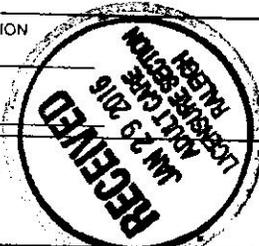


Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 000	Initial Comments The Adult Care Licensure Section and the Alexander County Department of Social Services conducted an annual survey and complaint investigation on December 7 - 11, 2015 and December 14, 2015. The complaint investigation was initiated by the Alexander County Department of Social Services on July 20, 2015.	D 000		
D 101	10A NCAC 13F .0309(b)(c) Plan For Evacuation 10A NCAC 13F .0309 Plan For Evacuation (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure rehearsals of the fire plan were performed quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. The findings are: Review of the facility's Fire Drill Schedule forms revealed: -They had 13 fire rehearsals from 3/15/15 to 12/7/15. -Twelve fire rehearsals on the 6:00am to 6:00pm	D 101	Rule: 10A NCAC 13F.0309 (b)(c) Plan For Evacuation will be met by the following: • Fire drill rehearsals will be held quarterly on each shift in accordance with the requirements of the local Fire Prevention Code Enforcement official and records of rehearsals will be maintained and copies furnished to the local county department of Social Services annually. Reports will include date, time, Cont.	1/19/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kenneth R Ramsey

TITLE
Administrator

(X6) DATE
1/22/2016

STATE FORM 6089 ORH211 If continuation sheet 1 of 67

Reviewed and accepted Jennifer Lender RN 2/12/16
with revisions:

PRINTED: 1/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: haj002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(3) DATE SURVEY COMPLETE: 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 101	Continued From page 1 shift. 3/15/15 at 10:15am 4/8/15 at 9:30am 4/20/15 at 11:00am 5/10/15 at 11:00am 5/24/15 at 10:00am 9/23/15 at 10:00am 10/6/15 at 2:00pm 10/14/15 at 11:00am 11/04/15 at 2:00pm 11/18/15 at 10:30am 11/23/15 on 1st shift (no time documented) 12/04/15 at 9:00am -One fire rehearsal on the 6:00pm to 6:00am shift. 6/19/15 at 3:30pm Interviews with residents during the survey revealed: -One resident stated she had lived at the facility for 2 years and remembered only 2 fire drills. -Another resident stated there had been 2 fire drills in December 2015. -A third resident stated "we have fire drills about once or twice a month." Random interviews with staff during the survey revealed: -There had only been 2 fire rehearsals in the past nine months, one in November 2015 and one in December 2015. -There had never been any fire rehearsals done since staff was hired. Interview with the Director on 12/14/15 at 4:07pm revealed "I try to have fire drills once per quarter on each shift."	D 101	Shift, staff present and a brief description of what took place. Director will monitor fire drills quarterly per shift. AMENDED 2/14/16 Kenneth Ramsey J. R. R. 2/12/16	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

(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 113	Continued From page 2	D 113		
D 113	<p>10A NCAC 13F .0311(d) Other Requirements</p> <p>10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure hot water temperatures were maintained at 1 tub and 2 sinks used by residents at a minimum of 100 degrees Fahrenheit.</p> <p>The findings are:</p> <p>A tour of the facility on 12/7/15 revealed: - At 10:32am, the water temperature in the sink of the women's half bath beside resident room #6 was 80 degrees Fahrenheit. A recheck of the temperature of this sink at 2:40pm revealed a temperature of 80 degrees Fahrenheit. - At 10:45am, the water temperature in the sink of the full bath with the walk in whirlpool tub was 78 degrees Fahrenheit. A recheck of the temperature in this sink at 2:35pm revealed a temperature of 80 degrees Fahrenheit. - At 10:47am, the water temperature in the whirlpool tub was 80 degrees Fahrenheit. A recheck of the temperature in the whirlpool tub at 2:37pm revealed a temperature of 82 degrees Fahrenheit.</p>	D 113	<p>Rule: 10A NCAC 13F .0311 (d)</p> <p>Will be met by the following:</p> <ul style="list-style-type: none"> The hot water system will adequately provide the supply of hot water to the Kitchen, bathrooms, laundry, housekeeping closets and soil utility room. <p>Hot water temperature checks will be completed weekly to ensure that temperatures are maintained at a minimum of 100°F. and shall not exceed 116°F.</p>	12/20/15

NTED: 01/18/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE CORRESPONDING DEFICIENCY)	(X5) COMPLETE DATE
D 113	<p>Continued From page 3</p> <p>A recheck of the water temperatures on 12/8/15 revealed:</p> <ul style="list-style-type: none"> - At 8:10am, the water temperature in the women's half bath sink was 82 degrees Fahrenheit. - At 8:13am, the water temperature in the sink of the bath with the whirlpool tub was 82 degrees Fahrenheit. - At 8:16am, the water temperature in the whirlpool tub was 84 degrees Fahrenheit. <p>Confidential interview with a resident revealed:</p> <ul style="list-style-type: none"> - The temperature of the whirlpool tub was too cold, and had been that way for about 2 months. - The resident had arthritis, and the whirlpool tub helped the arthritis pain. - The resident had told the facility director but was not sure of the exact date. <p>Interview with the facility Administrator on 12/7/15 at 2:45pm revealed:</p> <ul style="list-style-type: none"> - He was unaware of the low water temperatures in those bathrooms. - The facility had 5 different hot water heaters and he believed those two affected bathrooms were on the same hot water heater. - No resident had complained to him about hot water temperatures. <p>Interview with the facility Director on 12/7/15 at 2:47pm revealed no resident had complained about the water temperatures and a plumber would be called to correct the problem.</p> <p>Review of the facility's water temperature logs revealed:</p> <ul style="list-style-type: none"> - On 8/19/15 at 4pm, the water temperatures in the whirlpool tub and sink were both 100 degrees Fahrenheit. 	D 113	<p>Housekeeping/maintenance will monitor water temperature weekly and the Director will check weekly to ensure it has been done.</p> <p>AMENDED</p> <p>2/4/16 Kenneth Ramsey Jennifer RN 2/12/16</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hai002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 113	<p>Continued From page 4</p> <ul style="list-style-type: none"> - On 9/9/15 at 6pm, the water temperatures in the whirlpool tub and sink were both 100 degrees Fahrenheit. - On 10/12/15 at 7:30pm, the water temperatures in the whirlpool tub and sink were both 95 degrees Fahrenheit. - On 11/12/15 at 5pm, the water temperatures in the whirlpool tub and sink were both 95 degrees Fahrenheit. - On 12/7/15 at 8pm, the water temperatures in the whirlpool tub and sink were both 80 degrees Fahrenheit, with a notation stating, "possible heating element malfunction, will recheck on 12/8/15." <p>Review the water temperature logs revealed the sink temperature in the women's half bath was not monitored.</p> <p>Confidential interview with facility staff revealed:</p> <ul style="list-style-type: none"> - She assisted residents with baths in the whirlpool tub, and the water temperatures did not feel cool to the touch. - Residents had never complained about the water being too cold, although 1 resident in particular would like the water warmer. - It took the hot water "a while to recover, about 15 to 20 minutes," if another resident had just taken a shower. <p>Interview with the plumber on 12/9/15 at 9:30am revealed:</p> <ul style="list-style-type: none"> -The mixing valve was not operating properly. -The mixing valve on the affected water heater was badly corroded and was replaced today. <p>A recheck of the water temperatures on 12/9/15 revealed:</p> <ul style="list-style-type: none"> - At 10:50am, the hot water temperature in the sink of the whirlpool tub bath was 106 degrees 	D 113		

PRINTED: 01/08/2016
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Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 5 Fahrenheit. - At 10:52am, the hot water temperature in the whirlpool tub was 108 degrees Fahrenheit. - At 10:58am, the hot water temperature in the sink of the women's half bath was 104 degrees Fahrenheit.	D 113		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to assure that upon employment 1 of 5 sampled staff (Staff D) was tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff D's employment record revealed: -Staff D was hired on 12/26/14 as a Medication Aide (MA). -A "Record of Tuberculosis (TB) testing" form contained documentation of a TB test being administered on 5/28/15, but there was no documented results.</p>	D 131	<p>Rule: 10A NCAC 13F .0406(a)</p> <p>Will be met by the following:</p> <ul style="list-style-type: none"> Staff will have documented two step TB skin tests and results will be placed their employee folder. The first skin test of the two-step process will be completed prior to employment. <p>Director will monitor at every new hire.</p> <p>AMENDED</p>	<p>1/28/16</p> <p>JP</p> <p>2/11/16</p>

2/4/16
Kenneth Ramsey

Jennifer RN
2/12/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 131	Continued From page 6 -No further documentation for TB testing. Interview with Staff D revealed: -She had one TB test on 5/28/15. -The results were never documented. Interview with the Director on 12/11/15 at 4:00pm revealed: -Staff D had one TB test administered while employed at the facility, but the test results had never been documented by a Registered Nurse. -It was the responsibility of the Director to ensure TB testing was performed on all employees. Review of facility's policy on TB testing revealed: -The 2 step process involves administering an intra-dermal tuberculin skin test (TST) upon hire for persons who cannot provide a documented negative TST within the previous 12 months; if the first reading is negative, administer a 2nd test in 2-3 weeks, and record the 2nd reading. -The first skin test on the two-step process should be completed prior to employment.	D 131		
D 176	10A NCAC 13F .0601 (a) Management Of Facilities 10A NCAC 13F .0601Management Of Facilites (a) An adult care home administrator shall be responsible for the total operation of an adult care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter.	D 176		

PRINTED: 1/08/2016
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N G HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 176	Continued From page 7 The term administrator also refers to co-administrator where it is used in this Subchapter. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to assure the total operation of the facility met and maintained rules related to management of the facility, fire drills, water temperatures, tuberculosis testing of staff, resident assessments, personal care and supervision, activities, exploitation, controlled drug record keeping, reporting to the Health Care Personnel Registry (HCPR), and reporting to pharmacy. The findings are: Interview with the Director on 12/14/15 at 4:07pm revealed: -The Administrator was present in the facility about twice a week. -The Administrator was not involved with resident care. -The Administrator routinely delegated management tasks and responsibilities to the Director. Interview with the Administrator on 12/14/15 at 5:00pm revealed: -He was in the facility 2 to 3 days per week. -"I oversee the total operations of the facility." Areas of non-compliance identified during the survey were: A. Based on observations, interviews, and record	D 176	Rule: 10A NCAC 13F .0601 Management of Facilities will be met by: • the administrator will take a more detailed involvement in the management of the facility • the administrator will work to correct the items that are out of compliance and stay in compliance • the administrator will continue to monitor all areas to maintain and protect the residents from harm. • the administrator will work with the director to ensure that the residents are kept safe at all times. AMENDED	1/28/16
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2/4/16
Kenneth Ramsey

Jennifer
2/12/16

PRINTED: 01/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 176	Continued From page 8 reviews the facility failed to assure rehearsals of the fire plan were performed quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. [Refer to D 101, 10A NCAC 13F .0309(b)(c) Plan For Evacuation] B. Based on observations, record reviews, and interviews, the facility failed to assure hot water temperatures were maintained at 1 tub and 2 sinks used by residents at a minimum of 100 degrees Fahrenheit. [Refer to D 113, 10A NCAC 13F .0311(d) Other Requirements] C. Based on interviews and record reviews the facility failed to assure that upon employment 1 of 5 sampled staff (Staff D) was tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services. [Refer to D 131, 10A NCAC 13F .0406(a) Test For Tuberculosis] D. Based on interviews and record reviews, the facility failed to assure assessments for 9 out of 14 residents (#1, #2, #3, #4, #6, #9, #10, #12, and #13) were completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. [Refer to D 254, 10A NCAC 13F .0801(b) Resident Assessment] E. Based on interviews and record reviews, the facility failed to provide supervision for 1 of 14 sampled residents (Resident #7) who demonstrated sexually inappropriate behaviors towards 2 residents (Resident #2 and Resident #14). [Refer to D 270, 10A NCAC 13F .0901(b)]	D 176	The administrator will monitor all things such as water temperature checks weekly as well as director, check fire drills quarterly as they are to be done, check fire drills employee folders (TB) at time of employment, monitor care plan, FL2's, LHPs, Diet orders, standing orders, physicians' orders, TB skin test and pharmacy review for residents by chart (attached). Outings will be monitored by administrator at a minimum of every other month as well as director. The administrator will monitor all aspects of exploitation by diversion of controlled substances, accountability of controlled drugs.	
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AMENDED
Kenneth Ramsey 2/11/16
Jennifer RN 2/10/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 176	<p>Continued From page 9</p> <p>Personal Care and Supervision, (Type B Violation.)]</p> <p>F. Based on observations, interviews, and record reviews, the facility failed to assure a minimum of 14 hours of planned group activities per week were scheduled that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills [Refer to D 317, 10A NCAC 13F .0905(d) Activities Program]</p> <p>G. Based on observations, interviews, and record reviews, the facility failed to assure that each resident shall have the opportunity to participate in at least one outing every other month. [Refer to D 319, 10A NCAC 13F .0905(f) Activities Program]</p> <p>H. Based on observations, record reviews and interviews, the facility failed to assure 2 of 6 sampled residents (#1 and #5) were free from exploitation by diversion of their controlled medications by staff. (Zolpidem 10mg and Norco 5/325.) [Refer to D 338, 10A NCAC 13F .0909 Resident Rights, (Type B Violation.)]</p> <p>I. Based on observations, record reviews, and interviews, the facility failed to assure accountability of controlled drugs as evidenced by the failure to assure accurate records of the receipt, administration, and disposition of controlled drugs for 4 of 6 (#1, #4, #5, and #11) sampled residents. [Refer to D 392, 10A NCAC 13F .1008(a) Controlled Substances, (Type B Violation.)]</p> <p>J. Based on observations, record reviews and interviews, the facility failed to report suspected diversion of controlled drug medications by staff</p>	D 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 176	Continued From page 10 to the dispensing pharmacy for 2 of 6 (#1 and #5) sampled residents. (Zolpidem 10mg and Norco 5/325.) [Refer to D 399, 10A NCAC 13F .1008(h) Controlled Substances] K. Based on observations, record reviews and interviews, the facility failed to investigate and report 3 suspected staff (Staff A, Staff G, and Staff H) who had allegations of controlled drug diversion to the Health Care Personnel Registry (H CPR). [Refer to D 438, 10A NCAC 13F .1205 Health Care Personnel Registry, (Type B Violation.)] A Plan of Protection was submitted by the facility on 12/14/15 that included: -The Administrator will take a more detailed involvement in the management of the facility. -The Administrator will work to correct the items that are out of compliance, to get them into compliance, and stay in compliance. -The Administrator will continue to monitor all areas to maintain and protect the residents from harm. -The Administrator will work with the Director to ensure the residents are kept safe at all times. DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016.	D 176		
D 254	10A NCAC 13F .0801(b) Resident Assessment 10A NCAC 13F .0801 Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument	D 254		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 254	<p>Continued From page 11</p> <p>established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure assessments for 9 out of 14 residents (#1, #2, #3, #4, #6, #9, #10, #12, and #13) were completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument.</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 11/17/15 revealed diagnoses which included: neuropathy, osteoporosis, and depressive disorder.</p> <p>Review of Resident #1's record revealed:</p>	D 254	<p>Rule: 10A NCAC 13F .0801 (b) Resident Assessment will be met by the following: All resident assessments will be completed within 30 days of admission and completed annually thereafter using an assessment instrument established by the department or an instrument approved by the department based on it containing at least the same information required cont.</p>	11/25/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 254	<p>Continued From page 12</p> <p>-There was no current Resident Assessment/Care Plan. -An admission date of 6/23/09.</p> <p>Interview with Resident #1 on 12/07/15 at 10:00am revealed she required the use of a wheelchair for ambulation.</p> <p>Refer to interview with Director on 12/14/15 at 10:45am.</p> <p>B. Review of Resident #2's current FL2 dated 10/27/15 revealed diagnoses which included: major depression and post traumatic stress disorder.</p> <p>Review of Resident #2's Resident Register revealed an admission date of 8/01/09.</p> <p>Review of Resident #2's assessment and care plan dated 2/13/14 revealed: -She was verbally and physically abusive. -She was injurious to self and property. -She received mental health services and medications for mental illness. -Required limited assistance with toileting, ambulation and grooming. -Required extensive assistance with bathing and dressing.</p> <p>Refer to interview with Director on 12/14/15 at 10:45am.</p> <p>C. Review of Resident #3's current FL2 dated 6/2/15 revealed diagnoses which included: mild mental retardation, impulse control disorder, gastroesophageal reflux disease, hypothyroidism, seizure disorder and seasonal allergies.</p> <p>Review of Resident #3's Resident Register</p>	D 254	<p>on the established instrument. The assessment completed within 30 days following admission and annually, will be a functional assessment to determine the residents' level of functioning in activities of daily living: bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating.</p> <p>The assessment will indicate if the resident requires referral to the residents' physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.</p>	1/25/16

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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 254 Continued From page 13
revealed an admission date of 8/24/07.

Review of Resident #3's record revealed an assessment and care plan dated 10/13/14.

Refer to interview with Director on 12/14/15 at 10:45am.

D. Review of Resident #4's FL2 dated 10/6/15 revealed:
-Diagnoses of paranoid schizophrenia, hypertension, and obesity.
-An admission date of 7/9/10.

Review of Resident #4's record revealed there was no current Resident Assessment/Care Plan.

Refer to interview with Director on 12/14/15 at 10:45am.

E. Review of Resident #5's FL2 dated 3/12/15 revealed:
-Diagnoses of schizoaffective disorder and mild mental retardation.

Review of Resident #5's Resident Register revealed an admission date of 8/19/14.

Review of Resident #5's record revealed there was no current Resident Assessment/Care Plan.

Refer to interview with Director on 12/14/15 at 10:45am.

F. Review of Resident #9's FL2 dated 10/26/15 revealed:
-Diagnoses of schizophrenia, insulin dependent diabetes mellitus, and seizure disorder.

Review of Resident #9's Resident Register

D 254

Director Will monitor Resident Assessments at every admission, when a significant change occurs and yearly.

AMENDED
2/4/16
Kenneth Ramsey
Jennifer
2/12/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D 254	<p>Continued From page 14</p> <p>revealed an admission date of 5/20/14.</p> <p>Review of Resident #9's record revealed an assessment and care plan dated 5/26/14.</p> <p>interview with Resident #9 on 12/7/15 at 9:45am revealed he was independent with activities of daily living (ADL) and only required assistance with medications.</p> <p>Refer to interview with Director on 12/14/15 at 10:45am.</p> <p>G. Review of Resident #10's FL2 dated 10/24/15 revealed: -Diagnoses of diabetes mellitus, mental retardation, and chronic obstructive pulmonary disease.</p> <p>Review of Resident #10's Resident Register revealed an admission date of 10/01/08.</p> <p>Review of Resident #10's record revealed there was no current Resident Assessment/Care Plan.</p> <p>Refer to interview with Director on 12/14/15 at 10:45am.</p> <p>H. Review of Resident #12's current FL2 dated 1/16/15 revealed diagnoses which included: moderate mental retardation and major depression.</p> <p>Review of Resident #12's Resident Register revealed an admission date of 3/01/08.</p> <p>Review of Resident #12's assessment and care plan dated 10/13/14 revealed: -She was verbally abusive at times, resisted care, and had disruptive behavior.</p>	D 254		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 254	<p>Continued From page 15</p> <ul style="list-style-type: none"> -She required supervision related to her behavior. -She received mental health services and medications for mental illness. -Required supervision with eating, ambulation, dressing, and transferring. -Required limited assistance with toileting, and grooming. -Required extensive assistance with bathing. <p>Refer to interview with Director on 12/14/15 at 10:45am.</p> <p>I. Review of Resident #13's current FL2 dated 8/11/15 revealed diagnoses which included: mild intellectual disabilities, anxiety and major depression.</p> <p>Review of Resident #13's Resident Register revealed an admission date of 9/11/14.</p> <p>Review of Resident #13's assessment and care plan dated 9/30/14 revealed:</p> <ul style="list-style-type: none"> -She received mental health services and medications for mental illness. -She required the use of a wheelchair for ambulation, but can ambulate short distances with a walker. -She required supervision with eating. -She was totally dependent with toileting, ambulation, bathing, dressing, grooming, and transferring. <p>Interview with Resident #13 on 12/07/15 at 10:40am revealed:</p> <ul style="list-style-type: none"> -She required help getting in and out of bed. -She needed help with transfers in and out of wheelchair. -She needed help using the bathroom and with other daily activities. 	D 254		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

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D 254	Continued From page 16 Refer to interview with Director on 12/14/15 at 10:45am. Interview with the Director on 12/14/15 at 10:45am revealed: -There were no other care plans available. -It was her responsibility to ensure assessments and care plans were completed on all residents.	D 254		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to provide supervision for 1 of 14 sampled residents (Resident #7) who demonstrated sexually inappropriate behaviors towards 2 residents (Resident #2 and Resident #14). The findings are: Review of Resident #7's current FL2 dated 6/24/2015 revealed: -Diagnoses included autistic disorder, depression, mental retardation, pituitary disorder, bipolar II disorder, attention deficit hyperactivity disorder, and sexual psychopathy.	D 270	Rule: 10A NCAC 13F .0901(b) Personal Care and Supervision This rule will be met by monitoring resident #7 to ensure his locomotion and the safety of other residents. Resident #7 will be given education on proper interactions with other residents. Staff will conduct hourly checks on resident #7 Cont.	12/20/15

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NAME OF PROVIDER OR SUPPLIER
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3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681

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D 270	Continued From page 17 Review of Resident #7's resident register revealed an admission date of 7/01/2015. Review of Resident #7's care plan dated 7/01/15 revealed there were no assessed supervision needs. Review of Nurse's Notes for Resident #7 revealed: On 09/14/2015 "Res went into another res room." -On 09/15/2015 "Res was told he couldn't be hugging staff anymore." -On 09/18/2015 "Resident #7 was caught going into another residents room during the snack pass. He was told to stay out of everyone's room except his own, he got upset and said everyone treats him like a child." -On 09/20/2015, "Res took [named resident] which is another res to his room and was told not to do that again. He was caught 10 mins later with a blanket in the living room res had his and another residents body covered up messing with her. He was told to take his blanket back to his room was also told not to bother other res. Res said she loved him and res told him that she wanted to be with him. Staff talked to him again and told res not to be on couch with this res again when staff checked on him 5 mins later res was caught kissing same res. Res was all over this res on couch. Staff told him again and then res went to his room and is now resting." -No further documentation of any other sexually inappropriate behavior. Refer to interview with the Director and Administrator on 12/08/2015 at 3:50pm. interview with Resident #7 on 12/08/2015 at	D 270	Resident #7 will not enter other resident's rooms uninvited. The director will hold monthly meetings to ensure each residents needs. The director will schedule monthly trainings for staff from a mental health provider. Director will monitor notations that are recorded on the Nurse's Notes form per shift on a daily basis. ^{see} *Attachment* (JF)	

AMENDED

2/4/16
Kenneth Ramsey

Jennifer
2/18/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 270	<p>Continued From page 18</p> <p>2:56pm revealed: -He was sent to nearby hospital due to a "nervous breakdown" because other residents were "picking on him and calling him names." -Since he returned from the hospital his behavior had been better, he had not been stealing things, no lying, or standing over top of people, or interrupting.</p> <p>Interview with Resident #7's family member on 12/09/2015 at 12:00pm revealed: -Resident #7 was living at home most of the time since 2002, but did have one failed placement at another assisted living facility. -Resident #7 needed 24 hour care which she could not provide at home. -The Director had called her each time there had been a behavioral incident with Resident #7. -Resident #7's behavior had improved since his most recent hospitalization.</p> <p>Review of Resident #7's record revealed: -Resident #7's primary care provider had not been notified by the facility about his behaviors. -There had been no incident reports completed by the facility regarding his behaviors.</p> <p>A. Review of Resident #2's current FL2 dated 10/27/2015 revealed: -Diagnoses included major depression and post-traumatic stress disorder. -She required limited assistance with ambulation and transfers. -She required supervision with toileting, bathing, eating, and dressing.</p> <p>Review of Resident #2's record revealed an admission date of 8/01/09.</p> <p>Interview with Resident #2 on 12/8/2015 at</p>	D 270		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 270	<p>Continued From page 19</p> <p>11:45am revealed:</p> <ul style="list-style-type: none"> -Resident #7 had grabbed her right breast and fondled it and turned her head around and kissed her open mouthed. -The incident happened on the porch at the facility. -She felt degraded and angry. -She notified the Administrator on Monday morning (10/05/15) following the incident. -The Administrator and Director "did not do anything, they just scolded Resident #7 and told him to leave the women alone." -The Administrator did not ask her about notifying Law Enforcement. -Resident #2 notified local law enforcement. -Local law enforcement filled out papers about the incident between her and Resident #7. -Resident #7 was "talked to" by local law enforcement about inappropriate behaviors. -Resident #7 was told by local law enforcement if he touched her again he would be charged with sexual harassment. <p>Interview with Resident #7 on 12/08/15 at 2:56pm revealed:</p> <ul style="list-style-type: none"> -"I kissed her on the forehead." -"I was hugging on her and going too far with it, too passionate" -He was "trying to take it into a relationship." -"I am not supposed to get close to her" <p>Interview with Resident #7's family member on 12/09/2015 at 12:00pm revealed:</p> <ul style="list-style-type: none"> -The family member was aware of an incident between Resident #7 and Resident #2. -The family member gave details of the incident, acknowledging that Resident #7 kissed Resident #2 without consent and touched her breast. <p>Interview with local law enforcement on</p>	D 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 270	<p>Continued From page 20</p> <p>12/11/2015 at 12:00pm revealed: -There were allegations that Resident #7 touched Resident #2's leg and kissed her. -Resident #7 stated he had kissed her. -Resident #7 said he tried to kiss Resident #2 and put his hand on her knee, but she said "no" and it stopped. -The officer met with Resident #2 and Resident #7 and told them to keep their hands to themselves and to avoid unwanted touching -They had received numerous complaints from Resident #2. -The officer was unaware of any incidents involving other residents.</p> <p>Further review of Resident #2's record revealed there was no documentation of the incident with Resident #7 or of any measures taken to keep her safe.</p> <p>Refer to interview with the Director and Administrator on 12/08/2015 at 3:50pm.</p> <p>B. Review of Resident #14 current FL2 dated 07/28/2015 revealed: -Diagnoses included dementia, chronic obstructive pulmonary disease, hypothyroidism, tobacco abuse, and low vitamin D. -She was ambulatory and was a wanderer.</p> <p>Review of Resident #14's record revealed an admission date of 12/02/14 and that she had a Guardian.</p> <p>Confidential telephone interview with former staff on 12/09/2015 at 10:22am revealed: -Resident #7 had taken Resident #14 into his room, laid in bed with her covered up, in September 2015. -Resident #14 had severe dementia and "would</p>	D 270		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 270	<p>Continued From page 21</p> <p>walk in circles around you if you would let her." -The incidents were written up in Nurse's Notes and the Director was notified about the fact that Resident #7 was trying to have sex with Resident #14.</p> <p>Interview with Resident #7's family member on 12/09/2015 at 12:00pm revealed: -The family member was aware of an incident between Resident #7 and Resident #14. -The family member knows that Resident #7 was found in bed with Resident #14. -The family member stated that Resident #7 has the mind of a child and when Resident #14 told him that she loved him, Resident #7 mistakenly thought she meant "I love you" in a romantic way. -The family member stated that Resident #14 is a sweet lady and tells everyone that she loves them. -The family member stated that she was upset that any harm occurred to Resident #14. -The family member stated that Resident #7 did not understand Resident #14's diagnosis of dementia.</p> <p>Interview with Resident #14's Guardian on 12/14/15 at 2:00pm revealed: -The resident could not recall any recent inappropriate kissing or touching. -The resident kept stating she had been hit by "that man" on the head. -The resident's roommate had seen Resident #7 hug Resident #14. -Her roommate had not witnessed Resident #7 kiss Resident #14 or go into their room.</p> <p>Refer to interview with the Director and Administrator on 12/08/2015 at 3:50pm.</p>	D 270		

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D 270	Continued From page 22 Interview with the Director and Administrator on 12/08/2015 at 3:50pm revealed: -Resident #7 "sits in his room and masturbates"; has the "mind of a child"; and "never bothered anybody." -Resident #7 "had to be talked to about what inappropriate behavior is, and given examples" after the incidents occurred. -Resident #7 was moved, after the incidents occurred, from one end of the facility to the other, so that staff could monitor his actions at all times. -They denied that Resident #7 ever held any residents hands or hugged any residents. -There were no other incidents reported. On 12/08/2015, the facility provided the following plan of protection: -Staff will monitor Resident #7 to ensure his location and the safety of other residents. -Resident #7 will be given education on proper interactions with other residents. -Staff will do hourly checks on Resident #7. -Resident #7 will not enter other resident rooms uninvited. -The Director will hold monthly meetings to ensure each Resident's needs. -The Director will schedule monthly training for staff from a mental health provider. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2015.	D 270		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program	D 317		

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D 317	<p>Continued From page 23</p> <p>(d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure a minimum of 14 hours of planned group activities per week were scheduled that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills</p> <p>Interviews with facility residents during tour on 12/07/15 revealed: -One resident liked to watch football, but there was "nothing to do here, no activities." -Another resident stated, "there were no activities here, and they haven't filled out the activity calendar since I've been here." -Another resident stated "we don't have any activities, we need something to do." -Another resident stated "we play games." Another resident stated, "sometimes we play games, play ball, have singing and dancing." -Another resident stated "the activity board is</p>	D 317	<p>Rule: 10A NCAC 13F .0905 (d) Activities Program This rule will be met by having a minimum of 14 hours of variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning new skills.</p> <p>Director will monitor activities on a weekly basis and outings on a minimum of every other month. Activities will be monitored by Residents Daily Activity Sheets (attached) Activity Assessment Daily. Activity sheets are for an entire month.</p> <p>AMENDED</p>	<p>1/18/16 JF 2/12/16</p>
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2/4/16
Kenneth Ramsey

Jennifer RN
2/12/16

PRINTED: 01/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		DATE SURVEY COMPLETE 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681			
(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 CROSS-REFERENCED TO THE CONTROLLED DEFICIENCY)	(X5) COMPLETE DATE	
D 317	Continued From page 24 empty, there have been no activities or outings for the past 2 months." -"We don't do anything here, the churches don't come anymore, it all stopped in August." -"Sometimes we do puzzles." -The staff that was responsible for activities now had PCA duties and was responsible for transportation. Confidential interviews with staff revealed: -The facility was not providing 14 hours of activities per week. -The activity director was responsible for activities. -The activity director also worked as a personal care aide and provided transportation for residents. -The activity director tried to do what was scheduled on the activity calendar. -They play games such as bingo, exercise and go on some outings. -"They just went to the local Christmas parade." -"Birthday parties stopped after August." Review of the December 2015 activity calendar on 12/10/15 at 12:17pm revealed: -There were no activities listed on the calendar in the hallway of the facility. -The calendar was blank. Observation on 12/10/15 at 10:00am revealed a local elementary school group brought gifts and sang songs for the residents. Another observation on 12/10/15 at 12:30pm revealed the residents were playing board games and cornhole in the living room. Interview with the Director on 12/14/15 at 4:07pm revealed:	D 317	Activity Assessments are done upon admission and on a yearly basis. Outings will be monitored as well by being scheduled through the Director as to where the outing will take place a minimum of every other month. A MENDED Kenneth Ramsey 2/14/16 Jennifer 2/12/16		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 317	Continued From page 25 -A personal care aide was responsible for activities and also provided transportation for the facility. -Activities included: birthday parties, outings to local retail stores, cornhole, and checkers. -Recent activities included a trip to the Christmas Parade, but "not too many [residents] wanted to go."	D 317		
D 319	10A NCAC 13F .0905 (f) Activities Program 10A NCAC 13F .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure that each resident shall have the opportunity to participate in at least one outing every other month. The findings are: Interviews with facility residents during the tour on 12/07/15 revealed: -One resident stated, "The lift on the van does not work, have to use the hand crank." -Another resident stated, "I've not been to the store in 4 months." -Some residents were taken to the Christmas Parade this year, but they only made one trip with the van.	D 319	Rule: 10A NCAC 13F .0905 (f) Activities Program This rule will be met by all the residents being given the opportunity to participate in an outing every other month. Residents that are interested in being involved in the community more frequently will be encouraged to do so.	1/18/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D 319	Continued From page 27 Interview with the Director on 12/14/15 at 4:07pm revealed: -A PCA was responsible for activities and also provided transportation for the facility. -Activities included: birthday parties, outings to local retail stores, cornhole, and checkers. -"Whoever wants to go [on outings], can go, we have 2 vans." -"Both vans are available for activities, and the lift on the van works." -Residents requiring wheelchairs are allowed to go on outings. -There is only one resident that would require the use of the lift on the van for outings. -Recent activities included a trip to the Christmas Parade, but "not too many [residents] wanted to go." Interview with the Administrator on 12/14/15 at 5:00pm revealed: -The manual lift on the van works "as far as I know." -"I will send it to the shop tomorrow." -There is only one resident that would require the use of the lift on the van for outings. -"Some people [staff] don't like to drive the white van [large van with lift]." -The Administrator was responsible for repairs on the van.	D 319		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

(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 338	<p>Continued From page 28</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the facility failed to assure 2 of 6 sampled residents (#1 and #5) were free from exploitation by diversion of their controlled medications by staff. (Zolpidem 10mg and Norco 5/325.)</p> <p>The findings are:</p> <p>A. Review of Resident #5's current FL2 dated 7/14/15 revealed: -Diagnoses included dementia, anxiety, depression, congestive heart failure, and atrial fibrillation. -A medication order for Acetaminophen 500mg, 2 tablets every 6 hours as needed for pain. (Acetaminophen is an analgesic used to treat mild to moderate pain.) -An admission date of 2/27/15.</p> <p>Review of Resident #5's record revealed: -A medication order dated 10/1/15 for Norco 5/325 (Hydrocodone/Acetaminophen 5/325) 180 tablets, 1 tablet every 4 hours as needed for pain. (Norco is a controlled drug used to treat moderate to severe pain.) -Standing orders dated 10/21/15 for Acetaminophen 325mg, 2 tablets every 4 hours as needed for pain, headache, or fever.</p> <p>Observation of Resident #5's medications on hand on 12/10/15 at 10:10am revealed: -No Hydrocodone 5/325mg tablets available to administer to Resident #5. -House stock for Acetaminophen 325mg and 500mg.</p>	D 338	<p>Rule 10A NCAC 13F .0909 Resident's Rights</p> <p>Will be met by assuring that the rights of all the rights residents that are guaranteed under G.S. 131D-21, Declaration of Resident's are maintained and may be excused without hinderance. Residents will be free from exploitation by diversion of their controlled medications by staff.</p> <p>The facility will continue to have staff meetings and inservices regarding resident's rights, personal care and supervision.</p> <p>The facility will ensure that all resident's rights are met and maintained concerning all medications and controlled drugs.</p> <p>The director and the MAS will oversee and continue to monitor controlled drugs,</p>	12/10/15 1/28/16 JF 2/12/16

cont.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha002084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D 338	Continued From page 29 Interview with the pharmacist at the pharmacy provider on 12/10/15 at 3:05pm revealed: -They had sent all 180 tablets of Hydrocodone/Acetaminophen 5/325 to the facility in October 2015. -They sent controlled drug count sheets for Resident #5's Hydrocodone/Acetaminophen 5/325. -The facility had not returned any Hydrocodone/Acetaminophen 5/325 to the pharmacy for Resident #5. Review of Resident #5's electronic Medication Administration Record (eMAR) for October, November, and December 2015 revealed 25 tablets of Hydrocodone/Acetaminophen 5/325 documented as administered. Review of Resident #5's electronic Medication Administration Record (eMAR) for December 2015 revealed the Hydrocodone/Acetaminophen 5/325mg was documented as administered on 12/4/15 at 12:51am, and 12/10/15 at 2:10am. Review of Resident #5's electronic Medication Administration Record (eMAR) for November 2015 revealed the Hydrocodone/Acetaminophen 5/325mg was documented as administered on 11/6/15 at 3:03pm, 11/10/15 at 11:51am, 11/12/15 at 11:55am, and 11/26/15 at 11:35pm. Review of Resident #5's electronic Medication Administration Record (eMAR) for October 2015 revealed: -The Hydrocodone/Acetaminophen 5/325mg was documented as administered on 10/2/15 at 8:45pm, 10/3/15 at 11:46am, 10/4/15 at 7:33pm, 10/5/15 at 3:46pm, 10/6/15 at 1:53pm, 10/7/15 at 1:07pm, 10/9/15 at 3:42pm, 10/10/15 at 11:39am, 10/10/15 at 9:59pm, 10/11/15 at 4:39pm,	D 338	Count sheets for errors and missing medications. Controlled substances will be monitored from shift to shift by doing a narcotic count between the shift and logged on form (attached) and monitored by Director on a weekly basis by checking the narcotic counts personally. Any unused narcotics will be returned to the pharmacy and documented on a Return Form (attached).	

AMENDED
2/4/16
Kenneth Ramsey / Jennifer
2/12/16

PRINTED: 01/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 338	<p>Continued From page 30</p> <p>10/12/15 at 2:04pm, 10/16/15 at 2:18pm, 10/16/15 at 9:45pm, 10/17/15 at 2:31pm, 10/18/15 at 11:47am, 10/18/15 at 5:49pm, 10/29/15 at 3:27pm, 10/30/15 at 9:25am, and 10/30/15 at 3:28pm.</p> <p>Review of Resident #5's controlled drug count sheet for the Hydrocodone/Acetaminophen 5/325 revealed:</p> <ul style="list-style-type: none"> -Only 1 controlled drug sheet available from 10/14/15 through 12/10/15 in the facility, with 15 tablets noted as delivered on 10/14/15. -The controlled drug count sheet was handwritten by medication aide staff. -Fifteen tablets of Hydrocodone were documented as administered on the following dates; 2 tablets on 10/16/15, 2 tablets on 10/17/15, 1 tablet on 10/18/15, 1 tablet on 10/29/15, 2 tablets on 10/30/15, 1 tablet on 11/5/15, 1 tablet on 11/6/15, 1 tablet on 11/10/15, 1 tablet on 11/12/15, 1 tablet on 11/26/15, 1 tablet on 12/3/15, and 1 tablet on 12/10/15. <p>Interview with the Medication Aide (MA) on 12/10/15 at 10:15am revealed:</p> <ul style="list-style-type: none"> -She was not aware of any other Hydrocodone/Acetaminophen 5/325 tablets available in the facility for Resident #5. -She was not sure what happened to Resident #5's other tablets of Hydrocodone/Acetaminophen 5/325. -She was not sure what happened to the other controlled drug count sheets for Resident #5's Hydrocodone/Acetaminophen 5/325. -Old controlled drug count sheets are placed in a wire basket just outside the facility office for filing. <p>Interview with Resident #5 on 12/10/15 at 11:28am revealed:</p> <ul style="list-style-type: none"> -He was not sure what pain medications he took. 	D 338	<p>This form is in triplicate form so that the facility retains a copy and the pharmacy retains two copies.</p> <p>AMENDED 2/4/16 Kenneth Ramsey</p> <p>J Henderson 2/12/16</p>	
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 338	<p>Continued From page 31</p> <p>-He could not recall any incidences of unrelieved pain. -Staff gave him pain medications when he asked for them.</p> <p>Interview with the same MA on 12/10/15 at 3:40pm revealed: -She understood Resident #5's pain medications based on how he asked for them. -"When Resident #5 asked for two little white pills, he wanted Tylenol." -"When he asked for a little white pill, (MA expressed a gesture of two fingers showing the size of the tablet), he meant the Hydrocodone."</p> <p>Interview with the facility Director on 12/10/15 at 4:00pm revealed she was unaware of Resident #5's missing tablets of Hydrocodone/Acetaminophen 5/325.</p> <p>Interview with the same MA on 12/10/15 at 5:10pm revealed: -She had handwritten the only available controlled drug count sheet for Resident #5's Hydrocodone at the request of the Director on 10/14/15 because no other controlled drug count sheets were available for Resident #5's Hydrocodone. -On 10/14/15 when the controlled drug count sheet was created, there was only one cassette of 15 Hydrocodone tablets available for Resident #5.</p> <p>Review of pharmacy delivery sheets faxed to the facility on 12/10/15 revealed: -60 tablets of Hydrocodone/Acetaminophen 5/325 for Resident #5 were sent to the facility on 10/1/15 and signed for by Staff B, a Personal Care Aide (PCA) at 2:14am. -120 tablets of Hydrocodone/Acetaminophen 5/325 for Resident #5 were sent to the facility on</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 338	<p>Continued From page 32</p> <p>10/2/15 and signed for by Staff B at 1:46am.</p> <p>Review of facility records revealed:</p> <ul style="list-style-type: none"> -The Director received monthly pharmacy statements for all residents, including Resident #5. -The statement had details about medications sent, including the name of the drug and the number of tablets sent. <p>Interview with Staff B on 12/11/15 at 11:45pm revealed:</p> <ul style="list-style-type: none"> -The Hydrocodone/Acetaminophen 5/325 was here in the facility when she checked them in on 10/1/15 and 10/2/15. -Some typed controlled drug count sheets from the pharmacy came in with the Hydrocodone/Acetaminophen 5/325, but she was not sure how many. -After she checked in the controlled drugs on the morning of 10/1/15 and 10/2/15 she placed the plastic bags containing the controlled drugs in the locked medication room. -The MAs and Director had keys to the medication room. -There were a "bunch of cassettes" of Resident #5's Hydrocodone/Acetaminophen 5/325. -After she placed them in the medication room, Staff B was not sure what happened to Resident #5's Hydrocodone/Acetaminophen 5/325. <p>Observation of the facility's medication delivery system revealed:</p> <ul style="list-style-type: none"> -Each cassette of medications can hold up to 16 tablets. -180 tablets of Hydrocodone/Acetaminophen 5/325 would require 11.25 cassettes of 16, or 12 cassettes of 15 tablets each. <p>Based on review of controlled drug logs,</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 338	<p>Continued From page 33</p> <p>medication administration records, records for the receipt and disposition of medications, observation of medications on hand and interviews, the facility could not account for 155 tablets of Hydrocodone/Acetaminophen 5/325.</p> <p>Refer to interview with facility Director on 12/10/15 at 4:00pm.</p> <p>Refer to interview with a first shift MA on 12/10/15 at 5:10pm.</p> <p>Refer to interview with the facility Administrator on 12/10/15 at 5:45pm.</p> <p>B. Review of Resident #1's current FL2 dated 11/17/15 revealed: -Diagnoses included depression, asthma, neuropathy, and osteoporosis. -A medication order for Zolpidem (a controlled drug used to treat insomnia) 10mg, 1 tablet at bedtime as needed for insomnia. -An admission date of 06/23/09.</p> <p>Observation of Resident #1's medications on hand on 12/08/15 at 2:30pm revealed a cassette of Zolpidem 10mg with a dispensing date of 11/24/15 and 16 tablets in the cassette.</p> <p>Review of Resident #1's electronic Medication Administration Record (eMAR) for December 2015 revealed Zolpidem 10mg had not been documented as administered from 12/01/15 to 12/07/15.</p> <p>Review of Resident #1's eMAR for November 2015 revealed Zolpidem 10mg had not been documented as administered from 11/01/15 to 11/30/15.</p>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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D 338	Continued From page 34 Review of Resident #1's eMAR for October 2015 revealed Zolpidem 10mg had been documented as administered once, 10/03/15. Review of Resident #1's eMAR for September 2015 revealed Zolpidem 10mg had not been documented as administered from 09/01/15 to 09/30/15. Review of Resident #1's eMAR for August 2015 revealed two tablets of Zolpidem 10mg had been documented as administered on 08/28/15 and 08/29/15. Review of Resident #1's controlled drug count sheet dated 4/17/15 for the Zolpidem 10mg revealed: -Sixteen tablets noted as delivered on 04/17/15. -Eight tablets of Zolpidem 10mg were documented as administered on the following dates; 7/26/15, 8/28/15, 8/29/15, and 10/03/15. -Four tablets of Zolpidem were documented as administered on the controlled drug count sheet on 9/11/15, 9/14/15, 9/27/15, and 10/16/15, but were not documented on the eMAR. -Six tablets of Zolpidem 10mg were documented as taken home on the following dates; 7/26/15, 8/30/15, 2 on 10/07/15, 10/15/15, and 1 tablet on an undated entry. -One tablet of Zolpidem 10mg was documented as wasted on 11/19/15. -One tablet of Zolpidem 10mg was deducted from the controlled drug count sheet on 10/18/15, but documentation was absent for the quantity given, signature of the MA, and was not documented on the eMAR. Review of the MA staffing schedule on 12/10/15 revealed that Staff A was working on 10/18/15.	D 338		

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D 338	<p>Continued From page 35</p> <p>Review of Resident #1's controlled drug count sheet dated 10/07/14 for the Zolpidem 10mg revealed:</p> <ul style="list-style-type: none"> -Sixteen tablets noted as delivered on 10/07/14. -Nine tablets of Zolpidem 10mg were documented as administered on the following dates; 5/14/15, 5/22/15, 6/01/15, 6/24/15, 6/27/15, 6/28/15, 7/01/15, 7/05/15, and 7/06/15. -Two tablets of Zolpidem 10mg were documented as taken home on 6/08/15. -A quantity of five Zolpidem 10mg tablets were documented as "quantity left" on the sheet. -There was no further documentation of the administration of the five remaining tablets. <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> -A Medication Release Form dated 6/08/15 with 2 Zolpidem tablets documented as sent home with Resident #1. -A Medication Release Form dated 11/19/15 with 1 Zolpidem tablet documented as sent home with Resident #1. -There were no Medication Release Forms for Zolpidem 10mg sent home with Resident #1 on 7/26/15, 8/30/15, 10/07/15 and 10/15/15. -There were no other Medication Release Forms in the record. <p>Interview with Resident #1 on 12/07/15 at 10:00am revealed the resident's Zolpidem 10mg had been "coming up stolen."</p> <p>Interview with a first shift Medication Aide (MA) on 12/08/15 at 2:45pm revealed that Resident #1 had never ran out of Zolpidem 10mg in the past.</p> <p>Interview with the pharmacist at the pharmacy provider on 12/09/15 at 3:20pm revealed:</p> <ul style="list-style-type: none"> -They had sent leave of absence Zolpidem 10mg for Resident #1 as follows: quantity of 4 on 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 338	<p>Continued From page 36</p> <p>10/19/15, quantity of 3 on 10/29/15, and quantity 2 on 11/04/15.</p> <p>-Cassettes for use on the medication cart were sent on 4/17/15 quantity 16 and 11/24/15 quantity 16.</p> <p>Interview with the facility Director on 12/10/15 at 3:45pm revealed:</p> <p>-She was unaware of Resident #1's missing doses of Zolpidem.</p> <p>-She was not sure what happened to Resident #1's remaining 5 tablets of Zolpidem that were documented on the 10/07/14 controlled drug count sheet, and the 9 Zolpidem that were prepared by the pharmacy for leave of absences on 10/19/15, 10/29/15, and 11/04/15.</p> <p>-She was unable to find Resident #1's Medication Release Forms for the leave of absences on 10/19/15, 10/29/15, and 11/04/15.</p> <p>-She had suspected one of the MA staff (Staff A) of taking the medications, and stated "I believe (Staff A) took them, she was working then (between September and October 2015)."</p> <p>-She did not report Staff A to Health Care Personnel Registry (HCPR), and stated, "I started to look at stuff (controlled drug count sheets) and gather evidence, but I never reported her."</p> <p>Interview with the first shift MA on 12/10/15 at 4:45pm revealed:</p> <p>-She was not aware of any other Zolpidem 10mg tablets available in the facility for Resident #1.</p> <p>-She was not sure what happened to Resident #1's remaining 5 tablets of Zolpidem 10mg that were documented on the 10/07/14 controlled drug count sheet.</p> <p>-There were no other controlled drug count sheets available for Resident #1's Zolpidem 10mg.</p> <p>-The undated entry on the 4/17/15 controlled drug</p>	D 338		

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D 338	<p>Continued From page 37</p> <p>count sheet was sent home with Resident #1 on 11/20/15.</p> <p>Based on review of controlled drug logs, medication administration records, records for the receipt and disposition of medications, observation of medications on hand and interviews, the facility could not account for 14 tablets of Zolpidem 10mg.</p> <p>Refer to interview with facility Director on 12/10/15 at 4:00pm.</p> <p>Refer to interview with a first shift MA on 12/10/15 at 5:10pm.</p> <p>Refer to interview with the facility Administrator on 12/10/15 at 5:45pm.</p> <hr/> <p>Interview with facility Director on 12/10/15 at 4:00pm revealed:</p> <ul style="list-style-type: none"> -She suspected 3 of the MA staff (Staff A, Staff G, and Staff H), and one MA in particular (Staff A), and believed they took the controlled drugs, controlled drug count sheets, and pharmacy delivery sheets. -No residents had complained of missing medications. -Staff A would occasionally "trash" a controlled drug she had dropped without a witness, against facility policy. -The Director did not report her suspicions to the pharmacy. -The Director did not report Staff A to Health Care Personnel Registry (HCPR) because she "could not prove anything." -She believed these incidents happened in late September or early October. -When Staff A worked, she acted weird (no 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 338	<p>Continued From page 38</p> <p>specifics), and the residents acted weird or different, "like they were not getting their medicines."</p> <p>-All 3 of the suspect MAs, were eventually fired around the end of October.</p> <p>-Residents were acting much better since those 3 MA were fired.</p> <p>Interview with a first shift MA on 12/10/15 at 5:10pm revealed:</p> <p>-When controlled drug orders came in from the pharmacy, we (the MA) had to count the medications with the pharmacy driver.</p> <p>-If there was a discrepancy between the controlled drugs in the pharmacy tote and the packing slip, "we send the whole thing (tote) back to the pharmacy."</p> <p>Interview with the facility Administrator on 12/10/15 at 5:45pm revealed</p> <p>-Staff A's last pay check was dated 11/3/15 with her last day of employment of 10/18/15.</p> <p>-He was not aware of the missing controlled drugs.</p> <hr/> <p>On 12/10/15, the facility provided the following plan of protection:</p> <p>-The facility will continue to have staff meetings and inservices regarding resident rights, personal care, and supervision.</p> <p>-The facility will ensure that all resident rights are met and maintained concerning all medications and controlled drugs.</p> <p>-The Director and the MAs will oversee and continue to monitor controlled drug count sheets for errors and for missing medications.</p> <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681**

(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 338	Continued From page 39 28, 2016.	D 338		
D 392	<p>10A NCAC 13F .1008(a) Controlled Substances</p> <p>10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews, and interviews, the facility failed to assure accountability of controlled drugs as evidenced by the failure to assure accurate records of the receipt, administration, and disposition of controlled drugs for 4 of 6 (#1, #4, #5, and #11) sampled residents.</p> <p>The findings are:</p> <p>A. Review of Resident #5's current FL2 dated 7/14/15 revealed: -Diagnoses included dementia, anxiety, depression, congestive heart failure, and atrial fibrillation. -An admission date of 2/27/15.</p> <p>Review of Resident #5's record revealed: -A medication order dated 10/1/15 for Norco 5/325 (Hydrocodone/Acetaminophen 5/325) 180 tablets, 1 tablet every 4 hours as needed for pain. (Norco is a controlled drug used to treat moderate to severe pain.)</p>	D 392	<p>Rule: 10A NCAC 13F .1008(a) Controlled Substances</p> <p>This rule will be met by the facility will continue to count all controlled drugs at the beginning and end of each shift.</p> <p>The director will monitor all control sheets to ensure that the MAR's and controlled drug counts are accurate.</p> <p>The director will perform random controlled drug count checks to verify amounts of controlled drugs weekly.</p> <p>Cont.</p>	12/11/15

PRINTED: 08/2016
FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
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D 392	Continued From page 40 Observation of Resident #5's medications on hand on 12/10/15 at 10:10am revealed no Hydrocodone 5/325mg tablets available to administer to Resident #5. Interview with the pharmacist at the pharmacy provider on 12/10/15 at 3:05pm revealed: -They had sent all 180 tablets of Hydrocodone/Acetaminophen 5/325 to the facility in October 2015. -They provide controlled drug count sheets for dispensed controlled drugs. -The facility had not returned any Hydrocodone/Acetaminophen 5/325 to the pharmacy for Resident #5. Review of Resident #5's electronic Medication Administration Record (eMAR) for October, November, and December 2015 revealed 25 tablets of Hydrocodone/Acetaminophen 5/325 were documented as administered. Review of Resident #5's only controlled drug count sheet from 10/14/15 through 12/10/15 for the Hydrocodone/Acetaminophen 5/325 revealed: -Only 1 controlled drug sheet available in the facility, with 15 tablets noted as delivered on 10/14/15. -The controlled drug count sheet was handwritten by medication aide staff. -Fifteen tablets of Hydrocodone were documented as administered on the following dates; 2 tablets on 10/16/15, 2 tablets on 10/17/15, 1 tablet on 10/18/15, 1 tablet on 10/29/15, 2 tablets on 10/30/15, 1 tablet on 11/5/15, 1 tablet on 11/6/15, 1 tablet on 11/10/15, 1 tablet on 11/12/15, 1 tablet on 11/26/15, 1 tablet on 12/3/15, and 1 tablet on 12/10/15.	D 392	• The pharmacy will provide an inservice for all Medication Aides on all aspects of controlled drug record keeping, to ensure that all medications are accounted for. • The pharmacy will perform medication cart audits as part of the quarterly Pharmacy review... Director will monitor narcotic counts on a weekly basis. AMENDED 2/4/16 Kenneth Ramsey	12/11/15 JF 2/12/16 1/28/16 Jfendler RN 2/12/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 392	<p>Continued From page 41</p> <p>Review of facility's pharmacy delivery sheets revealed no record for Resident #5's Hydrocodone/Acetaminophen 5/325 tablets.</p> <p>Interview with the Medication Aide (MA) on 12/10/15 at 10:15am revealed: -She was not aware of any other Hydrocodone/Acetaminophen 5/325 tablets available in the facility for Resident #5. -She was not sure what happened to Resident #5's missing tablets of Hydrocodone/Acetaminophen 5/325. -She was not sure what happened to the other controlled drug count sheets for Resident #5's Hydrocodone/Acetaminophen 5/325.</p> <p>Interview with the facility Director on 12/10/15 at 4:00pm revealed: -She was unaware of Resident #5's missing doses of Hydrocodone/Acetaminophen 5/325. -She suspected 3 of the MA staff, and 1 MA in particular (Staff A), and believed they took the controlled drugs, controlled drug count sheets, and pharmacy delivery sheets. -Staff A acted "weird when she worked," (no specifics given), and refused to take a drug test when requested by the Director. -She believed these incidents happened in late September or early October 2015.</p> <p>Interview with the same MA on 12/10/15 at 5:10pm revealed: -She had handwritten the only available controlled drug count sheet for Resident #5's Hydrocodone at the request of the Director on 10/14/15 because a controlled drug count sheet was not available for Resident #5's Hydrocodone. -On 10/14/15 when the controlled drug count sheet was created, there was only one cassette of 15 Hydrocodone tablets available for Resident</p>	D 392		

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D 392	<p>Continued From page 42</p> <p>#5.</p> <p>Review of pharmacy delivery sheets faxed to the facility on 12/10/15 revealed: -60 tablets of Hydrocodone/Acetaminophen 5/325 for Resident #5 were sent to the facility on 10/1/15 and signed for by Staff B, Personal Care Aide (PCA) at 2:14am. -120 tablets of Hydrocodone/Acetaminophen 5/325 for Resident #5 were sent to the facility on 10/2/15 and signed for by Staff B at 1:46am.</p> <p>Interview with Staff B on 12/11/15 at 11:45pm revealed: -The Hydrocodone/Acetaminophen 5/325 was here in the facility when she checked them in on 10/1/15 and 10/2/15. -Typed controlled drug count sheets from the pharmacy came in with the Hydrocodone/Acetaminophen 5/325 tablets, but she was not sure how many.</p> <p>Based on review of controlled drug logs, medication administration records, records for the receipt and disposition of medications, observation of medications on hand and interviews, the facility could not account for 155 tablets of Hydrocodone/Acetaminophen 5/325.</p> <p>Refer to review of the facility's policy on medication administration and controlled drugs.</p> <p>Refer to interview with a first shift MA on 12/10/15 at 5:10pm.</p> <p>Refer to interview with facility Director on 12/10/15 at 4:00pm.</p> <p>B. Review of Resident #4's FL2 dated 10/6/15 revealed:</p>	D 392		

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D 392	<p>Continued From page 43</p> <p>-Diagnoses included paranoid schizophrenia, hypertension, and obesity.</p> <p>-A medication order for Ambien 5mg, 1 tablet at bedtime as needed for sleep. (Ambien is a controlled drug used to induce sleep.)</p> <p>-An admission date of 7/9/10.</p> <p>Review of facility records revealed:</p> <p>-Only two controlled drug count sheets for Resident #4's Zolpidem 5mg (generic Ambien), 16 tablets each.</p> <p>-One controlled drug count sheet was started on 11/6/15 with Zolpidem 5mg documented as administered every day from 11/6/15 through 11/21/15 with 0 tablets documented as remaining.</p> <p>-The other controlled drug sheet was started on 11/22/15 with Zolpidem 5mg documented as given every day from 11/22/15 through 12/6/15, except for 11/23/15, and 2 tablets remained on that count sheet.</p> <p>Observation of Resident #4's medications on hand on the afternoon of 12/8/15 revealed 2 tablets of Zolpidem 5mg remained in the cassette for the above controlled drug count sheet.</p> <p>Review of Resident #4's electronic Medication Administration Records (eMARs) for October 2015 revealed:</p> <p>-Zolpidem 5mg was documented as administered on the 3rd, 5th, 6th, 7th, 8th, 9th, 10th, 14th, 16th, 17th, 20th, 23rd, 24th, 26th, 27th, 29th, and 31st for a total of 17 doses.</p> <p>No controlled drug sheet was available to reconcile the doses administered in October 2015.</p> <p>Review of Resident #4's eMARs for November 2015 revealed:</p>	D 392		

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D 392	<p>Continued From page 44</p> <p>-Zolpidem 5mg was documented as administered on the 1st, 3rd, 7th, 8th, 14th, 16th, 18th, 20th, 21st, 22nd, 24th, 25th, 27th, 28th, and 30th of November 2015 for a total of 15 doses.</p> <p>No controlled drug sheet was available to reconcile the doses administered on the 1st and 3rd of November 2015.</p> <p>Review of Resident #4's electronic Medication Administration Records (eMARs) for December 2015 revealed: -Zolpidem 5mg was documented as administered on the 2nd, 3rd, 5th, and 6th of December 2015 for a total of 4 doses.</p> <p>From 11/6/15 to 11/30/15, 13 doses of Zolpidem 5mg documented as given on Resident #4's eMAR, and 24 doses are signed out on the controlled drug count sheet.</p> <p>From 12/1/15 through 12/7/15, 4 doses of Zolpidem 5mg documented as given on the eMAR, and 6 doses signed out on the controlled drug count sheet.</p> <p>Interview with the Medication Aide (MA) on 12/9/15 at 10:25am revealed: -She always recorded medications on the eMAR when she gives them. -Resident #4 did not ask for his Zolpidem the past 2 nights. -She could not explain the discrepancy in the controlled drug count sheet and the eMAR counts of Resident #4's Zolpidem.</p> <p>Interview with Resident #4 on 12/9/15 at 2:35pm revealed: -He took his Ambien every night, and it helps him sleep.</p>	D 392		

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D 392	<p>Continued From page 45</p> <p>-He was aware of what his generic Ambien looked like.</p> <p>Interview with the dispensing pharmacist on 12/9/15 at 3:10pm revealed:</p> <ul style="list-style-type: none"> -16 tablets of Zolpidem 5mg were dispensed for Resident #4 on 9/18/15. -15 tablets of Zolpidem 5mg were dispensed for Resident #4 on 10/1/15. -15 tablets of Zolpidem 5mg were dispensed for Resident #4 on 10/19/15. -16 tablets of Zolpidem 5mg were dispensed for Resident #4 on 11/4/15. -16 tablets of Zolpidem 5mg were dispensed for Resident #4 on 11/21/15. <p>Interview with the pharmacist at the pharmacy provider on 12/10/15 at 3:05pm revealed they provide controlled drug count sheets for all dispensed controlled drugs.</p> <p>Review of facility records revealed no controlled drug count sheets for Resident #4's Zolpidem dispensed on 9/18/15, 10/1/15, and 10/19/15.</p> <p>Refer to review of the facility's policy on medication administration and controlled drugs.</p> <p>Refer to interview with facility Director on 12/10/15 at 4:00pm.</p> <p>Refer to interview with a first shift MA on 12/10/15 at 5:10pm.</p> <p>C. Review of Resident #1's current FL2 dated 11/17/15 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included depression, asthma, neuropathy, and osteoporosis. -A medication order for Zolpidem (a controlled drug used to treat insomnia) 10mg, 1 tablet at 	D 392		

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D 392	<p>Continued From page 46</p> <p>bedtime as needed for insomnia. -An admission date of 06/23/09.</p> <p>Observation of Resident #1's medications on hand on 12/08/15 at 2:30pm revealed a cassette of Zolpidem 10mg with a dispensing date of 11/24/15 and 16 tablets in the cassette.</p> <p>Review of Resident #1's electronic Medication Administration Record (eMAR) for December 2015 revealed Zolpidem 10mg had not been documented as administered from 12/01/15 to 12/07/15.</p> <p>Review of Resident #1's eMAR for November 2015 revealed Zolpidem 10mg had not been documented as administered from 11/01/15 to 11/30/15.</p> <p>Review of Resident #1's eMAR for October 2015 revealed Zolpidem 10mg had been documented as administered once, 10/03/15.</p> <p>Review of Resident #1's eMAR for September 2015 revealed Zolpidem 10mg had not been documented as administered from 09/01/15 to 09/30/15.</p> <p>Review of Resident #1's eMAR for August 2015 revealed 2 tablets of Zolpidem 10mg had been documented as administered on 08/28/15 and 08/29/15.</p> <p>Review of Resident #1's controlled drug count sheet dated 4/17/15 for the Zolpidem 10mg revealed: -Sixteen tablets noted as delivered on 04/17/15. -Eight tablets of Zolpidem 10mg were documented as administered on the following dates; 7/26/15, 8/28/15, 8/29/15, and 10/03/15.</p>	D 392		

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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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D 392	<p>Continued From page 47</p> <ul style="list-style-type: none"> -Four tablets of Zolpidem were documented as administered on the controlled drug count sheet on 9/11/15, 9/14/15, 9/27/15, and 10/16/15, but were not documented on the eMAR. -Six tablets of Zolpidem 10mg were documented as taken home on the following dates; 7/26/15, 8/30/15, 2 on 10/07/15, 10/15/15, and 1 tablet on an undated entry. -One tablet of Zolpidem 10mg was documented as wasted on 11/19/15. -One tablet of Zolpidem 10mg was deducted from the controlled drug count sheet on 10/18/15, but documentation was absent for the quantity given, signature of the MA, and was not documented on the eMAR. <p>Review of the MA staffing schedule on 12/10/15 revealed that Staff A was working on 10/18/15.</p> <p>Review of Resident #1's controlled drug count sheet dated 10/07/14 for the Zolpidem 10mg revealed:</p> <ul style="list-style-type: none"> -Sixteen tablets noted as delivered on 10/07/14. -Nine tablets of Zolpidem 10mg were documented as administered on the following dates; 5/14/15, 5/22/15, 6/01/15, 6/24/15, 6/27/15, 6/28/15, 7/01/15, 7/05/15, and 7/06/15. -Two tablets of Zolpidem 10mg were documented as taken home on 6/08/15. -A quantity of five Zolpidem 10mg tablets were documented as "quantity left" on the sheet. -There was no further documentation of the administration of the five remaining tablets. <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> -A Medication Release Form dated 6/08/15 with 2 Zolpidem tablets documented as sent home with Resident #1. -A Medication Release Form dated 11/19/15 with 1 Zolpidem tablet documented as sent home with 	D 392		

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D 392	<p>Continued From page 48</p> <p>Resident #1.</p> <ul style="list-style-type: none"> -There were no Medication Release Forms for Zolpidem 10mg sent home with Resident #1 on 7/26/15, 8/30/15, 10/07/15 and 10/15/15. -There were no other Medication Release Forms in the record. <p>Interview with the pharmacist at the pharmacy provider on 12/09/15 at 3:20pm revealed:</p> <ul style="list-style-type: none"> -They had sent leave of absence Zolpidem 10mg for Resident #1 as follows: quantity of 4 on 10/19/15, quantity of 3 on 10/29/15, and quantity 2 on 11/04/15. -Cassettes for use on the medication cart were sent on 4/17/15 quantity 16 and 11/24/15 quantity 16. <p>Interview with the facility Director on 12/10/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -She was unaware of Resident #1's missing doses of Zolpidem. -She was not sure what happened to Resident #1's remaining 5 tablets of Zolpidem that were documented on the 10/07/14 controlled drug count sheet, and the 9 Zolpidem that were prepared by the pharmacy for leave of absences on 10/19/15, 10/29/15, and 11/04/15. -She was unable to find Resident #1's Medication Release Forms for the leave of absences on 10/19/15, 10/29/15, and 11/04/15. -She had suspected one of the MA staff (Staff A) of taking the medications, and stated "I believe (Staff A) took them, she was working then (between September and October 2015)." <p>Interview with the first shift MA on 12/10/15 at 4:45pm revealed:</p> <ul style="list-style-type: none"> -She was not sure what happened to Resident #1's remaining 5 tablets of Zolpidem 10mg that were documented on the 10/07/14 controlled drug 	D 392		

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D 392	<p>Continued From page 49</p> <p>count sheet.</p> <p>-There were no other controlled drug count sheets available for Resident #1's Zolpidem 10mg.</p> <p>-The undated entry on the 4/17/15 controlled drug count sheet was sent home with Resident #1 on 11/20/15.</p> <p>Based on review of controlled drug logs, medication administration records, records for the receipt and disposition of medications, observation of medications on hand and interviews, the facility could not account for 14 tablets of Zolpidem 10mg.</p> <p>Refer to review of the facility's policy on medication administration and controlled drugs.</p> <p>Refer to interview with a first shift MA on 12/10/15 at 5:10pm.</p> <p>Refer to interview with facility Director on 12/10/15 at 4:00pm.</p> <p>D. Review of Resident #11's current FL2 dated 4/13/15 revealed:</p> <p>-Diagnoses included degenerative disc disease of the lumbar and sacral spine, seizure disorder, hypertension, chronic pain, and chronic anxiety.</p> <p>-A medication order for Fentanyl (a controlled medication used to treat severe pain) 50mcg/hour patch, apply 1 patch topically to skin every 72 hours.</p> <p>-An admission date of 4/29/15.</p> <p>Observation of Resident #11's medications on hand on 12/10/15 at 10:00am revealed a plastic bag of Fentanyl 50mcg/hour patches with a dispensing date of 11/23/15 and 4 patches in the bag.</p>	D 392		

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D 392	<p>Continued From page 50</p> <p>Review of Resident #11's electronic Medication Administration Record (eMAR) for November 2015 revealed:</p> <ul style="list-style-type: none"> -An order for Fentanyl 50mcg/hour, apply 1 patch every 72 hours. -Six patches documented as administered on 11/3/15, 11/6/15, 11/9/15, 11/12/15, 11/15/15, and 11/18/15. -Documentation that the medication was "not on the cart" on 11/21/15. -Documentation that the medication was "not required" on 11/26/15 and 11/29/15. -There was no further documentation that Fentanyl 50 mcg/hour was administered on any other dates. <p>Review of Resident #11's controlled drug count sheet dated 11/23/15 for the Fentanyl 50mcg/hour revealed:</p> <ul style="list-style-type: none"> -Ten patches noted as delivered on 11/23/15. -Three patches of Fentanyl 50 mcg/hour were documented as administered on the controlled drug count sheet on the following dates: 11/24/15, 11/27/15 and 11/30/15, but were not documented as administered on the November 2015 eMAR. <p>Interview with the pharmacist at the pharmacy provider on 12/09/15 at 3:20pm revealed they had sent Fentanyl 50 mcg/hour quantity 10 for Resident #11 on 11/23/15.</p> <p>Interview with the first shift MA on 12/10/15 at 4:45pm revealed:</p> <ul style="list-style-type: none"> -Resident #11 ran out of Fentanyl 50 mcg/hr on 11/21/15. -The due date "gets messed up" when we wait for a new prescription. -The pharmacy had been contacted to correct the due dates. 	D 392		

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D 392	<p>Continued From page 51</p> <p>Interview with Resident #11 on 12/10/15 at 11:00am revealed: -"I do run short sometimes." -The due dates on the eMAR are incorrect. -She kept a calendar in her room of all dates she received the Fentanyl patch. -She "got out of pain patch" one time on November 21, 2015. -"It (Fentanyl) has run out other times, but they (facility) say it's the doctor's fault, but I think it's the pharmacy."</p> <p>Interview with the facility Director on 12/14/15 at 4:07pm revealed: -The due dates for the Fentanyl patch were wrong in the system, and that resulted in the eMARs showing the medication was "not required". -"This happens every time a new prescription is filled."</p> <p>Refer to review of the facility's policy on medication administration and controlled drugs.</p> <hr/> <p>Interview with the facility Director on 12/10/15 at 4:00pm revealed: -She suspected 3 of the MA staff (Staff A, Staff G, and Staff H), and one MA in particular (Staff A), and believed they took the controlled drugs, controlled drug count sheets, and pharmacy delivery sheets. -She believed these incidents happened in late September or early October 2015.</p> <p>Review of the facility's policy on medication administration and controlled drugs revealed: -The MAR will include the date and time of medication administration with the name and</p>	D 392		

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D 392	<p>Continued From page 52</p> <p>initials of the person administering the medication.</p> <ul style="list-style-type: none"> -Documentation of controlled drugs will be maintained by the facility and will be available for review. -The record of documentation (of controlled drugs) will be kept in the resident's record, ex. MAR or controlled drug sign-out record. <p>Interview with a first shift MA on 12/10/15 at 5:10pm revealed:</p> <ul style="list-style-type: none"> -When controlled drugs came in from the pharmacy, we (the MA) had to count the medications with the pharmacy driver. -if there was a discrepancy between the controlled drugs in the pharmacy tote and the packing slip, "we send the whole thing (tote) back to the pharmacy." <hr/> <p>On 12/11/15, the facility provided the following plan of protection:</p> <ul style="list-style-type: none"> -The facility will continue to count all controlled drugs at the beginning and end of each shift. -The Director will monitor all control sheets to ensure that the MARs and controlled drug counts are accurate. -The director will perform random controlled drug count checks to verify amounts of controlled drugs weekly. -The pharmacy will provide an inservice for all Medication Aides on all aspects of controlled drug record keeping, to ensure that all medications are accounted for. -The pharmacy will perform medication cart audits as part of the quarterly pharmacy reviews. <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016.</p>	D 392		

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D 399	<p>10A NCAC 13F .1008 (h) Controlled Substance</p> <p>10A NCAC 13F .1008 Controlled Substance</p> <p>(h) The facility shall ensure that all known drug diversions are reported to the pharmacy, local law enforcement agency and Health Care Personnel Registry as required by state law, and that all suspected drug diversions are reported to the pharmacy. There shall be documentation of the contact and action taken.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to report suspected diversion of controlled drug medications by staff to the dispensing pharmacy for 2 of 6 (#1 and #5) sampled residents. (Zolpidem 10mg and Norco 5/325.)</p> <p>The findings are:</p> <p>A. Review of Resident #5's current FL2 dated 7/14/15 revealed: -Diagnoses included dementia, anxiety, depression, congestive heart failure, and atrial fibrillation. -An admission date of 2/27/15.</p> <p>Review of Resident #5's record revealed: -A medication order dated 10/1/15 for Norco 5/325 (Hydrocodone/Acetaminophen 5/325) 180 tablets, 1 tablet every 4 hours as needed for pain. (Norco is a controlled drug used to treat moderate to severe pain.)</p> <p>Review of Resident #5's medications on hand on</p>	D 399	<p>Rule: 10 NCAC 13 F .1008 (h) Controlled Substance</p> <p>• This rule will be met by ensuring that all known drug diversions are reported to the pharmacy, local law enforcement agency and Health Care Personnel Registry as required by state law and that all suspected drug diversions are reported to the pharmacy. These actions will be documented.</p>	12/20/15

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D 399	<p>Continued From page 54</p> <p>12/10/15 at 10:10am revealed no Hydrocodone 5/325mg tablets available to administer to Resident #5.</p> <p>Interview with the pharmacist at the pharmacy provider on 12/10/15 at 3:05pm revealed: -They had sent all 180 tablets of Hydrocodone/Acetaminophen 5/325 to the facility in October 2015. -The facility had not returned any Hydrocodone/Acetaminophen 5/325 to the pharmacy for Resident #5. -The facility had not reported any missing controlled drugs or staff suspected of diverting medications.</p> <p>Review of Resident #5's electronic Medication Administration Record (eMAR) for October, November, and December 2015 revealed 25 tablets of Hydrocodone/Acetaminophen 5/325 had been documented as administered.</p> <p>Review of Resident #5's controlled drug count sheet for the Hydrocodone/Acetaminophen 5/325 revealed: -Only 1 controlled drug sheet available in the facility from 10/14/15 through 12/10/15, with 15 tablets noted as delivered on 10/14/15. -The controlled drug count sheet was handwritten by medication aide staff. -Fifteen tablets of Hydrocodone were documented as administered on the following dates; 2 tablets on 10/16/15, 2 tablets on 10/17/15, 1 tablet on 10/18/15, 1 tablet on 10/29/15, 2 tablets on 10/30/15, 1 tablet on 11/5/15, 1 tablet on 11/6/15, 1 tablet on 11/10/15, 1 tablet on 11/12/15, 1 tablet on 11/26/15, 1 tablet on 12/3/15, and 1 tablet on 12/10/15.</p> <p>Interview with the Medication Aide (MA) on</p>	D 399	<p>A 24-hr. report and a 5-day report will be completed and sent to the Health Care Personnel Registry along with the Police Report. The pharmacy, administrator and Department of Social Services will also be contacted.</p> <p>The Director and Administrator will monitor and do so on a weekly basis by auditing the controlled drugs.</p> <p>AMENDED 2/4/16 <i>Kenneth Lumy / J. Glendon RN</i></p>	
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D 399	<p>Continued From page 55</p> <p>12/10/15 at 10:15am revealed: -She was not aware of any other Hydrocodone/Acetaminophen 5/325 tablets available in the facility for Resident #5. -She was not sure what happened to Resident #5's other tablets of Hydrocodone/Acetaminophen 5/325. -She was not sure what happened to the other controlled drug count sheets for Resident #5's Hydrocodone/Acetaminophen 5/325.</p> <p>Interview with Resident #5 on 12/10/15 at 11:28am revealed: -He was not sure what pain medications he took. -He could not recall any incidences of unrelieved pain. -Staff gave him pain medications when he asked for them.</p> <p>Interview with the facility Director on 12/10/15 at 4:00pm revealed she was unaware of Resident #5's missing doses of Hydrocodone/Acetaminophen 5/325.</p> <p>Interview with a MA on 12/10/15 at 5:10pm revealed: -She had handwritten the only available controlled drug count sheet for Resident #5's Hydrocodone at the request of the Director on 10/14/15 because there was no controlled drug count sheet for Resident #5's Hydrocodone. -On 10/14/15 when the controlled drug count sheet was created, there was only one cassette of 15 Hydrocodone tablets available for Resident #5.</p> <p>Review of pharmacy delivery sheets faxed to the facility on 12/10/15 revealed: -Sixty tablets of Hydrocodone/Acetaminophen 5/325 for Resident #5 were sent to the facility on</p>	D 399		

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D 399	<p>Continued From page 56</p> <p>10/1/15 and 120 tablets of Hydrocodone/Acetaminophen 5/325 for Resident #5 were sent to the facility on 10/2/15.</p> <p>Review of facility records revealed: -The Director received monthly pharmacy statements for all residents, including Resident #5. -The statement had details about medications sent, including the name of the drug and the number of tablets sent.</p> <p>Refer to review of the facility's policy on medication administration and controlled drugs.</p> <p>Refer to interview with the facility Director on 12/10/15 at 4:00pm.</p> <p>Refer to interview with a first shift MA on 12/10/15 at 5:10pm.</p> <p>Refer to interview with the facility Administrator on 12/10/15 at 5:45pm.</p> <p>B. Review of Resident #1's current FL2 dated 11/17/15 revealed: -Diagnoses included depression, asthma, neuropathy, and osteoporosis. -A medication order for Zolpidem (a controlled drug used to treat insomnia) 10mg, 1 tablet at bedtime as needed for insomnia. -An admission date of 06/23/09.</p> <p>Observation of Resident #1's medications on hand on 12/8/15 at 2:30pm revealed a cassette of Zolpidem 10mg with a dispensing date of 11/24/15 and 16 tablets in the cassette.</p> <p>Review of Resident #1's electronic Medication Administration Record (eMAR) for December</p>	D 399		

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D 399	<p>Continued From page 57</p> <p>2015 revealed Zolpidem 10mg had not been documented as administered from 12/1/15 to 12/7/15.</p> <p>Review of Resident #1's eMAR for November 2015 revealed Zolpidem 10mg had not been documented as administered from 11/1/15 to 11/30/15.</p> <p>Review of Resident #1's eMAR for October 2015 revealed Zolpidem 10mg had been documented as administered once, 10/3/15.</p> <p>Review of Resident #1's eMAR for September 2015 revealed Zolpidem 10mg had not been documented as administered from 9/1/15 to 9/30/15.</p> <p>Review of Resident #1's eMAR for August 2015 revealed 2 tablets of Zolpidem 10mg had been documented as administered on 8/28/15 and 8/29/15.</p> <p>Review of Resident #1's controlled drug count sheet dated 4/17/15 for the Zolpidem 10mg revealed: -Sixteen tablets noted as delivered on 4/17/15. -Eight tablets of Zolpidem 10mg were documented as administered on the following dates; 7/26/15, 8/28/15, 8/29/15, and 10/3/15. -Four tablets of Zolpidem were documented as administered on the controlled drug count sheet on 9/11/15, 9/14/15, 9/27/15, and 10/16/15, but were not documented on the eMAR. -Six tablets of Zolpidem 10mg were documented as taken home on the following dates; 7/26/15, 8/30/15, 2 on 10/7/15, 10/15/15, and 1 tablet on an undated entry. -One tablet of Zolpidem 10mg was documented as wasted on 11/19/15.</p>	D 399		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 399	<p>Continued From page 58</p> <p>-One tablet of Zolpidem 10mg was deducted from the controlled drug count sheet on 10/18/15, but documentation was absent for the quantity given, signature of the MA, and was not documented on the eMAR.</p> <p>Review of the MA staffing schedule on 12/10/15 revealed that Staff A was working on 10/18/15.</p> <p>Review of Resident #1's controlled drug count sheet dated 10/7/14 for the Zolpidem 10mg revealed:</p> <ul style="list-style-type: none"> -Sixteen tablets noted as delivered on 10/7/14. -Nine tablets of Zolpidem 10mg were documented as administered on the following dates; 5/14/15, 5/22/15, 6/1/15, 6/24/15, 6/27/15, 6/28/15, 7/1/15, 7/5/15, and 7/6/15. -Two tablets of Zolpidem 10mg were documented as taken home on 6/8/15. -A quantity of five Zolpidem 10mg were documented as "quantity left" on the sheet. -There was no further documentation of the administration of the five remaining tablets. <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> -A Medication Release Form dated 6/8/15 with 2 Zolpidem tablets documented as sent home with Resident #1. -A Medication Release Form dated 11/19/15 with 1 Zolpidem tablet documented as sent home with Resident #1. -There were no Medication Release Forms for Zolpidem 10mg sent home with Resident #1 on 7/26/15, 8/30/15, 10/7/15 and 10/15/15. -There were no other Medication Release Forms in the record. <p>Interview with the pharmacist at the pharmacy provider on 12/9/15 at 3:20pm revealed:</p> <ul style="list-style-type: none"> -They had sent leave of absence Zolpidem 10mg 	D 399		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 399	<p>Continued From page 59</p> <p>for Resident #1 as follows: quantity of 4 on 10/19/15, quantity of 3 on 10/29/15, and quantity 2 on 11/4/15.</p> <p>-Cassettes for use on the medication cart were sent on 4/17/15 quantity 16 and 11/24/15 quantity 16.</p> <p>Interview with the facility Director on 12/10/15 at 3:45pm revealed:</p> <p>-She was unaware of Resident #1's missing doses of Zolpidem.</p> <p>-She was not sure what happened to Resident #1's remaining 5 tablets of Zolpidem that were documented on the 10/7/14 controlled drug count sheet, and the 9 Zolpidem that were prepared by the pharmacy for leave of absences on 10/19/15, 10/29/15, and 11/4/15.</p> <p>-She was unable to find Resident #1's Medication Release Forms for the leave of absences on 10/19/15, 10/29/15, and 11/04/15.</p> <p>-She had suspected one of the MA staff (Staff A) of taking the medications, and stated "I believe (Staff A) took them, she was working then (between September and October 2015)."</p> <p>Interview with the first shift MA on 12/10/15 at 4:45pm revealed:</p> <p>-She was not sure what happened to Resident #1's remaining 5 tablets of Zolpidem 10mg that were documented on the 10/07/14 controlled drug count sheet.</p> <p>-There were no other controlled drug count sheets available for Resident #1's Zolpidem 10mg.</p> <p>-The undated entry on the 4/17/15 controlled drug count sheet was sent home with Resident #1 on 11/20/15.</p> <p>Refer to review of the facility's policy on medication administration and controlled drugs.</p>	D 399		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 399	<p>Continued From page 60</p> <p>Refer to interview with the facility Director on 12/10/15 at 4:00pm.</p> <p>Refer to interview with a first shift MA on 12/10/15 at 5:10pm.</p> <p>Refer to interview with the facility Administrator on 12/10/15 at 5:45pm.</p> <hr/> <p>Review of the facility's policy on medication administration and controlled drugs revealed:</p> <ul style="list-style-type: none"> -The MAR will include the date and time of medication administration with the name and initials of the person administering the medication. -Documentation of controlled drugs will be maintained by the facility and will be available for review. -The record of documentation (of controlled drugs) will be kept in the resident's record, ex. MAR or controlled drug sign-out record. <p>Interview with the facility Director on 12/10/15 at 4:00pm revealed:</p> <ul style="list-style-type: none"> -She suspected 3 of the MA staff (Staff A, Staff G, and Staff H), and one MA in particular (Staff A), and believed they took the missing controlled drugs, controlled drug count sheets, and pharmacy delivery sheets. -"When Staff A worked, she acted weird (no specifics), and the residents acted weird or different, like they were not getting their medicines." -Staff A would occasionally "trash" a controlled drug she had dropped without a witness, against facility policy. -The Director asked Staff A to take a drug test and she refused, (specific time not given, but 	D 399		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 399	<p>Continued From page 61</p> <p>around the time of these events.)</p> <ul style="list-style-type: none"> -The Director sought to interview Staff A just before she was fired, but "as soon as she saw me (in the facility), (named staff) ran out the front door." -The Director stated that she found a medication cup containing controlled medications in the locker of Staff H. -All 3 of the suspected MAs, were eventually fired around the end of October. -Residents were acting much better since those 3 MAs were fired. -No residents had complained of missing medications. -The Director did not report her suspicions to the pharmacy. -The Director did not report Staff A to Health Care Personnel Registry (HCPR) because she "could not prove anything." -She believed these incidents happened in late September or early October 2015. <p>Interview with a first shift MA on 12/10/15 at 5:10pm revealed:</p> <ul style="list-style-type: none"> -When controlled drug orders came in from the pharmacy, we (the MA) have to count the medications with the pharmacy driver. -If there was a discrepancy between the controlled drugs in the pharmacy tote and the packing slip, "we send the whole thing (tote) back to the pharmacy." <p>Interview with the facility Administrator on 12/10/15 at 5:45pm revealed:</p> <ul style="list-style-type: none"> -Staff A's last pay check was dated 11/3/15 with her last day of employment of 10/18/15. -He was not aware of the missing controlled drugs. 	D 399		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 438 D 438	<p>Continued From page 62</p> <p>10A NCAC 13F .1205 Health Care Personnel Registry</p> <p>10A NCAC 13F .1205 Health Care Personnel Registry</p> <p>The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 130 .0101 and .0102.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the facility failed to investigate and report 3 suspected staff (Staff A, Staff G, and Staff H), who had allegations of controlled drug diversion to the Health Care Personnel Registry (HCPR).</p> <p>The findings are:</p> <p>Interview with the facility Director on 12/10/15 at 3:45pm revealed: -She had suspected one of the Medication Aide (MA) staff (Staff A) of taking controlled drugs that belonged to residents, and stated "I believe (Staff A) took them, she was working then (between September and October 2015)." -She did not report Staff A to Health Care Personnel Registry (HCPR), and stated, "I started to look at stuff (controlled drug count sheets) and gather evidence, but I never reported her."</p> <p>Subsequent interview with the facility Director on 12/10/15 at 4:00pm revealed: -She suspected 3 of the MA staff (Staff A, Staff G, and Staff H), and one MA in particular (Staff A), and believed they took the controlled drugs,</p>	D 438 D 438	<p>Rule: 10A NCAC 13F .1205 Health Care Personnel Registry</p> <p>- This rule will be met by a 24 hour report filed with the Health Care Personnel Registry and an investigation will be done accordingly. A 5-day report will follow as required to the Health Care Personnel Registry for any staff member suspected of drug diversion.</p> <p>• The facility will monitor all incoming controlled drug orders for amounts received.</p> <p>• The facility will monitor all controlled drug count sheets for all errors and missing medications.</p> <p>cont.</p>	12/10/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 438	Continued From page 63 controlled drug count sheets, and pharmacy delivery sheets. -When Staff A worked, she acted weird (no specifics), and the resident's acted weird or different, "like they were not getting their medicines." -Staff A would occasionally "trash" a controlled drug she had dropped without a witness, against facility policy. -The Director asked Staff A to take a drug test and she refused, (specific time not given, but around the time of these events.) -The Director sought to interview Staff A just before she was fired, but "as soon as she saw me (in the facility), (named staff) ran out the front door." -The Director stated that she found a medication cup containing controlled medications in the locker of Staff H. -All 3 of the suspected MAs, were eventually fired around the end of October. -Residents were acting much better since those 3 MAs were fired. -No residents had complained of missing medications. -The Director did not report her suspicions to the pharmacy. -The Director did not report Staff A to Health Care Personnel Registry (HCPR) because she "could not prove anything." -She had not reported Staff G and Staff H to HCPR. -She believed these incidents happened in late September or early October 2015. Interview with the facility Administrator on 12/10/15 at 5:45pm revealed: -Staff A's last pay check was dated 11/3/15 with her last day of employment of 10/18/15. -He was not aware of the missing controlled	D 438	• All medications aides involved in medications disappearing will be reported to the HCPR, Department of Social Services, Pharmacy and law enforcement. • The medication aide will be terminated. Administrator will monitor that reporting has been done upon each incident. AMENDED 2/4/16 <i>Kenneth Ramsey</i> <i>J. Fender RN 2/12/16</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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 438	Continued From page 64 drugs. Refer to Tag D338 10A NCAC 13F .0909 Resident Rights. Based on observations, record reviews and interviews, the facility failed to assure 2 residents (#1 and #5) were free from exploitation by diversion of their controlled medications by staff. (Zolpidem 10mg and Norco 5/325.) On 12/10/15 the facility provided the following plan of protection: -Facility will monitor all incoming controlled drug orders for amounts received. -Facility will monitor controlled drug count sheets for all errors and missing medications. -All Medication Aides involved in medications disappearing will be reported to the HCPR, Department of Social Services, Pharmacy, and law enforcement. -The Medication Aide will be fired. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016.	D 438		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by:	D912	Rule: G.S. 131D-21 (2) Declaration of Residents' Rights • Residents will receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations by keeping appropriate cent	12/10/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER
ALEXANDER ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
3032 N C HIGHWAY 16 SOUTH
TAYLORSVILLE, NC 28681

(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
D912	Continued From page 65 Based on observations, interviews, and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in the areas of controlled substances record keeping and reporting to the Health Care Personnel Registry (HCPR). The findings are: A. Based on observations, record reviews, and interviews, the facility failed to assure accountability of controlled drugs as evidenced by the failure to assure accurate records of the receipt, administration, and disposition of controlled drugs for 4 of 6 (#1, #4, #5, and #11) sampled residents. [Refer to D 392, 10A NCAC 13F .1008(a) Controlled Substances, (Type B Violation.)] B. Based on observations, record reviews and interviews, the facility failed to investigate and report 3 suspected staff (Staff A, Staff G, and Staff H) who had allegations of controlled drug diversion to the Health Care Personnel Registry (HCPR). [Refer to D 438, 10A NCAC 13F .1205 Health Care Personnel Registry, (Type B Violation.)]	D912	records of controlled drugs and reporting any controlled drug diversions to the Health Care Personnel Registry.	12/10/15
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, record reviews, and	D914	G.S. 131D-21(4) Declaration of Residents' Rights A: Residents will be free from mental and physical abuse, neglect and exploitation by cont.	12/10/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
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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
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D914	<p>Continued From page 66</p> <p>interviews, the facility failed to assure residents were free from abuse, neglect, and exploitation in the areas of supervision to prevent sexual assault, diversion of controlled medications, and management of facilities.</p> <p>The findings are:</p> <p>A. Based on interviews and record reviews, the facility failed to provide supervision for 1 of 14 sampled residents (Resident #7) who demonstrated sexually inappropriate behaviors towards 2 residents (Resident #2 and Resident #14). [Refer to D 270, 10A NCAC 13F .0901(b) Personal Care and Supervision, (Type B Violation.)]</p> <p>B. Based on observations, record reviews and interviews, the facility failed to assure 2 of 6 sampled residents (#1 and #5) were free from exploitation by diversion of their controlled medications by staff. (Zolpidem 10mg and Norco 5/325.) [Refer to D 338, 10A NCAC 13F .0909 Resident Rights, (Type B Violation.)]</p> <p>C. Based on observations, interviews, and record reviews, the Administrator failed to assure the total operation of the facility met and maintained rules related to management of the facility, fire drills, water temperatures, tuberculosis testing of staff, resident assessments, personal care and supervision, activities, exploitation, controlled drug record keeping, reporting to the Health Care Personnel Registry (HCPR), and reporting to pharmacy. [Refer to D 176, 10A NCAC 13F .0601(a) Management of Facilities, (Type B Violation.)]</p>	D914	<p>monitoring residents to ensure isolation, and the safety of other residents.</p> <ul style="list-style-type: none"> Residents will be educated on proper interactions with other residents. Staff to do hourly checks needed on specific residents needed according to care plan. <p>B. The facility will ensure that all residents' rights are met and maintained concerning all medications and controlled drugs. The director and the MA's will oversee and continue to monitor controlled drugs count sheets for errors and missing medications.</p> <p>C. Administrator will monitor the total operations of the facility, meet and are maintained according to the rules related to management of the facility, fire drills, water temperatures, TB testing of staff, resident assessments, personal care and supervision, activities, exploitation,</p>	12/10/15
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controlled drug record-keeping, reporting to Health Care Personnel Registry, and reporting to pharmacy.

Residents' Care Plan / FL-2 / P. Order / LHPs / Standing Orders & Diet Order Renewal
Alexander Assisted Living

Resident Name	Care Plan	FL-2	Physician Order	LHPs	Standing Order	Diet Order	TB Skin Test	Pharmacy Review
Baneszewski, Dolly								
Bass, Mark								
Bowman, Felecia								
Brown, David								
Cagle, Mary								
Canter, Sherry								
Coleman, Juanita								
Dale, Brent								
Farris, Doris								
Flowers, Wendy								
Hamel, David								
Howland, Jeane								
Icenhour, Jerry								
Mitchell, Faye								
Parlier, Helen								
Patterson, Mary								
Poe, Gene								
Price, Harold								
Ray, Nina								
Smith, Teresa								
Taylor, Matthew								
West, Lynn								
Xayavong, Tom								

Nurse's Notes

Date: _____ Time: _____

Resident's Name: _____ Completed By: _____

Concern or Observation: _____

What was done to assist resident: _____

What were the results: _____

Nurse's Notes

Date: _____ Time: _____

Resident's Name: _____ Completed By: _____

Concern or Observation: _____

What was done to assist resident: _____

What were the results: _____

Alexander Assisted Living Activity Assessment

I. Identifying Data:

Date of Birth: _____ Sex: _____ Race: _____

Marital Status: _____

Religion _____ Church _____ Minister _____

Significant Family Members(Relationship)

Occupation _____ Education: _____

Other: _____

II. Assessment Data

Diagnosis: _____

Communication

Skills

Comprehension

Use of

Extremities

Coordination

Vision

Patient _____ Room# _____ Physician _____

Alexander Assisted Living Activity Assessment

Hearing _____

General Appearance _____

Other _____

III. Mental Evaluation

Environmental _____

Orientation _____

Personal _____

Orientation _____

Memory (Past _____

Events) _____

Recent Events _____

Other _____

IV. Recreational Socialization Skills (Indicate if still active A):

Interest _____

Hobbies _____

Organizations _____

Other _____

V. Safety

Precautions _____

VI. Source of

Patient _____ Room# _____ Physician _____

Alexander Assisted Living Activity Assessment

Information _____

VII. Activity Release Signed: _____

Date: _____ Completed by: _____

Date: _____

Patient _____ Room# _____ Physician _____

CONTROLLED DRUGS-COUNT RECORD

Month/Year

FACILITY

UNIT

Signing below acknowledges that you have counted the controlled drugs on hand and have found that the quantity of each medication counted is in agreement with the quantity stated on the Controlled Drug Administration Record.

DATE	7-3 SHIFT		3-11 SHIFT		11-7 SHIFT		COMMENTS
	Counted	Checked	Counted	Checked	Counted	Checked	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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23							
24							
25							
26							
27							
28							
29							
30							
31							

Use a ball point pen and press hard.
You are making 3 copies.
Date Received

CONTROLLED SUBSTANCE



Reason Codes: 1 Pat. Exp. 2 Pat. Discontinued 3 Pat. Hosp. 4 Med. D/C 5 Med. on order 6 Over-stock 7 Order Error

Facility: _____
Include City: _____

So. Pharmacy use only

RX	DATE	Requester (if name)	CV Number	Name of Drug	U/O	QC	Quantity delivered	Stock	DEST	Status	Reason
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Date _____ Date _____

Nurse's Signature _____ Pharmacy Signature _____
4NCR 02407 White Pharmacy Yellow Pharmacy Pink Facility