Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 August 06, 2024 and August 13-14, 2024.	D 000	Response to cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or the conclusions set forth in the corrective action report; the plan of correction is prepared solely as a matter of compliance with State Law.	
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure quarterly licensed health professional support (LHPS) evaluations were completed for 1 of 5 sampled residents (#2) with LHPS tasks for clean dressing changes, collecting and testing of finger stick blood	D 280		

Reviewed and Acknowledged MW 09/18/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 280	Continued From page 1 samples (FSBS) and medication administration through injections. The findings are: Review of Resident #2's current FL-2 dated 07/24/24 revealed diagnoses included atherosclerotic (the build-up of fats, cholesterol, and other substances in and on the artery walls) heart disease, type two diabetes mellitus, and hyperlipidemia. Review of Resident #2's Resident Register revealed she was admitted to the facility on 09/06/22. Review of Resident #2's signed physician's order sheet dated 04/03/24 revealed: -There was an order for FSBS, check blood sugar before meals, notify provider if blood sugar less than 60 or greater than 500. -There was an order for Humalog (Humalog is a rapid-acting insulin used to treat high blood sugar) Kwikpen, U-100 insulin pen, 100unit/ml, inject 5 units subcutaneously three times per day before meals, hold if blood sugar is less than 150. -There was an order for Lantus (Lantus is a long-acting Insulin used to treat high blood sugar) Solostar U-100 insulin pen, 100 unit/ml, inject 28 units subcutaneously every evening. -There was an order for clobetasol (clobetasol is a topical medication to treat a variety of skin conditions) cream 0.05%, apply topically to affected area once daily with dressing changes (to be done by home health). Review of Resident #2's signed physicians order sheet dated 07/24/24 revealed: -There was an order for FSBS, check blood sugar before meals, notify provider if blood sugar	D 280	All resident charts have been audited to ensure the LHPS for each resident is current. ED, RCC or designee will maintain a resident tickler to ensure LHPS remains in compliance. CNC will pull query report for all residents and weekly and complete all quarterly assessments due. ED or RCC will notify CNC when a resident has a significant change requiring a new LHPS to be completed.	9/12/24 10/17/24 and ongoing 10/17/24 and ongoing 10/17/24 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 280	Continued From page 2 -There was an order for Humalog Kwikpen,100unit/ml, inject 8 units subcutaneously three times daily before meals, hold if blood sugar is less than 150. -There was an order for Lantus Solostar U-100 insulin pen, 100unit/ml, inject 28 units subcutaneously every morning. -There was an order for clobetasol cream 0.05%, apply topically to affected area once daily with dressing changes (to be done by home health). Review of Resident #2's home health care progress notes revealed: -There was an entry on 05/28/24, skilled nursing visit completed, would care performed as ordered, without complications noted. -There was an entry on 05/31/24, skilled nursing visit completed, performed wound care to left lower extremity (LLE) as ordered. -There was an entry on 06/03/24, skilled nursing visit completed, performed wound care to LLE and left heel as ordered. -There was an entry on 06/06/24, skilled nursing visit completed, wound care performed as ordered. -There was an entry on 06/10/24, skilled nursing visit completed, performed wound care to LLE and left heel as ordered. -There was an entry on 06/13/24, skilled nursing visit completed, performed wound care as ordered, the resident has an appointment with the wound clinic on 06/17/24. -There was an entry on 06/21/24, skilled nursing visit completed, wound care performed as ordered. -There was an entry on 06/24/24, skilled nursing visit completed, wound care performed as ordered. Review of Resident #2's Care Plan dated	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 280	Continued From page 3 07/02/24 revealed: -Resident #2 was assessed on 07/02/24 by the facility's Resident Care Coordinator (RCC). -LHPS task were listed as applying and removing ace bandages, ted hose, binders, and braces and splints, collecting and testing of fingerstick blood samples, and medication administration through injection. -The Care Plan was signed by the facility's contracted primary care provider (PCP) on 07/03/24. Review of Resident #2's LHPS evaluations provided by the facility revealed: -There was an LHPS evaluation dated 04/23/23 completed and signed by the facility's regional Registered Nurse (RN) with tasks identified as clean dressing changes excluding packing wounds and application of enzymatic debriding agents, collecting and testing finger stick blood samples, and medication administration through injections. -There was an LHPS evaluation dated 06/25/24 completed and signed by the facility's regional RN with tasks identified as clean dressing changes excluding packing wounds and application of enzymatic debriding agents, collecting and testing finger stick blood samples, and medication administration through injections. -There were no LHPS evaluations provided between 04/23/23 and 06/25/24. Interview with the RCC on 08/13/24 at 3:25pm revealed: -LHPS evaluations were done quarterly. -The facility's clinical nurse consultant was responsible for completing the LHPS evaluations. Interview the facility's Clinical Nurse Consultant on 08/13/24 at 3:26pm revealed:	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 280	Continued From page 4 -She was responsible for completing the facility's LHPS evaluations. -She came weekly to the facility and kept a query on an excel file to see which residents were due for their quarterly LHPS evaluations. -She started coming to the facility in June 2024 after the previous Clinical Nurse Consultant left. -She completed Resident #2's LHPS evaluation in June 2024. -She thought the previous Clinical Nurse Consultant did her LHPS evaluations on paper instead of electronically. -She felt that Resident #2 had quarterly LHPS evaluations done between April 2023 and June 2024, since she had tasks but could not locate them and did not know where the previous Clinical Nurse Consultant may have kept the LHPS evaluations. Interview with the Administrator on 08/14/24 at 9:35am revealed: -The corporate Clinical Nurse Consultant was responsible for conducting LHPS evaluations quarterly for the residents. -The current Clinical Nurse Consultant started coming to the facility in June 2024 and completed an LHPS evaluation for Resident #2 in June 2024. -The previous Clinical Nurse Consultant left in June 2024. -She thought the previous Clinical Nurse Consultant handwrote the LHPS evaluations then entered them into their computer system. -She could not locate any LHPS evaluations for Resident #2 between April 2023 and June 2024. -She said it was possible that Resident #2's previous LHPS evaluations were at the corporate office but did not know where the previous Clinical Nurse Consultant may have kept them.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 5	D 358		
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 interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 5 sampled residents (#2, #3, #5) including errors with medications used to treat high blood pressure (#2, #3, #5), control asthma, treat hyperphosphatemia, treat irritable bowel syndrome (IBS), and to treat nerve pain (#5). The findings are: Review of the facility's provided medication administration policy revised November 2018 revealed medications were administered in accordance with the written orders of the prescriber. 1. Review of Resident #2's current FL-2 dated 07/24/24 revealed diagnoses included atherosclerotic (the build-up of fats, cholesterol, and other substances in and on the artery walls) heart disease, type two diabetes mellitus, and hyperlipidemia. Review of Resident #2's signed physicians order	D 358	Executive Director, RCC and or CNC will perform medication observation passes weekly x 4 weeks, twice a month x 4 weeks then monthly thereafter. ED and RCC have completed 100% audit of orders requiring parameters to be documented to ensure area for documentation for MA is on the eMAR. ED and or CNC will provide in-service retraining of all MA's on the 6 rights of medication administration with an emphasis on right dosage to ensure MA's understand parameter guidelines.	10/17/24 and ongoing 8/15/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 sheet dated 04/03/24 revealed an order for metoprolol tartrate (metoprolol is used to treat high blood pressure, chest pain, and heart failure) 25mg, take one tablet twice daily and hold for systolic blood pressure less than 110 and for heart rate less than 60. Review of Resident #2's signed physicians order sheet dated 07/24/24 revealed an order for metoprolol tartrate 25mg, take one tablet twice daily and hold for systolic blood pressure less than 110 and for heart rate less than 60. Review of Resident #2's June 2024 electronic medication administration record (eMAR) revealed: -There was an entry for metoprolol tartrate 25mg, take one tablet twice daily, hold for systolic blood pressure less than 110 and heart rate less than 60, scheduled at 9:00am and 9:00pm. -Metoprolol tartrate 25mg was documented as administered at 9:00am and 9:00pm 06/01/24 through 06/30/24. -There was no documentation of twice daily blood pressure or heart rate for the resident. -There was an entry to obtain weight and vital signs on the 6th day of the month. -The resident's blood pressure was documented as 140/72, and her heart was documented as 67 on the 3:00pm to 11:00pm shift on 06/06/24. Review of Resident #2's July 2024 eMAR revealed: -There was an entry for metoprolol tartrate 25mg, take one tablet twice daily, hold for systolic blood pressure less than 110 and heart rate less than 60, scheduled at 9:00am and 9:00pm. -Metoprolol tartrate 25mg was documented as administered at 9:00am on 07/01/24 through 07/14/24, and on 07/16/24 through 07/31/24, and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 at 9:00pm on 07/01/24 through 07/31/24. -Metoprolol tartrate 25mg was documented as not administered at 9:00am on 07/15/24 due the resident being unavailable at a provider appointment. -There was no documentation of twice daily blood pressure or heart rate for the resident. -There was an entry to obtain weight and vital signs on the 6th day of the month. -The resident's blood pressure was documented as 140/87, and her heart was documented as 62 on the 3:00pm to 11:00pm shift on 07/06/24. Review of Resident #2's August 2024 eMAR revealed: -There was an entry for metoprolol tartrate 25mg, take one tablet twice daily, hold for systolic blood pressure less than 110 and heart rate less than 60, scheduled at 9:00am and 9:00pm. -Metoprolol tartrate 25mg was documented as administered at 9:00am on 08/01/24 through 08/13/24, and at 9:00pm on 08/01/24 through 08/12/24. -There was no documentation of twice daily blood pressure or heart rate for the resident on 08/01/24 through 08/06/04. -There was documentation of blood pressure and heart for the resident at 9:00pm on 08/06/24 through 08/12/24 and at 9:00am on 08/07/24 through 08/13/24. -There was documentation on 08/10/24 at 9:00pm of a heart rate of 58 and metoprolol tartrate 25mg was documented as administered and should not have been administered. -There was documentation on 08/11/24 at 9:00pm of a heart rate of 55 and metoprolol tartrate 25mg was documented as administered and should not have been administered. -There was documentation on 08/12/24 at 9:00am of a heart rate of 55 and metoprolol	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 tartrate 25mg was documented as administered and should not have been administered. Observation of Resident #2's medications on hand on 08/14/24 at 1:29pm revealed: -There was a multi-dose medication package containing 14 tablets of metoprolol tartrate 25mg, dispensed on 08/14/24. -The multi-dose package label included metoprolol tartrate 25mg take one tablet twice daily, hold for systolic blood pressure less than 110 and heart rate less than 60. Interview with Resident #2 on 08/14/24 at 1:08pm revealed: -Staff administered her medications twice daily which included a medication for high blood pressure. -Staff had recently started checking her vital signs twice daily. -She denied ever feeling dizzy or weak after her medications were administered. Interview with the medication aide (MA) on 08/06/24 at 2:10pm revealed: -She did not check Resident #2's blood pressure prior to administering metoprolol because it did not pop up on the eMAR as an order. -Resident #2 had an order to check her vital signs once per month. -She had not noticed the blood pressure and heart rate parameters on Resident #2's metoprolol order. Second interview with the MA on 08/14/24 at 9:56am revealed: -The MAs could see the resident's full medication orders on the eMAR system. -The MAs were responsible to follow any medication parameters ordered by the primary	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 care provider (PCP). -She did not check a resident's vital signs unless it popped up on the eMAR. -Checking Resident #2's heart rate and blood pressure prior to administering the metoprolol tartrate was added to the eMAR system a few days ago. -She would not administer metoprolol tartrate to Resident #2 if her systolic blood pressure was less than 110 or her heart rate was less than 60. -She did not know why metoprolol was documented as administered to Resident #2 when her heart rate was less than 60. Interview with the Resident Care Coordinator (RCC) on 08/06/24 at 2:33pm revealed: -Resident #2's primary care provider (PCP) placed Resident #2 on metoprolol for elevated blood pressure. -The MAs could see the entire medication order for the residents, including instructions for hold parameters on the eMAR. -She expected the MAs to read the entire order and follow the order as written by the PCP. -The MAs usually did not check vital signs unless prompted by the eMAR system. -She should have caught Resident #2's metoprolol order with parameters and created an area on the eMAR to record blood pressure and heart rate with the administration of metoprolol. -That was an oversight on her part. Second interview with the Resident Care Coordinator (RCC) on 08/14/24 at 1:15pm revealed: -The MAs were to compare the medication label to the eMAR. -The MAs could see the entire medication order for the residents on the eMAR, including instructions for hold medication parameters.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 -She expected the MAs to read the entire order and follow the orders for parameters as written by the PCP. -Resident #2 should not have received the metoprolol when her heart rate was less than 60. -She did not know why the MA administered metoprolol to Resident #2 when her heart rate was less than 60. Interview with the Administrator on 08/06/24 at 2:33pm revealed: -The MAs were expected to review the entire order for medications and treatments on the eMAR. -The MAs were to follow PCP orders as written. -The MAs should have alerted the RCC that there was no place to document blood pressure and heart rate for Resident #2's metoprolol order. -The RCC should have caught the order for metoprolol with parameters and created an area on the eMAR to document blood pressure and heart rate. Second interview with the Administrator on 08/14/24 at 1:36pm revealed: -The MAs were expected to review the entire order for medications and treatments on the eMAR. -The MAs were to follow the PCP's orders as written. -The MAs were able to see orders and the parameters and should not administer medications to the residents when their vital signs were outside of the ordered parameters. Interview with Resident #2's PCP on 08/14/24 at 12:33pm revealed: -She prescribed metoprolol for Resident #2 to treat high blood pressure. -If the resident's systolic blood pressure was less	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 than 110 or the heart rate was less than 60, administering metoprolol could drive either down further and cause the resident to experience dizziness and/or syncope (fainting or loss of consciousness). -She was not aware that Resident #2's blood pressure and heart rate were not being checked prior to administration of metoprolol. -She expected the MAs to check Resident #2's blood pressure and heart rate prior to administration of metoprolol. -She was not aware that metoprolol was administered to Resident #2 on 3 occasions when her heart rate was less than 60. -Resident #2 should not have received metoprolol when her heart rate was below 60. -She expected the facility to follow medication orders as written. 2. Review of Resident #3's current FL2 dated 01/31/24 revealed diagnoses included atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), hypertension, and bradycardia (slow heart rate). Review of Resident #3's signed physicians order sheet dated 01/31/24 revealed an order for order for carvedilol (carvedilol is used to treat high blood pressure, and heart failure) 12.5mg, take one tablet twice daily and hold for systolic blood pressure less than 110 or for heart rate less than 60. Review of Resident #3's June 2024 electronic medication administration record (eMAR) revealed: -There was an entry for carvedilol 12.5mg, take one tablet twice daily, hold for systolic blood pressure less than 110 or heart rate less than 60, scheduled at 9:00am and 9:00pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 -Carvedilol 12.5mg was documented as administered at 9:00am on 06/01/24 through 06/13/24, carvedilol 12.5mg was documented as not administered at 9:00am on 06/14/24 for a blood pressure of 104/60 and on 06/15/24 for a blood pressure of 107/54, carvedilol 12.5mg was documented as administered at 9:00am on 06/16/24 and 06/17/24, carvedilol 12.5mg was documented as not administered at 9:00am on 06/18/24 for a blood pressure of 109/51 and on 06/19/24 for a blood pressure of 106/68, carvedilol 12.5mg was documented as administered at 9:00am on 06/20/24, carvedilol 12.5mg was documented as not administered at 9:00am on 06/21/24 for a blood pressure of 102/66, carvedilol 12.5mg was documented as administered at 9:00am on 06/22/24 through 06/25/24, carvedilol was documented as not administered at 9:00am on 06/26/24 for a blood pressure of 108/60, carvedilol 12.5mg was documented as administered at 9:00am on 06/27/24 through 06/30/24. -Carvedilol 12.5mg was documented as administered at 9:00pm on 06/01/24 through 06/03/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 06/04/24 for a blood pressure of 108/66, carvedilol 12.5mg was documented as administered at 9:00pm on 06/05/24 through 06/08//24, carvedilol 12.5mg was documented as not administered at 9:00pm on 06/09/24 for a blood pressure of 102/52, carvedilol 12.5mg was documented as administered at 9:00pm 06/10/24 through 06/12/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 06/13/24 for a blood pressure of 104/60, and on 06/14/24 for a blood pressure of 107/54, carvedilol 12.5mg was documented as administered at 9:00pm on 06/15/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 06/16/24 for a	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 blood pressure of 100/66, on 06/17/24 for a blood pressure of 109/51, and on 06/18/24 for a blood pressure of 106/68, carvedilol 12.5mg was documented as administered at 9:00pm on 06/19/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 06/20/24 for a blood pressure of 102/66, carvedilol 12.5mg was documented as administered at 9:00pm on 06/21/24 through 06/24/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 06/25/24 for a blood pressure of 108/66, carvedilol 12.5mg was documented as administered at 9:00pm 06/26/24 through 06/30/24. -There was documentation of the resident's blood pressure twice daily at 9:00am and 9:00pm on 06/01/24 through 06/30/24. -There was no documentation of the resident's heart rate twice daily at 9:00am and 9:00pm on 06/01/24 through 06/30/24. -There was an entry to obtain weight and vital signs on the 2nd day of the month. -The resident's heart rate was documented as 73 on the 3:00pm to 11:00pm shift on 06/02/24. Review of Resident #3's July 2024 eMAR revealed: -There was an entry for carvedilol 12.5mg, take one tablet twice daily, hold for systolic blood pressure less than 110 or heart rate less than 60, scheduled at 9:00am and 9:00pm. -Carvedilol 12.5mg was documented as not administered at 9:00am on 07/01/24 for a blood pressure of 108/72, carvedilol 12.5mg was documented as administered at 9:00am on 07/02/24 through 07/31/24. -Carvedilol 12.5mg was documented as administered at 9:00pm on 07/01/24 through 07/06/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 07/07/24 for a	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 blood pressure of 98/53, carvedilol 12.5mg was documented as administered at 9:00pm on 07/08/24 through 07/11/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 07/12/24 with no blood pressure recorded but "due to low systolic parameter" was documented, carvedilol 12.5mg was documented as administered at 9:00pm on 07/13/24 through 07/31/24. -There was documentation of the resident's blood pressure at 9:00am 07/01/24 through 07/31/24 and at 9:00pm 07/01/24 through 07/11/24 , and 07/13/24 through 07/31/24. -There was no documentation of the resident's heart rate twice daily at 9:00am and 9:00pm on 07/01/24 through 07/31/24. -There was an entry to obtain weight and vital signs on the 2nd day of the month. -The resident's heart rate was documented as 66 on the 3:00pm to 11:00pm shift on 07/02/24. Review of Resident #3's August 2024 eMAR revealed: -There was an entry for carvedilol 12.5mg, take one tablet twice daily, hold for systolic blood pressure less than 110 or heart rate less than 60, scheduled at 9:00am and 9:00pm. -Carvedilol 12.5mg was documented as administered at 9:00am on 08/01/24 through 08/13/24. -Carvedilol 12.5mg was documented as administered at 9:00pm on 08/01/24 through 08/04/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 08/05/24 for a blood pressure of 102/66, carvedilol 12.5mg was documented as administered at 9:00pm on 08/06/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 08/07/24 for a blood pressure of 106/70, carvedilol 12.5mg was documented as administered at 9:00pm on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 08/08/24, carvedilol 12.5mg was documented as not administered at 9:00pm on 08/09/24 for a blood pressure of 109/69, carvedilol was documented as administered at 9:00pm in 08/10/24 through 08/12/24. -There was documentation of blood pressure twice daily at 9:00am on 08/01/24 through 08/13/24 and at 9:00pm on 08/01/24 through 08/12/24. -There was no documentation of twice daily heart rate for the resident on 08/01/24 through 08/05/24. -There was documentation on 08/11/24 at 9:00pm of a heart rate of 56, carvedilol 12.5mg was documented as administered and should not have been administered. -There was documentation on 08/12/24 at 9:00am of a heart rate of 56, carvedilol 12.5mg was documented as administered and should not have been administered. Observation of Resident #3's medications on hand on 08/14/24 at 1:30pm revealed: -There was a multi-dose medication package containing 14 tablets of carvedilol 12.5mg, dispensed on 08/14/24. -The multi-dose medication package label included carvedilol 12.5mg take one tablet twice daily, hold for "systolic blood pressure (SBP) <" and was cut off there. Interview with Resident #3 on 08/14/24 at 12:52pm revealed: -Staff brought her medications to her. -She was not sure what medications she took. She denied problems with dizziness after taking her medications. Interview with a medication aide (MA) on 08/14/24 at 9:56am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 -The MAs could see the resident's full medication orders on the eMAR system. -The MAs were responsible to follow any medication parameters ordered by the primary care provider (PCP). -She did not check a resident's vital signs unless it popped up on the eMAR. -Checking Resident #3's heart rate in addition to her blood pressure prior to administering the carvedilol was added to the eMAR system a few days ago. -She would not administer carvedilol to Resident #3 if her systolic blood pressure was less than 110 or her heart rate was less than 60. -She did not know why carvedilol was administered to Resident #3 when her heart rate was less than 60. Interview with the Resident Care Coordinator (RCC) on 08/14/24 at 1:15pm revealed: -The MAs were to compare the medication label to the eMAR. -The MAs could see the entire medication order for the residents, including instructions for hold medication parameters on the eMAR. -She expected the MAs to read the entire order and follow the orders for parameters as written by the PCP. -The MAs usually did not check vital signs unless prompted by the eMAR system. -She had caught Resident #3's carvedilol order with parameters for blood pressure and heart rate and created an area on the eMAR to record the heart rate with the administration of carvedilol a few days ago. -She was not aware that Resident #3 received carvedilol when her heart rate was less than 60. -Resident #3 should not have received the carvedilol when her heart rate was less than 60. -She did not know why the MA administered	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 carvedilol to Resident #3 when her heart rate was less than 60. Interview with the Administrator on 08/14/24 at 1:36pm revealed: -The MAs were expected to review the entire order for medications and treatments on the eMAR. -The MAs were to follow the PCP's orders as written. -The MAs should have alerted the RCC that there was no area to document the heart rate for Resident #3's carvedilol order. -The RCC should have reviewed Resident #3's original order for carvedilol with parameters and created an area on the eMAR to document her heart rate in addition to her blood pressure. -The MAs were able to see orders and the parameters and should not administer medications to the residents when their vital signs were outside of the ordered parameters. Interview with Resident #3's PCP on 08/14/24 at 12:33pm revealed: -She prescribed carvedilol for Resident #3 to treat atrial fibrillation. -If the resident's systolic blood pressure was less than 110 or heart rate was less than 60, administering carvedilol could drive either down further and cause the resident to experience dizziness and/or syncope (fainting or loss of consciousness). -She was not aware that Resident #3's heart rate was not being checked prior to receiving carvedilol. -She expected the MAs to check Resident #3's blood pressure and heart rate as ordered prior to administration of carvedilol. -She was not aware that Resident #3 received carvedilol on 2 occasions when her heart rate	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 was outside of parameters. -Resident #3 should not have received carvedilol when her heart rate was outside of parameters. -She expected the facility to follow medication orders as written. 3. Review of the Resident #5's FL-2 dated 05/09/24 revealed diagnoses included psychogenic nonepileptic seizure, anemia, end stage renal disease, hx of anticoagulation, irritable bowel syndrome, congestive heart failure. a. Review of Resident #5's signed physician's orders dated 07/31/24 revealed an order for Losartan tablet 25mg, 1 tablet once daily at 9:00am. (Losartan is used to treat high blood pressure and reduce the risk of stroke). Review of Resident #5's June 2024 electronic medication administration record (eMAR) revealed: -There was an entry for Losartan tablet 25mg, 1 tablet every day scheduled for 9:00am. -Losartan 25mg tablet was documented as not administered due to dialysis on 06/03/24, 06/05/24, 06/07/24, 06/12/24, 06/19/24, 06/24/24, 06/26/24, and 06/28/24. Review of Resident #5's July 2024 eMAR revealed: -There was an entry for Losartan 25mg tablet, 1 tablet every day scheduled for 9:00am. -Losartan 25mg tablet was documented as not administered due to dialysis on 07/03/24, 07/10/24, 07/18/24, and 07/24/24. Review of Resident #5's August 2024 eMAR revealed: -There was an entry for Losartan 25mg tablet, 1 tablet every day scheduled at 9:00am.	D 358	Administration times for medications were changed to ensure resident #5 received all ordered medications prior to the residents scheduled dialysis appointment.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 -Losartan 25mg tablet was documented as not administered due to dialysis on 08/02/24, 08/05/24, and 08/07/24. Interview with Resident #5 on 08/13/24 at 1:30pm revealed she preferred not to take her blood pressure medication on the days she went to dialysis to prevent having a low blood pressure. Telephone interview with the Primary Care Provider (PCP) on 08/14/24 at 12:16pm revealed: -If there was a concern regarding Resident #5 taking her Losartan on her dialysis days, she should have been notified and would have changed the administration time. -Resident #5's blood pressure could have been elevated by not receiving the Losartan, which would have placed her at risk for stroke, heart attack, or eye disease. -Resident #5 was prescribed a medication to reduce her stroke risk, which decreased her risk due to not receiving the Losartan as administered. b. Review of Resident #5's signed physician's orders dated 07/31/24 revealed an order for Sevelamer HCL tablet 800mg, 2 tablets with meals at 8:00am, 12:00pm, and 5:00pm. (Sevelamer is used to treat hyperphosphatemia, too much phosphorus in the blood, in patients on dialysis with chronic kidney disease). Review of Resident #5's June 2024 eMAR revealed: -There was an entry for Sevelamer HCL tablet 800mg, 2 tablets with meals scheduled at 8:00am, 12:00pm, and 5:00pm. -Sevelamer HCL tablet 800mg was documented as not administered due to dialysis on 06/03/24 at 12:00pm, 06/05/24 at 12:00pm, 06/12/24 at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 12:00pm, 06/17/24 at 12:00pm, 06/19/24 at 12:00pm, 06/24/24 at 12:00pm, 06/26/24 at 12:00pm, and 06/28/24 at 12:00pm. Review of Resident #5's July 2024 eMAR revealed: -There was an entry for Sevelamer HCL tablet 800mg, 2 tablets with meals scheduled at 8:00am, 12:00pm, and 5:00pm. -Sevelamer HCL tablet 800mg was documented as not administered due to dialysis on 07/01/24 at 12:00pm, 07/03/24 at 12:00pm, 07/05/24 at 12:00pm, 07/08/24 at 12:00pm, 07/10/24 at 12:00pm, 07/15/24 at 12:00pm, and 07/18/24 at 12:00pm. Review of Resident #5's August 2024 eMAR revealed: -There was an entry for Sevelamer HCL tablet 800mg, 2 tablets with meals scheduled at 8:00am, 12:00pm, and 5:00pm. -Sevelamer HCL tablet 800mg was documented as not administered due to dialysis on 08/02/24 at 12:00pm, 08/05/24 at 12:00pm, and 08/07/24 at 12:00pm. Telephone interview with the Primary Care Provider (PCP) on 08/14/24 at 12:16pm revealed: -Sevelamer was used to help protect the kidneys by keeping the phosphorus level down. -Sevelamer not being administered could affect Resident #5's electrolytes and dialysis which would result in her not feeling well. c. Review of Resident #5's signed physician's orders dated 07/31/24 revealed an order for Pregabalin capsule 50mg, 1 capsule three times daily. (Pregabalin also known as Lyrica is used to treat nerve pain).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 Review of Resident #5's June 2024 eMAR revealed: -There was an entry for Pregabalin capsule 50mg, 1 capsule three times daily scheduled at 9:00am, 2:00pm, and 9:00pm. -Pregabalin capsule 50mg was documented as not administered due to dialysis on 06/03/24 at 9:00am, 06/05/24 at 9:00am and 12:00pm, and 06/07/24 at 9:00am. Review of Resident #5's July 2024 eMAR revealed: -There was an entry for Pregabalin capsule 50mg, 1 capsule three times daily scheduled at 9:00am, 2:00pm, and 9:00pm. -Pregabalin capsule 50mg was documented as not administered due to dialysis on 07/03/24 at 2:00pm, 07/08/24 at 2:00pm, 07/10/24 at 2:00pm, 07/15/24 at 2:00pm, 07/18/24 at 2:00pm, and 07/29/24 at 2:00pm. Review of Resident #5's August 2024 eMAR revealed: -There was an entry for Pregabalin capsule 50mg, 1 capsule three times daily scheduled at 9:00am, 2:00pm, and 9:00pm. -Pregabalin capsule 50mg was documented as not administered due to dialysis on 08/02/24 at 2:00pm and 08/05/24 at 2:00pm. Telephone Interview with the Primary Care Provider (PCP) on 08/14/24 at 12:16pm revealed: -Lyrica is a pain medication and should have been administered. -Lyrica was less effective prior to dialysis but should have been administered three times daily to maintain normal levels in the blood. d. Review of Resident #5's signed physician's orders dated 07/31/24 revealed an order for	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 Dicyclomine tablet 20mg, 1 tablet three times daily before meals at 7:30am, 11:30am, and 4:30pm. (Dicyclomine is used to treat irritable bowel syndrome (IBS). Review of Resident #5's June 2024 eMAR revealed: -There was an entry for Dicyclomine tablet 20mg, 1 tablet three times daily before meals at 7:30am, 11:30am, and 4:30pm. -Dicyclomine tablet 20mg was documented as not administered due to dialysis on 06/03/24 at 11:30am, 06/05/24 at 11:30am, 06/07/24 at 11:30am, 06/12/24 at 11:30am, 06/17/24 at 11:30am, 06/19/24 at 11:30am, 06/24/24 at 11:30am, 06/26/24 at 11:30am, 06/28/24 at 11:30am. Review of Resident #5's July 2024 eMAR revealed: -There was an entry for Dicyclomine tablet 20mg, 1 tablet three times daily before meals at 7:30am, 11:30am, and 4:30pm. -Dicyclomine tablet 20mg was documented as not administered due to dialysis on 07/01/24 at 11:30am, 07/03/24 at 11:30am, 07/05/24 at 11:30am, 07/08/24 at 11:30am, 07/10/24 at 11:30am, 07/15/24 at 11:30am, 07/18/24 at 11:30am. Review of Resident #5's August 2024 eMAR revealed: -There was an entry for Dicyclomine tablet 20mg, 1 tablet three times daily before meals at 7:30am, 11:30am, and 4:30pm. -Dicyclomine tablet 20mg was documented as not administered due to dialysis on 08/02/24 at 11:30am, 08/05/24 at 11:30am, and 08/07/24 at 11:30am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 Telephone interview with the Primary Care Provider (PCP) on 08/14/24 at 12:16pm revealed Resident #5's missed dose of Dicyclomine could have caused continuous problems with IBS resulting in diarrhea and bloating. e. Review of Resident #5's signed physician's orders dated 07/31/24 revealed an order for Ipratropium-albuterol solution, 0.5mg- 3mg (2.5mg base)/3mL, inhale 1 unit dose twice daily at 9:00am and 1:00pm. (Ipratropium-albuterol is used to prevent difficulty breathing). Review of Resident #5's June 2024 eMAR revealed: -There was an entry for Ipratropium-albuterol solution, 0.5mg- 3mg (2.5mg base)/3mL, inhale 1 unit dose twice daily at 9:00am and 1:00pm. -Ipratropium-albuterol solution, 0.5mg- 3mg (2.5mg base)/3mL was documented as not administered due to dialysis on 06/03/24 at 9:00am and 1:00pm, 06/05/24 at 9:00am, and 06/07/24 at 9:00am. Review of Resident #5's July 2024 eMAR revealed: -There was an entry for Ipratropium-albuterol solution, 0.5mg- 3mg (2.5mg base)/3mL, inhale 1 unit dose twice daily at 9:00am and 1:00pm. -Ipratropium-albuterol solution, 0.5mg- 3mg (2.5mg base)/3mL was documented as not administered due to dialysis on 07/03/24 at 9:00am and 1:00pm, 07/05/24 at 9:00am, 07/07/24 at 9:00am, 07/12/24 at 9:00am and 1:00pm, 07/17/24 at 1:00pm, 07/19/24 at 1:00pm, 07/24/24 at 9:am and 1:00pm, 07/26/24 at 9:00am and 1:00pm, and 07/28/24 at 9:00am and 1:00pm. Review of Resident #5's August 2024 eMAR	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 revealed: There was an entry for Ipratropium-albuterol solution, 0.5mg- 3mg (2.5mg base)/3mL, Inhale 1 unit dose twice daily at 9:00am and 1:00pm. -Ipratropium-albuterol solution, 0.5mg- 3mg (2.5mg base)/3mL was documented as not administered due to dialysis on 08/02/24 at 9:00am and 1:00pm, 08/05/24 at 9:00am and 1:00pm, and 08/07/24 at 9:00am and 1:00pm. Telephone interview with the Primary Care Provider (PCP) on 08/14/24 at 12:16pm revealed Resident #5 could have shortness of breath by not receiving her Ipratropium-albuterol as ordered. Interview with Resident #5 on 08/13/24 at 1:30pm revealed she did not receive the medications she missed on dialysis days when she returned. Interview with a medication aide (MA) on 08/14/24 at 12:48pm revealed Resident #5 was not administered some of her medications on some dialysis days because she was gone by the time she came to her name on the electronic medication administration record. Interview with the Resident Care Coordinator on 08/14/24 at 1:03pm revealed: -She ran a report every day that showed her missed medication and late medications, -She did not inform the PCP of Resident #5's missed medications. -She was aware Resident #5 had a preference of medications she did not want administered on her dialysis days. -She was not sure what medications Resident #5 did not want administered on her dialysis days. Interview with the Administrator on 08/14/24 at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031019	A. BUILDING: _____ B. WING _____	R 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF ROSE HILL	517 S SYCAMORE STREET, HWY 117 ROSE HILL, NC 28458

(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 1:19pm revealed: -She was not aware Resident #5 was not administered some of her medications on the days she attended dialysis. -She expected the medication aides to administer Resident #5's medications as ordered and in a timely manner. -She expected the medication aides to notify the RCC or the Administrator if medications were late or not administered. Telephone interview with the Primary Care Provider (PCP) on 08/14/24 at 12:16pm revealed: -She was not aware of any medications that were being held on Resident #5's dialysis days. -She had not received any notifications from the facility that Resident #5 was not receiving some medications on her dialysis days.	D 358		