitoring her oxygen use. Interview with Resident #1 on 10/26/23 at 2:50pm revealed she wore oxygen continuously and the MAs checked her oxygen saturation levels three times every day. b. Review of Resident #1's current FL2 dated 08/28/23 revealed there was an order for fingerstick blood sugar (FSBS) checks every morning and every evening. Review of Resident #1's August 2023 electronic treatment administration record (eTAR) from 08/30/23 through 08/31/23 revealed: -There was an entry for FSBS checks twice daily scheduled at 6:00am and 6:00pm. -There was documentation FSBS checks were completed twice daily from 08/30/23 through 08/31/23. Review of Resident #4's September 2023 eTAR revealed: -There was an entry for FSBS checks twice daily scheduled at 6:00am and 4:00pm. -There was documentation FSBS checks were completed twice daily from 09/01/23 through 09/30/23. Review of Resident #4's October 2023 eTAR from 10/01/23 through 10/25/23 revealed: -There was an entry for FSBS checks twice daily scheduled at 6:00am and 4:00pm. -There was documentation FSBS checks were completed twice daily from 10/01/23 through 10/25/23.	D 278	4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed. RCD or designee will audit all resident medical records monthly to ensure that LHPS assessments are in compliance. The results of the audit will be reviewed in Quality Assurance meetings. All records out of compliance will be corrected immediately. The residents residing in Assisted Living/Memory Care are in compliance as of this date, 11/15/2023.	11/15/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
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NAME OF PROVIDER OR SUPPLIER

HOMESTEAD HILLS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

**2101 HOMESTEAD HILLS DRIVE
WINSTON SALEM, NC 27103**

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D 278	Continued From page 23 Review of Resident #1's record revealed there were no Licensed Health Professional Support (LHPS) evaluations available for review. Interview with a medication aide (MA) on 10/26/23 at 10:00am revealed she checked FSBS levels for Resident #1 twice in September 2023 and 5 times in October 2023. Interview with a second MA on 10/26/23 at 12:00pm revealed: -The MAs were responsible for checking Resident #1's FSBS and administering insulin injections as ordered. -She had checked Resident #1's FSBS 13 times in October 2023. Interview with Resident #1 on 10/26/23 at 2:50pm revealed the MAs checked her FSBS twice daily. c. Review of Resident #1's physician's order dated 09/26/23 revealed an order for long-acting insulin injections once daily. Review of Resident #1's physician's order dated 10/19/23 revealed an order to discontinue the long-acting insulin injections. Review of Resident #1's physician's order dated 10/20/23 revealed an order for rapid-acting insulin injections twice daily. Review of Resident #1's September 2023 eMAR revealed: -There was an entry for long-acting insulin injections every night at bedtime starting 09/26/23, scheduled at 9:00pm. -There was documentation Resident #1 received an insulin injection nightly from 09/26/23 through 09/30/23.	D 278		

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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D 278	Continued From page 24 Review of Resident #1's October 2023 eMAR revealed: -There was an entry for a long-acting insulin injection every night at bedtime scheduled at 9:00pm, with a discontinued date of 10/19/23. -There was documentation Resident #1 received a long-acting insulin injection nightly from 10/01/23 through 10/19/23. -There was an entry for a rapid-acting insulin injection twice daily scheduled at 8:00am and 4:30pm, with a start date of 10/20/23. -There was documentation Resident #1 receiving a rapid-acting insulin injection twice daily from 10/20/23 through 10/25/23. Review of Resident #1's record revealed there were no Licensed Health Professional Support (LHPS) evaluations available for review. Interview with a medication aide (MA) on 10/26/23 at 10:00am revealed she gave Resident #1 insulin injections as ordered. Interview with a second MA on 10/26/23 at 12:00pm revealed: -The MAs were responsible for checking Resident #1's FSBS and administering insulin injections as ordered. -She administered Resident #1's insulin injections 5 times in October 2023. Interview with Resident #1 on 10/26/23 at 2:50pm revealed the MAs administered her insulin injections twice daily. d. Review of Resident #1's current FL2 dated 08/28/23 revealed there was an order for albuterol (a bronchodilator) nebulizer solution to be inhaled via nebulizer machine three times daily	D 278		

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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D 278	Continued From page 25 as needed. Review of Resident #1's August 2023 electronic medication administration record (eMAR) from 08/30/23 through 08/31/23 revealed: -There was an entry for albuterol solution for nebulization three times daily as needed. -There was no documentation Resident #1 received a nebulizer treatment on 08/30/23 or 08/31/23. Review of Resident #1's September 2023 eMAR revealed: -There was an entry for albuterol solution for nebulization three times daily as needed. -There was documentation Resident #1 received an albuterol nebulizer breathing treatment 17 times from 09/01/23 through 09/30/23. Review of Resident #1's October 2023 eMAR revealed: -There was an entry for albuterol solution for nebulization three times daily as needed. -There was documentation Resident #1 received an albuterol nebulizer breathing treatment 6 times from 10/01/23 through 10/25/23. Review of Resident #1's record revealed there were no Licensed Health Professional Support (LHPS) evaluations available for review. Observation of Resident #1's room on 10/23/23 at 9:32am revealed there was a nebulizer machine on her bedside table. Interview with a medication aide (MA) on 10/26/23 at 10:00am revealed she administered nebulizer breathing treatments to Resident #1 as needed, 3 times in September and 3 times in October 2023.	D 278		

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D 278	Continued From page 26 Interview with a second MA on 10/26/23 at 12:00pm revealed: -Resident #1 received nebulizer breathing treatments as needed if she felt short of breath and the MAs administered those treatments. -She had administered nebulizer breathing treatments to Resident #1 3 times in September and 1 time in October 2023. Interview with Resident #1 on 10/26/23 at 2:50pm revealed the MAs administered breathing treatments to her whenever she was short of breath. Attempted telephone interview with the RCD on 10/26/23 at 6:34pm was unsuccessful. Refer to telephone interview with the facility's contracted LHPS nurse on 10/26/23 at 1:50pm. Refer to interview with the Administrator on 10/26/23 at 6:40pm. Telephone interview with the facility's contracted LHPS nurse on 10/26/23 at 1:50pm revealed: -She had visited the facility in September 2023 and planned to do an LHPS evaluation for Resident #1 at that time, but Resident #1 was out of the facility during her visit. -She had Resident #1 on her list of residents to complete an LHPS evaluation for in October 2023, but had not yet evaluated Resident #1 for her LHPS tasks. Interview with the Administrator on 10/26/23 at 6:40pm revealed: -He was not aware that Resident #1 did not have an LHPS evaluation completed since her admission to the facility on 08/30/23.	D 278		

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D 278	Continued From page 27 -He was aware that LHPS evaluations were supposed to be completed within 30 days of admission or identification of a LHPS task. -The Resident Care Director (RCD) was responsible for contacting the facility's contracted LHPS nurse whenever a resident was admitted to the facility. -When a resident was admitted to the facility, the requirement of completing an LHPS evaluation popped up on their charting system as a "to-do" item, but once the timeframe in which it was due expires, the notification dropped off. -He expected the RCD to schedule all of the required assessments within the timeframe they were due to maintain compliance.	D 278			
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to administer medications as ordered for 3 of 5 sampled residents (#1, #2, and #4) who had an order for a blood pressure medication with parameters (#1), an antipsychotic medication (#2), and a medication to regulate heart rate (#4). The findings are:	D 358	D358 This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? RCD or designee will audit all eMARs for accuracy of medication administration for residents #1, #2, and #4. The eMARS found to be out compliance will be corrected by November 30, 2023.	11/30/23	

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D 358	Continued From page 28 1. Review of Resident #1's current FL2 dated 08/28/23 revealed: -Diagnoses included chronic obstructive pulmonary disease, hypertensive chronic kidney disease, and peripheral vascular disease. -There was an order for hydralazine (a vasodilator used to treat high blood pressure) 25mg, take 2 tablets every 6 hours, hold for a systolic blood pressure value of 130 or less. Review of Resident #1's Resident Register revealed she admitted to the facility on 08/30/23. Review of Resident #1's physician's order dated 09/06/23 revealed an order to discontinue the previous hydralazine order and begin hydralazine 25mg take two tablets once daily hold for a systolic blood pressure value of 130 or less. Review of Resident #1's physician's order dated 10/03/23 revealed an order to discontinue the previous hydralazine order and begin hydralazine 25mg take two tablets twice daily, hold for a systolic blood pressure (SBP) value of 130 or less. Review of Resident #1's September 2023 electronic medication administration record (eMAR) revealed: -There was an entry for hydralazine 25mg take 2 tablets (50mg) every 6 hours and hold for SBP of 130 or less scheduled at 12:00am, 6:00am, 12:00pm and 6:00pm, with a discontinued date of 09/06/23. -There was documentation hydralazine 50mg was administered 6 times from 09/01/23 through 09/06/23 when Resident #1's SBP was less than 130 with examples as follows: -On 09/04/23 at 6:00am, Resident #1's SBP was	D 358	D 358 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? RCD or designee will audit all eMARS to ensure the accuracy of medication administration for all residents to ensure that the medications match the updated current FL2. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. RCD or designee will audit all FL2s for new admissions to ensure accurate transcriptions are in place; as a second check the RCD or designee will review the accuracy of transcriptions to ensure that the FL2 and EMR match.		11/30/23

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D 358	Continued From page 29 121 and she was administered hydralazine 50mg. - On 09/06/23 at 12:00am, Resident #1's SBP was 128 and she was administered hydralazine 50mg. -There was an entry for hydralazine 25mg take 2 tablets (50mg) once daily scheduled at 12:00am, with a start date of 09/07/23. -There was documentation hydralazine 50mg was administered 6 times from 09/11/23 through 09/30/23 when Resident #1's SBP was less than 130 with examples as follows: -On 09/11/23 at 12:00am, Resident #1's SBP was 118 and she was administered hydralazine 50mg. -On 09/18/23 at 12:00am, Resident #1's SBP was 99 and she was administered hydralazine 50mg. -On 09/22/23 at 12:00am, Resident #1's SBP was 108 and she was administered hydralazine 50mg. -Resident #1's SBP from 09/01/23 through 09/30/23 ranged from 99 to 187. Review of Resident #1's October 2023 eMAR from 10/01/23 through 10/25/23 revealed: -There was an entry for hydralazine 25mg take 2 tablets (50mg) once daily and hold for SBP of 130 or less scheduled at 12:00am, with a discontinue date of 10/03/23. -There was an entry for hydralazine 25mg take 2 tablets (50mg) twice daily scheduled at 9:00am and 9:00pm, with a start date of 10/03/23. -There was documentation hydralazine 50mg was administered 12 times from 10/01/23 through 10/25/23 when Resident #1's SBP was less than 130 with examples as follows: -On 10/04/23 at 9:00am, Resident #1's SBP was 119 and she was administered hydralazine 50mg. -On 10/10/23 at 9:00pm, Resident #1's SBP was 129 and she was administered hydralazine 50mg. -On 10/22/23 at 9:00am, Resident #1's SBP was 116 and she was administered hydralazine 50mg. -Resident #1's SBP from 10/01/23 through	D 358	4.Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed. RCD or designee will use audit tool to monitor compliance for four weeks weekly, and then monthly for 3 months or until 100%compliant. This will be reviewed in QAPI to ensure compliance. All negative findings will be corrected immediately. The facility will be in compliance by 12/10/23.	

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D 358	Continued From page 30 10/25/23 ranged from 112 to 188. Observation of medications on hand for Resident #1 on 10/26/23 at 12:10pm revealed: -There was one pill bottle with a dispensed date of 08/30/23 for hydralazine 25mg tablets to take 2 tablets every 6 hours and hold for SBP of 130 or less, with 0 out of 100 dispensed tablets remaining. -There was one medication card with a dispensed date of 09/06/23 for hydralazine 25mg tablets to take 2 tablets daily with 32 out of 60 dispensed tablets remaining. Interview with a medication aide (MA) on 10/26/23 at 10:00am revealed: -She administered Resident #1's hydralazine twice when her SBP was less than 130. -She did not remember administering hydralazine to Resident #1 outside of parameters. -Resident #1 did not report any dizziness or symptoms of low blood pressure. Interview with a second MA on 10/26/23 at 12:00pm revealed: -She administered Resident #1's hydralazine 5 times in October 2023 when her SBP was less than 130. -She always checked Resident #1's blood pressure prior to administering hydralazine to see if her blood pressure was outside of the parameter for receiving hydralazine. -If she documented that she administered hydralazine to Resident #1 on the days her SBP was less than 130, she did, and must have overlooked the parameter. Interview with Resident #1's primary care provider (PCP) on 10/26/23 at 1:10pm revealed: -Resident #1 was ordered hydralazine 50mg	D 358		

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D 358	Continued From page 31 twice daily for a diagnosis of hypertensive chronic kidney disease. -She was not aware that Resident #1 had been administered hydralazine when her SBP was less than 130. -There were no adverse effects for Resident #1 receiving hydralazine when her SBP was less than 130 because her SBP was never low when it was checked the next time hydralazine was due. -Resident #1 had never reported symptoms of low blood pressure to her. -She expected the MAs to follow the medication orders and hold hydralazine per the parameter. Interview with Resident #1 on 10/26/23 at 2:50pm revealed: -She took hydralazine to help with her blood pressure. -She was aware she had a parameter in place to not receive hydralazine if her SBP was less than 130. -The MAs told her what her SBP was whenever they checked it, but she did not know what medications they administered to her. -She never felt symptoms of low blood pressure such as dizziness or blurred vision. Interview with the Administrator on 10/26/23 at 6:40pm revealed: -He was not aware Resident #1 had been administered hydralazine outside of the PCP's ordered parameter to hold if SBP was 130 or less. -He did not know if anyone at the facility was responsible for conducting audits of the eMARs to check for accuracy in medication administration. -The Resident Care Director (RCD) should have completed audits of the medication carts, but he did not know how often. -The MAs were expected to read the medication	D 358			

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D 358	Continued From page 32 orders completely prior to administering any medication. -He expected all medications to be administered as ordered. Attempted telephone interview with the RCD on 10/26/23 at 6:34pm was unsuccessful. 2. Review of Resident #4's current FL2 dated 07/03/23 revealed: -Diagnoses included dementia, atrial flutter, and hypertension. -There was an order for metoprolol 25mg (used to treat high blood pressure and lowers heart rate) twice daily. Review of Resident #4's September 2023 electronic medication administration record (eMAR) revealed: -There was an entry for metoprolol 25mg take 1 tablet twice daily scheduled at 8:00am and 8:00pm. -There was documentation metoprolol was not administered at 8:00am on 09/06/23, 09/09/23, 09/10/23 or 09/11/23 due to medication not available and awaiting delivery from the pharmacy. -There was documentation metoprolol was not administered at 8:00pm on 09/04/23, 09/08/23 or 09/09/23 due to awaiting delivery from the pharmacy. Observation of medication on hand for Resident #4 on 10/26/23 at 11:55am revealed there was one medication card with metoprolol 25mg tablets with a dispensed date of 10/09/23 and with 8 out of 30 dispensed tablets remaining. Interview with a medication aide (MA) on 10/26/23 at 10:00am revealed:	D 358		

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D 358	Continued From page 33 -The MAs were supposed to request refills of medication from the pharmacy when they were down to a quantity of 7 or 8 tablets remaining. -The MAs requested medication refills by clicking a "reorder" button in the eMAR system. -If a medication refill was requested before 4:00pm, the pharmacy would deliver it to the facility that evening, otherwise it would come the following day. Interview with a second MA on 10/26/23 at 12:00pm revealed: -She remembered Resident #4 being out of metoprolol in September 2023. -She had worked in the days prior to Resident #4 running out of metoprolol and thought she had clicked the refill button in the eMAR. -She requested medication refills when the quantity was down to 6 or 7 tablets remaining. -Since Resident #4 ran out of metoprolol on 09/04/23 and did not receive the refill of metoprolol until 09/11/23, the pharmacy probably needed the doctor to renew the prescription. -Resident #4 did not have or report symptoms of high blood pressure or racing heart during the days she did not receive metoprolol. Interview with Resident #4's primary care provider (PCP) on 10/26/23 at 1:10pm revealed: -Resident #4's metoprolol was ordered due to her diagnosis of atrial flutter which can cause a rapid heart rate. -She did not remember the facility notifying her that Resident #4 ran out of metoprolol. -Possible adverse effects for not taking metoprolol as ordered included fast heart rate but no symptoms had been reported to her. -She expected medications to be reordered prior to the medication running out. -She expected the staff to administer each	D 358			

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D 358	Continued From page 34 medication as ordered. Telephone interview with a representative from the facility's contracted pharmacy on 10/26/23 at 2:30pm revealed: -Resident #4 had a current order for metoprolol 25mg twice daily. -The pharmacy dispensed metoprolol 25mg tablets for Resident #4 on 08/02/23 for a quantity of 60 tablets which was a one-month supply, and on 09/11/23 for a quantity of 60 tablets, and on 10/09/23 for a quantity of 60 tablets. -Between the refills dated 08/02/23 and 09/11/23, Resident #4 ran out of ordered refills and needed a new prescription from the PCP. -The pharmacy received a refill request from the facility for Resident #4's metoprolol on 08/31/23 and 09/05/23, and the pharmacy faxed the facility back that a new prescription was needed on 09/05/23. -The pharmacy did not receive a new prescription with refills for Resident #4's metoprolol until 09/11/23, so it was not dispensed until 09/11/23. Interview with Resident #4 on 10/26/23 at 3:35pm revealed: -She did not know which medications she received each day; she just took what medications the MA gave her. -She did not remember having any symptoms of her heart being fast in September 2023. Interview with the Supervisor on 10/26/23 at 3:40pm revealed: -She did not remember Resident #4 being out of metoprolol from 09/04/23 through 09/11/23. -The MAs were all responsible for clicking the refill button in the eMAR when a medication was down to the last row of pills on the medication card.	D 358			

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D 358	Continued From page 35 -If there were any issues with getting medication refilled, the MAs were supposed to let the Resident Care Director (RCD) know. Interview with the Administrator on 10/26/23 at 6:40pm revealed: -He was not aware that Resident #4 had run out of metoprolol so was not administered metoprolol as ordered between 09/04/23 and 09/11/23. -The RCD should have completed audits of the medication carts, but he did not know how often. -He expected the MAs to reorder medications prior to them running out. -He expected all medications to be administered as ordered. Attempted telephone interview with the RCD on 10/26/23 at 6:34pm was unsuccessful. 3. Review of Resident #2's current FL2 dated 07/13/23 revealed: -There were no diagnoses documented on the FL2. -There was an order for quetiapine (a medication used to treat mood disorders and behaviors) 25mg 2 tablets daily. Review of Resident #2's physician's orders sheet dated 10/04/23 revealed: -Resident #2's admission diagnoses included frontotemporal neurocognitive disorder, hypertensive chronic kidney disease with stage 1 through stage 4 kidney disease, hypothyroidism, diabetes mellitus without complications, and essential hypertension. -There was an order for quetiapine 25mg (used to treat mental/mood conditions) 2 tablets daily. Review of Resident #2's electronic Medication Administration Records (eMARs) for August 2023	D 358			

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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D 358	Continued From page 36 revealed: -There was an entry for quetiapine 25mg 2 tablets daily scheduled for administration at 8:00pm. -There was documentation quetiapine was administered for 27 of 31 opportunities between 08/01/23 and 08/31/23. Review of Resident #2's eMARs for September 2023 revealed: -There was an entry for quetiapine 25mg 2 tablets daily scheduled for administration at 8:00pm. -There was documentation quetiapine was administered for 26 of 30 opportunities between 09/01/23 and 09/30/23. Review of Resident #2's eMARs for 10/01/23 through 10/24/23 2023 revealed: -There was an entry for quetiapine 25mg 2 tablets daily scheduled for administration at 8:00pm. -There was documentation quetiapine was administered for 22 of 24 opportunities between 10/01/23 and 10/24/23. Observation of Resident #2's medications available for administration on 10/26/23 at 2:58pm revealed: -There was a bubble pack of Quetiapine 25mg take ½ tablet (12.5mg) once daily take 2 tablet (50mg) every night at bedtime. -The bubble pack was dispensed on 10/02/23 with a quantity of 60 whole tablets of quetiapine and 22 whole tablets were remaining. -There was a second bubble pack of Quetiapine 25mg take ½ tablet (12.5mg) once daily take 2 tablets (50mg) every night at bedtime. -The second bubble pack was dispensed on 10/02/23 with a quantity of 30 half tablets and 13 half tablets were remaining. -Seventeen half tablets had been dispensed since 10/02/23.	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
(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 Telephone interview with a pharmacist at the facility's contracted pharmacy on 10/26/23 at 4:46pm revealed: -The most current order quetiapine on file at the pharmacy was dated 03/21/23 for 25mg ½ tablet once daily and 2 tablets at bedtime. -Quetiapine 25mg ½ tablet once daily and 2 tablets at bedtime was dispensed to the facility on 08/08/23, 09/04/23, and 10/02/03 with a 30-day supply each time. -The pharmacy had not received any orders for quetiapine 25mg 2 tablets daily. Interview with a medication aide (MA) on 10/26/23 at 3:03pm revealed: -Cart audits were completed every 3 months and another MA /licensed practical nurse (LPN) conducted the last cart audit on 10/19/23. -If there was a medication on the medication cart that had been discontinued, the MA should have sent the medication back to the pharmacy. -She had not administered any half tablets of quetiapine because quetiapine was not scheduled to be administered during her shift. -She had not seen the half tablets of quetiapine in the medication cart nor did she know that there was not a current order for a half tablet of quetiapine daily. Interview with a MA/LPN on 10/26/23 at 3:38pm revealed: -All MAs were responsible for conducting medication cart audits monthly. -She had conducted 1 cart audit on each hall since the new Resident Care Director (RCD) started working at the facility about 3 weeks ago. -During a medication cart audit, she looked for expired medications, dates, duplicate medications, and	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
(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 she compared the eMAR to the medications on the medication cart. -She saw quetiapine on the medication cart for Resident #2, but she did not realize that the medication in the medication cart did not match the order for quetiapine that was on the eMAR. -MAs were to verify that residents received the right medication, the right dosage, and should have compared the eMAR to the medication on the medication cart prior to administering the medication. Interview with Resident #2's primary care provider (PCP) on 10/26/23 at 5:18pm revealed: -She discontinued the ½ tablet of quetiapine in the morning a few months ago, but she could not remember the exact date without looking at her records -She discontinued the morning dose of quetiapine for Resident #2 at the request of her family member because there was a concern that the medication was making Resident #2 too sleepy. -She did not know staff continued to administer ½ tablet of quetiapine in the morning. -She expected Resident #2 to be administered quetiapine 25mg 2 tablets daily as ordered. Interview with the Special Care Unit Coordinator (SCUC) on 10/26/23 at 5:52pm revealed: -All MAs were responsible for conducting medication cart audits every 2 weeks to look for expired medications, medications with no opened dates, and they also ensured all medication was on the cart. -She did not know quetiapine ½ tablets were on the medication cart and had been administered in the month of October 2023. -The MAS should have compared the medication bubble pack of quetiapine in the medication cart to the order for quetiapine on the eMAR to make	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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D 358	Continued From page 39 sure it matched before they administered it. Interview with the Administrator on 10/26/23 at 6:30pm revealed: -The RCD and the SCUC were responsible for conducting medication cart audits, but he was not sure how often. -He expected MAs to check medications against the eMAR before administering to ensure they administered the medication correctly. -He expected MAs to administer medication as ordered.	D 358		