Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fal092252	A. BUILDING _____ B. WING _____	R 06/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on June 7, 2023.	C 000		
C 205	10A NCAC 13G .0702(c)(2) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination (c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services or MR-2 North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following. (2) The FL-2 or MR-2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the administrator or supervisor-in-charge before admission except for emergency admissions. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure appropriate placement for 1 of 3 residents (Resident #1) according to the physician signed medical examination document (FL 2). The findings are -Review of Resident #1's current FL-2 dated 04/04/23 revealed: -Diagnoses included Alzheimer's Disease, Anxiety Disorder due to unknown physiological condition, Major Depressive Disorder and Insomnia. -The current and recommended level of care documented on the 04/04/23 FL-2 was memory care -Resident #1 was assessed to be constantly	C 205	Carefully study the FL-2 or MR-2 upon admission and review before admission except for emergency admissions 6/8/23 In current FL-2 Form the level of care is Family Care Home. Reassesment of mental and physical condition provided by Neighborhood clinic, level of care is Family care Home. 6/8/2023	

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SIGNATURE OF PROVIDER'S REPRESENTATIVE	TITLE	DATE
LSB Rhodes	Administrator	07/27/2023

FORM CMS-2567(02-99) PREVIOUS VERSIONS OBSOLETE EVENT ID: VGYA11

Received via email 07/27/2023.
Reviewed and Acknowledged 07/31/23. -NT

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HEART TO LIVS	1410 KILDAIRE FARM ROAD CARY, NC 27511

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C 705	Continued From page 1	C 225		

disoriented.
Resident #1 was assessed to have inappropriate behavior of wandering

Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 04/01/23 from another assisted living facility.

Review of Resident #1's care plan dated 04/07/23 revealed:
-The resident was ambulatory.
-The resident was sometimes disoriented.
-The resident was forgetful and needed reminders.

Observation of Resident #1 upon entering the facility on 06/07/23 at 7:50am revealed the resident was seated in a chair in the entry way

Interview with Resident #1 on 06/07/23 at 7:50am revealed:
-She did not know how long she had been at the facility
-She did not take medication
-She did not know what kinds of services were provided for her at the facility

Interview with a personal care aide (PCA) on 06/07/23 at 9:07am revealed:
-She was at the facility to take care of Resident #1 only.
-She was employed at the facility on 04/23/23 by the Administrator
She took care of Resident #1 at another facility.

Second interview with the PCA on 06/07/23 at 9:25am revealed
She worked at the facility 4 days per week from 9:00am - 5:00pm
-She did not work at the facility on Friday.

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	fc1002262	A. BUILDING: _____ B. WING _____	R 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

(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) COMPLETION DATE
C 205	Continued From page 2	C 225		

Saturday or Sunday.
Resident #1 was "busy sometimes".
-Resident #1 likes gardening
-She walked outside with Resident #1.
-She was always with Resident #1

Third interview with the PCA on 08/07/23 at 3:35pm revealed.
-She had provided care for Resident #1 at the previous facility where the resident resided.
Resident #1 was in a memory care unit at the previous facility where the resident resided.

Observations of Resident #1 on 08/07/23 from 11:41am to 12:14pm revealed:
At 11:41am Resident #1 walked to the front entryway door, opened it, looked out the glass door. The PCA walked behind Resident #1. The resident returned to the den area at 11:42am with the PCA.
-At 11:44am Resident #1 got up from the sofa in the den area, walked to the front entryway, opened the front door and looked out the glass door. The PCA stood behind Resident #1. The resident returned to the den entryway at 11:45am
-At 11:47am Resident #1 returned to the den area and sat on the sofa. The resident immediately got up from the sofa, went to the front entryway door and was heard saying "I gotta look around". Resident #1 opened the door and exited. The PCA was in attendance with Resident #1.
-At 11:50am Resident #1 and the PCA entered the facility through the den door.
At 11:54am Resident #1 went to the front entryway, opened the door and looked out the glass door. The resident stepped out on the front porch with the PCA
-At 11:57am Resident #1 and the PCA entered the facility through the den door. The PCA

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	fa032282	A. BUILDING: _____ B. WING _____	R 06/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

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C 205	Continued From page 3	C 205		

instructed Resident #1 to have a seat and read
-At 1:58am, Resident #1 was seated on the den sofa talking continuously. The PCA sat close to Resident #1 with her left arm around Resident #1's waist. The PCA rubbed Resident #1 left arm in an up and down motion
-At 2:14pm, Resident #1 went to the front entryway door and opened the door. The PCA approached Resident #1 after the door was opened and redirected Resident #1 to the dining room. The PCA followed Resident #1 into the dining room.

Interview with the Administrator/Owner on 06/07/23 at 1:14pm revealed:
-She received paperwork for any potential admissinn
-She sent any paperwork received for potential admissions to the Primary Care Provider (PCP) for the facility.
She, the family, and the PCP made the decision together for a resident to be admitted to the facility.
-She had to observe a resident for "a day or two" to determine if the resident's needs could be provided by the facility.
-She was able to meet the needs for Resident #1.
-Resident #1 needed a lot of attention.
She did not provide an answer as to reasoning for Resident #1's admission to the facility with a memory care level of care documented on the admission FL-2.

Telephone interview with the office nurse for the PCP on 06/07/23 at 3:11pm revealed:
-She thought the admission FL-2 for Resident #1 was completed by the attending provider for Resident #1 at the previous facility where the resident resided.
The current PCP had not expressed any concern

Resident #1 feel comfortable Resident #1 is always supervised and behaves in a friendly manner. A small cozy environment, a friendly staff. Staff is always watching her. The lack of noise and crowd triggers have a beneficial effect on her. Current ALZ level of care is Family Care Home 6/8/23

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C 205	Continued From page 4 for the current placement for Resident #1. Telephonic interview with the PCP on 06/07/23 at 2:35pm revealed -The ability of the facility to care for Resident #1 would depend on safety and qualifications of the staff - He was not sure if the facility was qualified to provide care for a memory care resident. -At the beginning, he thought Resident #1 was appropriate for placement at the facility. He did not have any concerns for Resident #1's placement -Concerns would arise when his office was getting called for mental or physical needs. -He felt Resident #1 was appropriately placed	C 205		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following. (1) resident's name. (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fc1092262	A. BUILDING _____ B. WING	C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

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C 342	Continued From page 5	C 342		

signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR)

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to assure the medication administration records were accurate for 2 of 3 sampled residents (#2, #3) including inaccurate documentation for a medication used to treat depression (#2), and dietary supplements (#3).

The findings are:

- Review of Resident #2's current FL-2 dated 11/08/22 revealed diagnoses included vascular dementia with behavioral disturbance, history of cerebrovascular accident hemiplegia, gait instability, hypertension, hyperlipidemia, obstructive sleep apnea, cardiac dysrhythmia and vitamin D deficiency.

Review of Resident #2's physician's order dated 11/08/22 revealed an order for Trazadone HCL 50mg tablet at bedtime as needed. (Trazadone is used to treat depression)

Review of Resident #2's April 2023 medication administration records (MARs) revealed:
- There was a printed entry for Trazadone 50mg tablet at bedtime as needed scheduled for 8:00pm.
- Trazadone was documented as administered on 04/01/23, 04/03/23, 04/05/23, 04/07/23, 04/09/23, 04/10/23, 04/14/23, 04/22/23 and 04/25/23 at 8:00pm.
- There was no documentation for effectiveness of the as needed Trazadone 50mg tablet

Trazadone discontinued 06/20/23 for resident #2
For new pad are more page to MAR In order to reflect the effectiveness of as needed meds discussed the possibility of including in MAR extra page later,

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C 342	Continued From page 6	C 342		

Review of Resident #2's May 2023 MARs revealed:
-There was a printed entry for Trazadone 50mg tablet at bedtime as needed scheduled for 8:00pm
Trazadone was documented as administered daily at 8:00pm from 05/01/23 through 05/05/23.
-There was no documentation for effectiveness of the as needed Trazadone 50mg tablet.

Review of Resident #2's June 2023 MARs revealed:
-There was a printed entry for Trazadone 50mg tablet at bedtime as needed scheduled for 8:00pm
-Trazadone was documented as administered daily at 8:00pm from 06/01/23 through 06/31/23.
-There was no documentation for effectiveness of the as needed Trazadone 50mg tablet.

Observation of Resident #2's medications on hand on 06/06/23 at 5:02pm revealed:
There were daily dated multi-dose medication packages for 8:00am, 6:00pm, and 8:00pm which did not list the Trazadone 50mg tablet.
There was a supply of Trazadone 50mg tablets dispensed in a bubble card on 04/20/23.
There were 28 of 28 tablets dispensed on 04/20/23 remaining in the bubble card.

Interview with the Administrator/Owner on 06/07/23 at 4:55pm revealed:
-She was the only staff who administered medications to the residents.
She was responsible for the accuracy of the MARs.
-Resident #2 was sometimes calm and sometimes yelled out at night.
-Resident #2 was not being administered the Trazadone nightly because the Trazadone was

Inserted extra page to MAR and Started documentation 06.29.23 for effectiveness of as needed medication: the reason of administration as needed medication, effectiveness of as needed medication is documenting in details.

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	fd392252	A. BUILDING _____ B. WING _____	06/07/2023

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C 342	Continued From page 7 not packaged with the nightly medications for the resident. -The administration of the Trazadone 50mg tabet was documented in error on the MARs. 2. Review of Resident #3's current FL-2 dated 01/24/23 revealed diagnoses included dementia, hypertension, heart failure, and osteoarthritis a. Review of Resident #3's physician's order dated 01/24/23 revealed an order for Ferrous Sulfate 325mg tablet three times a week. (Ferrous Sulfate is a dietary supplement used to treat iron deficiency) Review of Resident #3's May 2023 medication administration records (MARs) revealed: -There was a printed entry for Ferrous Sulfate 325mg tablet Monday, Wednesday, and Friday scheduled for 8:00am. -Ferrous Sulfate 325mg tablet was documented of administration daily at 8:00am from 05/01/23 through 05/31/23. Review of Resident #3's June 2023 MARs revealed: -There was a printed entry for Ferrous Sulfate 325mg tablet Monday, Wednesday, and Friday scheduled for 8:00am. -Ferrous Sulfate 325mg tablet was documented of administration daily at 8:00am from 06/01/23 through 06/07/23. Observation of Resident #3's medications on hand on 06/06/23 at 4:54pm revealed: There were daily dated multi-dose medication packages for 8:00am and 8:00pm -The next multi-dose package of medication that included Ferrous Sulfate 325mg tablet was dated 06/09/23 at 8:00am	C 342	Check doublecheck, in order to document accurately Trazadone discontinued for the resident # 2 6/2/23 For Resident # 3 in order to document properly Ferrous Sulfate three times a week, I shaded in MAR days, when it is not necessary to administer mentioned above medication Only 3 days a week left, exact days that prescribed by a doctor 6/04/23	

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C 342	Continued From page 6	C 342		

Interview with the Administrator/Owner on 06/07/23 at 4:55pm revealed:
-She was the only staff who administered medications to the residents.
-The MARs were printed by the pharmacy once a month.
-She was responsible for the accuracy of the MARs.
Resident #3 was not being administered the Ferrous Sulfate 325mg tablet daily at 8:00am because the Ferrous Sulfate 325mg tablet was not packaged daily for the resident.
The documentation of administration for the Ferrous Sulfate 325mg tablet was documented in error on the MARs.

b. Review of Resident #3's physician's order dated 04/07/23 revealed:
-There was a physician's order dated 01/24/23 for Vitamin B12 1000mcg tablet daily.
-There was a subsequent order dated 04/07/23 for Vitamin B12 1000mcg tablet every other day. (Vitamin B12 is a dietary supplement used to treat pernicious anemia).

Review of Resident #3's May 2023 medication administration records (MARs) revealed:
-There was a printed entry for Vitamin B12 1000mcg tablet every other day scheduled for 8:00am.
Vitamin B12 1000mcg tablet was documented of administration daily at 8:00am from 05/01/23 through 05/31/23.

Review of Resident #3's June 2023 MARs revealed:
-There was a printed entry for Vitamin B12 1000mcg tablet every other day scheduled for 8:00am

Check double check the administering of Meds and the record in MAR accurately. 6/07/23

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0 0342	Continued From page 9	0 0342		

-Vitamin B12 1000mcg tablet was documented of administration daily at 8:00am from 06/01/23 through 06/07/23.

Observation of Resident #3's medications on hand on 06/06/23 at 4:54pm revealed:
-There were daily dated multi-dose medication packages for 8:00am and 8:00pm.
-The next multi-dose package of medication that included the Vitamin B 12 1000mcg tablet was dated 06/09/23 at 8:00am.

Interview with the Administrator/Owner on 06/07/23 at 4:55pm revealed:
-She was the only staff who administered medications to the residents.
-The MARs were printed by the pharmacy once a month.
-She was responsible for the accuracy of the MARs.
-Resident #3 was not being administered the Ferrous Sulfate 325mg tablet daily at 8:00am because the Ferrous Sulfate 325mg tablet was not packaged daily for the resident.
-The documentation of administration for the Ferrous Sulfate 325mg tablet was documented in error on the MARs.

Forte, Hope

From: Liliya Shmulevich <liliyashmulevich1964@icloud.com>
Sent: Thursday, July 27, 2023 10:18 AM
To: Forte, Hope
Cc: Home Phone Shmulevich
Subject: [External] Plan of correction3
Attachments: Scan.pdf