STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013052	A. BUILDING: _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREMOOR RETIREMENT CENTER	4876 CAREMOOR PLACE KANNAPOLIS, NC 28081

(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 the Cabarrus County Department of Social Services conducted an annual survey from 10/22/24 to 10/23/24.	D 000		
D 262	10A NCAC 13F .0802 (d) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (d) The assessor shall sign the care plan upon its completion. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 2 of 3 sampled residents had accurate care plans signed by the assessor upon completion (#1 and #2). The findings are: 1. Review of Resident #1's current FL2 dated 10/07/24 revealed diagnoses included left femur fracture with surgical repair, type II diabetes, hypertension, chronic obstructive pulmonary disease, and depression. Review of Resident #1's Resident Register revealed she was admitted to the Assisted Living on 12/31/21. Review of Resident #1's Care Plan dated 10/21/94 revealed: -Resident #1 was totally dependent for toileting, ambulation, bathing and transferring. -Resident #1 required limited assistance with grooming. -The care plan was not signed by the assessor. Refer to the interview with a Medication Aide (MA)	D 262	Both Resident Care Plans were signed by the assessor at the time of the survey (10-23-2024). The Facility RN and both Medication Aide (MA) Supervisors were retrained by the Director on 10/25/2024 about ensuring completion of all areas of the Resident Care Plan after review by the provider. This policy has been in place and was overlooked. The Director will audit all Resident Care Plans on a monthly basis to ensure completion of all areas.	11/1/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Madison Scarf — TITLE: Administrator — (X6) DATE: 11-26-2024

Reviewed and Acknowledged by SSD on 12/30/24. Sharon Dunton RN

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D 262	Continued From page 1 supervisor on 10/23/24 at 10:22am. Refer to the interview with the Administrator on 10/23/24 at 12:39pm. 2. Review of Resident #2's current FL2 dated 10/07/24 revealed diagnoses included coronary artery disease (narrowing or hardening of the arteries of the heart), hypertension, and congestive heart failure (a condition in which the heart does not pump blood efficiently). Review of Resident #2's Resident Register revealed an admission date of 07/23/18. Review of Resident #2's Care Plan dated 10/21/24 revealed: -Resident #2 was independent with eating, toileting, dressing, grooming and transfers. -He required limited assistance with bathing. -He required supervision with ambulation. -The care plan was not signed by the assessor. Refer to the interview with a MA supervisor on 10/23/24 at 10:22am. Refer to the interview with the Administrator on 10/23/24 at 12:39pm. Interview with a MA supervisor on 10/23/24 at 10:22am revealed: -The facility had two MA supervisors and they were responsible for completing and signing the residents' care plans. -He had completed the most recent care plans for the residents. -He knew he was responsible for signing the care plans upon completion, but he must have forgotten to sign two of them.	D 262		

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D 262	Continued From page 2 Interview with the Administrator on 10/23/24 at 12:39pm revealed: -The facility's MA supervisors and the facility's Registered Nurse (RN) were responsible for completing and signing residents' care plans. -The person who completed the care plan was responsible for signing it. -The MA supervisors and the RN were responsible to review resident care plans for accuracy and signatures. -She thought when the MA supervisors and RN reviewed the care plans that were not signed by the assessor, they focused on accuracy of the care required and missed that it was not signed.	D 262		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the acute health care needs of 1 of 3 sampled residents related to not notifying the prescriber of low blood pressure and low heart rate readings (Resident #2). The findings are: Review of Resident #2's current FL2 dated 10/07/24 revealed diagnoses included coronary artery disease (narrowing or hardening of the arteries of the heart), hypertension, and congestive heart failure (a condition in which the heart does not pump blood efficiently).	D 273	The Facility has implemented a new process to ensure adequate referral and follow up to meet the routine and acute healthcare needs of all residents and documentation of such. The MA Supervisors created a binder labeled "Doctor Communication" that resides in the Med Room with the notebook and other items the provider reviews when in the building. This binder will contain documentation of all communication with the provider related to referral and follow up. There was already a policy in place regarding follow up and referral, but with a new process and visual cue, future follow up and referral will be documented more clearly. Any time there is a change in a resident's vitals, symptoms, status, or parameters indicative of a provider notification, the provider is notified. The details of the notification are written in the binder labeled "Doctor Communication." Once the provider responds, that documentation is kept in the "Doctor Communication" binder and the provider will initial the communication when he or she is back in the building. Any change in order or new order based on this communication will reside in the resident's chart. The Director will monitor this on a monthly basis by reviewing the MARs and "Doctor Communication" Binder.	11/4/2024

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D 273	Continued From page 3 Review of Resident #2's Primary Care Provider's (PCP) orders dated 06/27/24 revealed: -There was an order for isosorbide ER (a medication used to prevent chest pain by allowing blood to flow more freely through the heart) 30mg, one tablet daily, take with isosorbide 60mg to equal 90mg, check blood pressure and heart rate prior to administration and notify the medical team if systolic blood pressure was less than 100 or pulse was less than 55. -There was an order for isosorbide ER 60mg, one tablet daily, take with isosorbide 30mg to equal 90mg, check blood pressure and heart rate prior to administration and notify the medical team if systolic blood pressure was less than 100 or pulse was less than 55. Review of Resident #2's August 2024 electronic Medication Administration Record (eMAR) revealed: -There was an entry for isosorbide ER 60mg, one tablet daily, hold if blood pressure was less than 110 and notify medical team if systolic blood pressure was less than 100 or pulse was less than 55. -There was an entry for isosorbide ER 30mg, one tablet daily, hold if blood pressure was less than 110 and notify medical team if systolic blood pressure was less than 100 or pulse was less than 55. -There was documentation Resident #2's blood pressure on 08/01/24 at 8:00am was 97/75. -There was documentation Resident #2's blood pressure on 08/22/24 at 8:00am was 99/76. Review of Resident #2's September 2024 eMAR revealed: -There was an entry for isosorbide ER 60mg, one tablet daily, hold if blood pressure was less than 110 and notify medical team if systolic blood	D 273		

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D 273	Continued From page 4 pressure was less than 100 or pulse was less than 55. -There was an entry for isosorbide ER 30mg, one tablet daily, hold if blood pressure was less than 110 and notify medical team if systolic blood pressure was less than 100 or pulse was less than 55. -There was documentation Resident #2's pulse on 09/30/24 at 8:00am was 45. Review of Resident #2's medical record revealed: -There was no documentation Resident #2's PCP was notified Resident #2's blood pressure was less than 100 on 08/01/24 and 08/22/24. -There was no documentation Resident #2's PCP was notified his pulse was less than 55 on 09/30/24. Interview with Resident #2's PCP on 10/23/24 at 9:43am revealed: -She expected the MAs to notify her if Resident #2's blood pressure or pulse was outside of parameters. -She was not notified of Resident #2's low blood pressures and low pulse readings. -Depending on Resident #2's low blood pressure and low pulse readings, she may have referred Resident #2 to cardiology. Interview with the MA on 10/23/24 at 11:04am revealed: -The MAs were responsible to notify the PCP if a resident's blood pressure or pulse was outside of ordered parameters. -She thought she notified Resident #2's PCP when his blood pressure and pulse were lower than the parameters. -She did not document when she notified Resident #2's PCP of his low blood pressure and low pulse readings.	D 273		

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D 273	Continued From page 5 Interview with the Administrator on 10/23/24 at 12:39pm revealed: -The MAs were responsible to notify the PCP when any readings were outside of ordered parameters. -The MAs were responsible to document in the resident's record when a resident's PCP was notified of readings outside of ordered parameters. -The MAs were trained on documentation by the facility's Registered Nurse (RN) prior to administering medications to residents.	D 273		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) Facilities with a licensed capacity of 7 to 12 residents shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure left over food items being store and used for resident consumption were not discarded after 72 hours of the date labeled.	D 282	All expired foods were discarded at the time of the survey (10-22-24). The Facility has a policy in place and multiple signs posted in the kitchen that left over food items being stored and used for resident consumption must be discarded 72 hours after the date they were labeled. The Director retrained the Dietary Manager and all staff in the kitchen regarding discarding food on 10/25/2024. The Dietary Manager has created a new process to assist in disposing of food promptly. The new process is below: 1. New color coded food labels are being used in addition to the labels currently used for labeling food names and dates. 2. Signage will be posted on all refrigerators and the communication board to remind all employees what color is assigned to each day of discard. 3. It is now the responsibility of the dietary aides and cooks to look at all food labels at the start of their assigned shifts and discard anything that expires that day. 4. All food will now have two labels- one with the name, date opened or cooked, and discard date, as well as a label with the color of the week the discard date falls on. 5. This process will be monitored daily by the Dietary Manager and weekly by the Director.	12/2/2024

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D 282	Continued From page 6 The findings are: Observation on 10/22/24 at 9:33am of the refrigerator used to store food served to residents revealed: -There was apple sauce stored in a large container that had a label date of 10/16/24. -There was pudding stored in a large container that had a label date of 10/16/24. -There were pineapples stored in a large container that had a label date of 10/18/24. Observation on 10/22/24 at 9:35am of a posted sign in the kitchen revealed: -All leftover food must be labeled with date, time, and description. -Leftover food must be thrown out after 72 hours. Review of the facility's Nutrition and Food Service policy on 10/23/24 revealed: -All leftover food must be labeled with date, time, and description. -Leftover food must be thrown out after 72 hours. Interview with the Dietary Manager on 10/22/24 at 9:33am revealed: -She started at facility in July 2024. -Food items that were opened and refrigerated were labeled with a date opened and should be discarded within 3 days of the date labeled, per facility policy. -All dietary staff were ultimately responsible for discarding opened refrigerated food items within 3 days of dated label. Interview with the Administrator on 10/23/24 at 1:35pm revealed: -She was not aware of expired or opened food items that remained in the refrigerator and not discarded after 72 hours.	D 282		

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D 282	Continued From page 7 -She expected foods opened from their original container to be labeled with name of food item, date opened, name of food item and discarded after 72 hours per policy. -There was ample staff who should have checked the dates of opened refrigerated food items and discarded them after 72 hours.	D 282		
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 record reviews and interviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents related to a medication used to treat chest pain (Resident #2). The findings are: Review of Resident #2's current FL2 dated 10/07/24 revealed diagnoses included coronary artery disease (narrowing or hardening of the arteries of the heart), hypertension, and congestive heart failure (a condition in which the heart does not pump blood efficiently). a. Review of Resident #2's current FL2 dated 10/07/24 revealed there was an order for isosorbide ER (a medication used to prevent	D 358	The Facility has re-implemented daily audits to be completed by the MA Supervisors. The MA Supervisors will review the day and night shift documentation prior to their respective shifts to ensure compliance. The Director and facility RN will be reviewing the audits on a monthly basis to ensure accuracy and compliance. The Facility collaborated with the pharmacy to change the way certain orders are displayed during the Med Pass.	11/25/2024

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D 358	Continued From page 8 chest pain by allowing blood to flow more freely throught the heart) 30mg, one tablet daily, hold for blood pressure less than 110. Review of Resident #2's Primary Care Provider's (PCP) orders dated 06/27/24 revealed there was an order for isosorbide ER 30mg, one tablet daily, take with isosorbide 60mg to equal 90mg, hold for blood pressure less than 110. Review of Resident #2's August 2024 electronic Medication Administration Record (eMAR) revealed: -There was an entry to check Resident #2's blood pressure daily at 8:00am. -Resident #2's blood pressure was documented daily from 08/01/24 to 08/31/24. -There was an entry for isosorbide ER 30mg, one tablet daily, hold if blood pressure was less than 110. -Isosorbide ER 30mg was documented as administered at 8:00am from 08/01/24 to 08/21/24, on 08/23/24, and from 08/25/24 to 08/31/24. -The isosorbide ER 30mg was documented not administered on 08/22/24 and 08/24/24 due to withheld per PCP orders. -Isosorbide ER 30mg, one tablet, was documented as administered to Resident #2 on 08/01/24 at 8:00am when his blood pressure was 97/75. -Isosorbide ER 30mg, one tablet, was documented as administered to Resident #2 on 08/25/24 at 8:00am when his blood pressure was 103/90. -Isosorbide ER 30mg, one tablet, was documented as administered to Resident #2 on 08/27/24 at 8:00am when his blood pressure was 108/79. -Isosorbide ER 30mg, one tablet, was	D 358		

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D 358	Continued From page 9 documented as administered to Resident #2 on 08/28/24 at 8:00am when his blood pressure was 106/67. -Isosorbide ER 30mg, one tablet, was documented as administered to Resident #2 on 08/31/24 at 8:00am when his blood pressure was 107/71. Review of Resident #2's September 2024 eMAR revealed: -Resident #2's blood pressure was documented daily at 8:00am from 09/01/24 to 09/30/24. -There was an entry for isosorbide ER 30mg, one tablet daily, hold if blood pressure was less than 110. -Isosorbide ER 30mg was documented as administered daily at 8:00am from 09/01/24 to 09/30/24, except on 09/04/24, 09/05/24, 09/09/24, 09/14/24, 09/15/24, 09/20/24, and 09/23/24 due to being held per PCP orders. -Isosorbide ER 30mg, one tablet, was documented as held on 09/05/24 at 8:00am when Resident #2's blood pressure was 111/76. -Isosorbide ER 30mg, one tablet, was documented as administered to Resident #2 on 09/11/24 at 8:00am when his blood pressure was 106/85. Review of Resident #2's October 2024 eMAR revealed: -Resident #2's blood pressure was documented daily at 8:00am from 10/01/24 to 01/22/24. -There was an entry for isosorbide ER 30mg, one tablet daily, hold if blood pressure was less than 110. -Isosorbide ER 30mg was documented as administered daily at 8:00am from 10/01/24 to 10/22/24, except on 10/12/24 and 10/22/24 due to being held per PCP orders. -Isosorbide ER 30mg, one tablet, was	D 358		

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D 358	Continued From page 10 documented as administered to Resident #2 on 10/16/24 at 8:00am when his blood pressure was 96/65. -Isosorbide ER 30mg, one tablet, was documented as administered to Resident #2 on 10/18/24 at 8:00am when his blood pressure was 94/63. Refer to the interview with Resident #2's PCP on 10/23/24 at 9:43am. Refer to the interview with a medication aide (MA) on 10/23/24 at 11:04am. Refer to the interview with a second MA on 10/23/24 at 12:33pm. Refer to the interview with the Administrator on 10/23/24 at 12:39pm. b. Review of Resident #2's current FL2 dated 10/07/24 revealed there was an order for isosorbide ER 60mg, one tablet daily, hold for blood pressure less than 110. Review of Resident #2's PCP orders dated 06/27/24 revealed there was an order for isosorbide ER 60mg, one tablet daily, take with isosorbide 30mg to equal 90mg, hold for blood pressure less than 110. Review of Resident #2's September 2024 eMAR revealed: -There was an entry for isosorbide ER 60mg, one tablet daily, hold if blood pressure was less than 110. -The entry contained a field to enter Resident #2's blood pressure. -Isosorbide ER 60mg was documented as administered daily at 8:00am from 09/01/24 to	D 358		

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D 358	Continued From page 11 09/30/24, except on 09/04/24, 09/05/24, 09/09/24, 09/11/24, 09/14/24, 09/15/24, 09/20/24, and 09/23/24 due to being held per PCP orders. -Isosorbide ER 60mg, one tablet, was documented as held on 09/05/24 at 8:00am when Resident #2's blood pressure was 111/76. Review of Resident #2's October 2024 eMAR revealed: -There was an entry for isosorbide ER 60mg, one tablet daily, hold if blood pressure was less than 110. -The entry contained a field to enter Resident #2's blood pressure. -Isosorbide ER 60mg was documented as administered daily at 8:00am from 10/01/24 to 10/22/24, except on 10/12/24, 10/18/24 and 10/22/24 due to being held per PCP orders. -Isosorbide ER 60mg, one tablet, was documented as administered to Resident #2 on 10/16/24 at 8:00am when his blood pressure was 96/65. Refer to the interview with Resident #2's PCP on 10/23/24 at 9:43am. Refer to the interview with a MA on 10/23/24 at 11:04am. Refer to the interview with a second MA on 10/23/24 at 12:33pm. Refer to the interview with the Administrator on 10/23/24 at 12:39pm. Interview with Resident #2's PCP on 10/23/24 at 9:43am revealed: -She expected the medication aides (MAs) to administer medications and hold medications as ordered.	D 358		

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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 358	Continued From page 12 -If isosorbide ER was administered to Resident #2 when his blood pressure was less than 110, it could lower his blood pressure further and he could experience lightheadedness or dizziness and have an increased risk for falls. Interview with a MA on 10/23/24 at 11:04am revealed: -The MAs were responsible for administering residents' medications according to the orders in the eMAR system. -She was unsure if she administered Resident #2' isosorbide ER 30mg when Resident #2's blood pressure was less than 110, or if she had marked it administered in error. Interview with a second MA on 10/23/24 at 12:33pm revealed there were no scheduled audits of residents' eMARs. Interview with the Administrator on 10/23/24 at 12:39pm revealed: -The MAs were responsible for administering resident medications according to the orders in the eMAR system. -The MAs were trained by the facility's Registered Nurse (RN) on medication administration and proper documentation in the eMAR system. -The facility's assistant managers were responsible for reviewing residents' eMARs daily for accuracy.	D 358		
D 378	10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct	D 378	All medications found were removed from the resident's room immediately on 10-22-2024 and stored in the locked med cart. All medications (prescription and non-prescription) are to be stored by the facility and locked securely except when being administered by a MA, Home Health, Hospice, or other third party provider licensed to administer the medication. (Continued on page 14)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013052	A. BUILDING: _____ B. WING _____	10/23/2024

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D 378	Continued From page 13 physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations, record review and interviews the facility failed to ensure 1 of 5 sampled resident's (#3) medications were stored securely as evidenced by the resident's wound care supplies found on her bedside table. The findings are: Review of Resident #3's current FL2 dated 08/06/24 revealed: -Diagnoses included sacrum pressure ulcer, chronic pain, diabetes, hypertension, osteoarthritis and insomnia. -The recommended level of care was assisted living. Review of Resident #3's Resident Register revealed an admission date of 06/20/24. Observation on 10/22/24 at 12:10pm of Resident #3's room revealed: -Resident #3 was lying in bed awake, was verbally responsive and disoriented. -Wound care supplies that included hydrogel (treatment gel), Hysept solution (wound cleanser), normal saline, silicone cream and skin ointment at the bedside. -Resident #3 had a roommate who was ambulatory. Observation #2 on 10/23/24 at 9:45am of Resident #3's room revealed: -Resident #3 was sitting in wheelchair, was verbally responsive and disoriented.	D 378	This policy has been in place at the facility. All employees were retrained by the Director that this policy is to be followed by anyone, even third party service providers on 10/25/24 and 10/28/2024. The Home Health RN was notified that the policy must be followed and there could be no exceptions on 10/25/24 by the Director. MA Supervisors are to monitor medication storage every day and remove any medication found in a resident room or else where other than a secured medication storage area. Any medications found outside of secured medication storage will be reported to leadership immediately.	10/25/2024

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D 378	Continued From page 14 -Wound care supplies that included hydrogel, Hysept solution, normal saline, silicone cream and skin ointment remained at the bedside. Review of Resident #3's Treatment Administration Record (TAR) dated 09/29/24 revealed: -An entry to cleanse sacral wound with wound cleanser, apply hydrogel (gel used to treat wounds) and cover with foaming dressing 3 times a week. -An entry to cleanse sacral wound with wound cleanser, pat dry with gauze, apply antibiotic solution and cover with foaming dressing as needed if soiled. -An entry for Hysept ,50% solution-Cleanse sacrum wound as directed with solution and cover with dry dressing once daily. -An entry for Desitin 13% cream-Apply topically to peri area and sacrum twice daily and as needed. Review of Resident #3's August 2024, September 2024 and October 2024 TARs revealed there was documentation wound care was provided by Home Health and facility staff as ordered. Interview with the Personal Care Aide Supervisor on 10/22/24 at 10:15am revealed: -Resident #3 had a physician's order for wound care daily. -Resident #3 was receiving Home Health services for wound care 3 times a week -The Home Health provider usually requested wound supplies to be readily available when the provider visited. -She was not aware the wound supplies were left at the bedside. -Resident #3 was not assessed to self-administer medications or wound care. -She was aware Resident's roommate was ambulatory and often took the belongings of other	D 378		

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D 378	Continued From page 15 residents. Telephone interview with a Home Health nurse supervisor on 10/23/24 at 1:13pm revealed: -Home Health provided wound care for Resident #3 since August 2024. -She was not aware how the wound care supplies were stored. -Home Health visits for Resident #3 changed from 3 times weekly to once weekly starting this week, due to wound improvement. Interview with Resident Care Director (RCD) on 10/23/24 at 1:35pm revealed: -She was not aware wound care supplies were left at Resident #3's bedside. -She expected all wound care supplies to be stored on the locked medication cart. Interview with the Administrator on 10/23/24 at 1:40pm revealed: -She expected all wound care supplies to be stored on the locked medication cart. -She expected the facility's Home Health provider to adhere to facility practices related to proper storage of medications.	D 378		