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
	HAL060014	A. BUILDING _____ B. WING _____	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and Mecklenburg County Department of Social Services conducted an annual and follow-up survey on October 29, 2024-October 30, 2024.	D 000	Upon the findings in the section of TB test, Medical Exam, and Immunization Once we discovered that Resident #3's FL2 was out of date we contacted our primary physician to immediately resolve this matter. this FL2 was updated 10/29/24 in order to be in Compliance. In order to make sure this does not happen Ongoing	
D 235	10A NCAC 13F .0703 (b & c) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the facility and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. (c) The medical examination shall be completed no more than 90 days prior to the resident's admission to the facility, except in the case of emergency admission. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (Resident #3) had an FL2 that was updated annually.	D 235		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 12/9/2024

STATE FORM 6899 — If continuation sheet 1 of 11

Received and Acknowledged by Juan Mellon, RN 12/09/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066014	A. BUILDING _____ B. WING _____	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 235	Continued From page 1 The findings are: Review of Resident #3's FL2 dated 10/29/24 revealed diagnoses included mild intellectual disabilities, anxiety, depression, asthma, cerebral palsy, and irritable bowel syndrome. Review of Resident #3's resident register revealed an admission date of 10/01/20. Review of Resident #3's record revealed: -Resident #3 had FL2's completed on 08/01/22 and 08/01/23. -Resident #3's most recent FL2 was completed on 10/29/24. Interview with the Resident Care Coordinator (RCC) on 10/30/24 at 9:45am revealed: -She was responsible for ensuring the FL2's were completed yearly or when a significant change happened. -She was responsible for monthly audits of the FL2's and thought they were all updated. -She kept a list of when the FL2's were due but did not know how this one was missed. -She had no excuse for why the FL2 was not completed. -The pharmacy checks all FL2's also but did not catch this one. Interview with the Administrator on 10/30/24 at 10:00am revealed: -The RCC was responsible for ensuring the FL2's were completed on time. -She did reviews on the charts and was not sure how it got missed. -She was not aware Resident #3's FL2 was not completed on time. Attempted telephone interview with Resident #3's	D 235	In the future, all charts will be audited at the beginning of every month. This audit will be done by both the RCC and administrator to ensure that every resident has an appropriate dated FL2. This audit began on 11/1/2024 and will continue on the first of each month. In regards to the findings under rule Ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING _____ B. WING _____	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 235	Continued From page 2 primary care provider (PCP) was unsuccessful.	D 235	area of Medication Administration this was immediately brought to the attention of the PCP. The PCP immediately reviewed all current insulin orders and made sure all were matched via the current MAR for the resident. The pharmacy was then contacted to review the orders as well and to make sure all orders matched. Following those	
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 1 of 5 sampled residents related to a medication to lower blood sugar (#5). The findings are: Review of Resident #5's current FL2 dated 10/08/24 revealed: -He was admitted to the facility on 08/09/24. -Diagnoses included insulin dependent diabetes mellitus. a. Review of Resident #5's FL2 dated 07/28/24 revealed: -Diagnoses included insulin dependent diabetes mellitus. -There was an order for finger stick blood sugar (FSBS) for Resident #5 three times daily before meals. -There was an order for fiasp (an insulin to treat elevated blood sugar levels) 100units/ml, inject	D 358	→ ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060016	B. WING	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 3 15 units daily in the morning. -There was an order for fiasp 100units/ml, inject 18 units daily before lunch and dinner. Review of Resident #5's Primary Care Provider's (PCP) order dated 08/26/24 revealed insulin was to be held for FSBS less than 130. Review of Resident #5's PCP order dated 09/02/24 revealed fiasp was discontinued. Review of Resident #5's August 2024 electronic Medication Administration Record (eMAR) revealed: -There was an entry to check Resident #5's FSBS three times daily before meals, at 7:00am, 11:30am and 4:30pm. -There was an entry for fiasp 15 units daily at 7:00am, hold for FSBS less than 130. -There was an entry for fiasp 18 units daily at 11:30am and 4:30pm, hold for FSBS less than 130. -There were five instances Resident #5's FSBS was less than 130 and fiasp was administered. -On 08/27/24 at 11:30am the resident's FSBS was 128 and fiasp 18 units was documented as administered. -On 08/27/24 at 4:30pm the resident's FSBS was 124 and fiasp 18 units was documented as administered. -On 08/28/24 at 4:30pm the resident's FSBS was 122 and fiasp 18 units was documented as administered. -On 08/30/24 at 7:00am the resident's FSBS was 102 and fiasp 15 units was documented as administered. -On 08/30/24 at 4:30pm the resident's FSBS was 114 and fiasp 18 units was documented as administered.	D 358	conversations, all med aides were contacted and shown the errors as well as the current orders on the MARs. The following day a pharmacy representative was on site to review and educate all med aides on the MAR training. The RCC conducted an audit as well on all diabetics in the facility and their glucose readings. No issues were ~~found~~ found. ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X4) MULTIPLE CONSTRUCTION	(X5) DATE SURVEY COMPLETED
	HAL0C0014	A. BUILDING _____ B. WING _____	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 4 Review of Resident #5's September 2024 eMAR revealed: -There was an entry to check Resident #5's FSBS three times daily before meals, at 7:00am, 11:30am and 4:30pm. -The entry for FSBS three times daily was discontinued on 09/03/24. -There was an entry for fiasp 18 units daily at 11:30am and 4:30pm, hold for FSBS less than 130. -The entry for fiasp 18 units daily at 11:30am and 4:30pm was discontinued on 09/03/24. -There was one instance Resident #5's FSBS was less than 130 and fiasp was administered. -On 09/03/24 at 11:30am the resident's FSBS was 117 and fiasp 18 units was documented as administered. Refer to the telephone interview with a Pharmacist from the facility's contracted pharmacy on 10/30/24 at 9:42am. Refer to the interview with a medication aide (MA) on 10/30/24 at 10:31am. Refer to the interview with the Resident Care Coordinator (RCC) on 10/30/24 at 12:14pm. Refer to the interview with the Administrator on 10/30/24 at 12:17pm. b. Review of Resident #5's FL2 dated 07/28/24 revealed: -Diagnoses included insulin dependent diabetes mellitus. -There was an order for finger stick blood sugar (FSBS) for Resident #5 three times daily before meals. -There was an order for degludec (an insulin to treat elevated blood sugar levels) 100units/ml,	D 358	Moving forward each day the PCP is on site (every Tuesday) and a diabetic is to be seen all of their readings are reviewed between the PCP and RCC. The reviews of these readings will continue for all diabetics. In regards to the initial order not being correct on the MAR, all orders given or changed by the PCP will be reviewed by → ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X4) MULTIPLE CONSTRUCTION	(X5) DATE SURVEY COMPLETED
	HAL068014	B. WING	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 5 Inject 88 units daily in the morning. Review of Resident #5's PCP order dated 08/26/24 revealed insulin was to be held for FSBS less than 130. Review of Resident #5's PCP order dated 09/02/24 revealed FSBS were to be decreased to once daily before degludec administration and as needed. Review of Resident #5's PCP order dated 10/01/24 revealed an order to decrease degludec to 70 units once daily, hold for FSBS less than 130. Review of Resident #5's current FL2 dated 10/08/24 revealed: -There was an order for FSBS once daily. -There was an order for degludec 70 units once daily, hold for FSBS less than 130. Review of Resident #5's August 2024 eMAR revealed: -There was an entry to check Resident #5's FSBS three times daily before meals, at 7:00am, 11:30am and 4:30pm. -There was an entry for degludec 88 units once daily at 9:00am. -The entry for degludec 88 units did not indicate parameters for when to hold the medication. -There was one instance Resident #5's FSBS was less than 130 and degludec was administered. -On 08/30/24 at 7:00am the resident's FSBS was 102 and degludec 88 units was documented as administered. Review of Resident #5's September 2024 eMAR revealed:	D 358	the RCC and pharmacy representative the day of the change. Then the RCC will approve the order when it is known to be correct on all levels. This order will then be signed by the RCC and initialed by the administrator or current med aide/ supervisor. This will insure that all orders will match in house and the pharmacy orders.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING _____ B. WING _____	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 6 -There was an entry to check Resident #5's FSBS three times daily before meals, at 7:00am, 11:30am and 4:30pm. -The entry for FSBS three times daily was discontinued on 09/03/24. -There was an entry dated 09/03/24 to check Resident #5's FSBS once daily at 8:00am. -There was an entry for degludec 88 units once daily at 9:00am. -The entry for degludec 88 units did not indicate parameters for when to hold the medication. -There were ten instances when Resident #5's FSBS was less than 130 and degludec was administered. -On 09/04/24 at 8:00am the resident's FSBS was 121 and degludec 88 units was documented as administered. -On 09/05/24 at 8:00am the resident's FSBS was 106 and degludec 88 units was documented as administered. -On 09/06/24 at 8:00am the resident's FSBS was 106 and degludec 88 units was documented as administered. -On 09/13/24 at 8:00am the resident's FSBS was 109 and degludec 88 units was documented as administered. -On 09/15/24 at 8:00am the resident's FSBS was 121 and degludec 88 units was documented as administered. -On 09/17/24 at 8:00am the resident's FSBS was 99 and degludec 88 units was documented as administered. -On 09/18/24 at 8:00am the resident's FSBS was 92 and degludec 88 units was documented as administered. -On 09/22/24 at 8:00am the resident's FSBS was 123 and degludec 88 units was documented as administered. -On 09/25/24 at 8:00am the resident's FSBS was 90 and degludec 88 units was documented as	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NAL060014	B. WING	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 7	D 358		

administered.
-On 09/27/24 at 8:00am the resident's FSBS was 121 and degludec 88 units was documented as administered.

Review of Resident #5's October 2024 eMAR revealed:
-There was an entry to check Resident #5's FSBS once daily at 8:00am.
-There was an entry for degludec 88 units once daily at 9:00am.
-The entry for degludec 88 units did not indicate parameters for when to hold the medication.
-The entry for degludec 88 units once daily was discontinued on 10/01/24.
-There was an entry dated 10/01/24 for degludec 70 units once daily at 9:00am, hold for FSBS less than 130.
-There were ten instances when Resident #5's FSBS was less than 130 and degludec was administered.
-On 10/01/24 at 8:00am the resident's FSBS was 124 and degludec 88 units was documented as administered.
-On 10/03/24 at 8:00am the resident's FSBS was 126 and degludec 70 units was documented as administered.
-On 10/08/24 at 8:00am the resident's FSBS was 106 and degludec 70 units was documented as administered.
-On 10/12/24 at 8:00am the resident's FSBS was 120 and degludec 70 units was documented as administered.
-On 10/15/24 at 8:00am the resident's FSBS was 100 and degludec 70 units was documented as administered.
-On 10/17/24 at 8:00am the resident's FSBS was 81 and degludec 70 units was documented as administered.
-On 10/25/24 at 8:00am the resident's FSBS was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING _____ B. WING _____	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 8	D 358		

107 and degludec 70 units was documented as administered.
-On 10/28/24 at 8:00am the resident's FSBS was 120 and degludec 70 units was documented as administered.
-On 10/29/24 at 8:00am the resident's FSBS was 103 and degludec 70 units was documented as administered.

Refer to the telephone interview with a Pharmacist from the facility's contracted pharmacy on 10/30/24 at 9:42am.

Refer to the interview with a MA on 10/30/24 at 10:31am.

Refer to the interview with the RCC on 10/30/24 at 12:14pm.

Refer to the interview with the Administrator on 10/30/24 at 12:17pm.

Telephone interview with a Pharmacist from the facility's contracted pharmacy on 10/30/24 at 9:42am revealed:
-The pharmacy received an order on 08/26/24 to hold Resident #5's insulin for FSBS less than 130.
-The parameters to hold insulin for FSBS less than 130 was placed on Resident #5's fiasp entries but not on his degludec entry.
-Degludec was a long-acting insulin and the parameters should have been placed on that entry also according to the order.
-She believed the pharmacy over-looked adding the FSBS parameter on Resident #5's degludec entry.
-If fiasp or degludec insulin was administered when Resident #5's FSBS was less than 130, it could cause symptoms of hypoglycemia,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING _____ B. WING _____	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 9 including shakiness and weakness. Interview with a medication aide on 10/30/24 at 10:31am revealed: -The MAs were responsible for checking Resident #5's FSBS and administering insulin as ordered. -She would only know to hold a residents' insulin if the entry on the eMAR indicated a hold parameter. -She believed she documented incorrectly on 10/17/24 that she administered Resident #5's insulin when it should have been held. -The RCC was responsible for ensuring orders were correctly entered on residents' eMARs by the pharmacy. -She thought the Resident Care Coordinator (RCC) audited resident eMARs for medication administration accuracy. -She was trained in insulin administration by the facility's Registered Nurse (RN) when she became a MA while working at the facility. Interview with the RCC on 10/30/24 at 12:14pm revealed: -The MAs were responsible for administering resident medications according to the orders on the eMARs. -She was unsure why insulin had been documented as administered to Resident #5 when it should have been held. -She was responsible for ensuring the pharmacy entered orders correctly on the residents' eMARs. -When she reviewed Resident #5's eMAR after receiving the 08/26/24 order to hold insulin for FSBS less than 130, she must have missed that pharmacy only added it to the fiasp entry and not the degludec entry. Interview with the Administrator on 10/30/24 at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X2) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	HAL8000016	10/30/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 10 12:17pm revealed: -The MAs were responsible to administer medications as ordered and to hold a medication if it was outside of parameters. -She was unsure why the MAs had administered Resident #5's insulin when his FSBS was outside of parameters. -The RCC was responsible for ensuring the pharmacy placed orders on the residents' eMARs correctly.	D 358		