

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 Gaston County Department of Social Services conducted a annual survey and complaint investigation on 03/04/25 through 03/05/25.	D 000		
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the routine healthcare needs for 1 of 6 sampled residents (#4) related to notifying the Primary Care Provider (PCP) of finger stick blood sugars (FSBS) less than 80 and greater than 450.</p> <p>The findings are:</p> <p>Review of Resident #4's current FL2 dated 02/25/25 revealed: -Diagnoses included dementia, depressive disorder and type 2 diabetes mellitus. -The recommended level of care was memory care.</p> <p>Review of Resident #4's physician order dated 01/16/25 revealed: -There was an order to check FSBS twice daily. -If FSBS was less than 80 or greater than 450, notify PCP. -If FSBS was 41-59, give one cup of orange juice. -If FSBS was 60-80, give half a cup of orange juice.</p>	D 273		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 273	<p>Continued From page 1</p> <p>Review of Resident #4's January electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry to check FSBS twice daily, notify PCP if FSBS is less than 80 and greater than 450, give one cup of orange juice for FSBS of 41-59 and half a cup of orange juice for FSBS of 60-80. -There was one instance were Resident #4's FSBS was greater than 450 on 01/20/25 with documentation of a FSBS of 468 at 8:00pm. -There was no documentation Resident #4's PCP was notified of the FSBS greater than 450. -There were three instances Resident #4 FSBS was less than 80. -On 01/25/25 at 6:30am her FSBS was 63 with documentation of orange juice given but no documentation of PCP notification. -On 01/25/25 at 8:00pm her FSBS was 59 with no documentation of PCP notification or orange juice given. -On 01/26/25 at 6:30am her FSBS was 72 with no documentation of PCP notification or orange juice given. <p>Review of Resident #4's February 2025 eMAR revealed:</p> <ul style="list-style-type: none"> -There was an entry to check FSBS twice daily, notify PCP if FSBS is less than 80 and greater than 450, give one cup of orange juice for FSBS of 41-59 and half a cup of orange juice for FSBS of 60-80. -There was one instance were Resident #4's FSBS was greater than 450 on 02/03/25 with documentation of a FSBS of 561 at 8:00pm. -There was no documentation Resident #4's PCP was notified of the FSBS greater than 450. -There were five instances Resident #4 FSBS was less than 80 with no documentation. 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 273	<p>Continued From page 2</p> <p>-On 02/05/25 at 8:00pm her FSBS was 49 with documentation of orange juice given but no documentation of PCP notification.</p> <p>-On 02/06/25 at 6:30am her FSBS was 46 with documentation of orange juice given and PCP notification.</p> <p>-On 02/07/25 at 6:30am her FSBS was 73 with no documentation of PCP notification or orange juice given.</p> <p>-On 02/08/25 at 6:30am her FSBS was 67 with no documentation of PCP notification or orange juice given.</p> <p>-On 02/20/25 at 6:30am her FSBS was 67 with no documentation of PCP notification or orange juice given.</p> <p>Review of Resident #4's Physician order fax memo forms on 03/05/25 revealed:</p> <p>-There was no documentation of physician notification on 01/20/25 for a FSBS of 468 at 8:00pm.</p> <p>-There was no documentation of physician notification on 01/25/25 for a FSBS of 63 at 6:30am.</p> <p>-There was no documentation of physician notification on 01/25/25 for a FSBS of 59 at 8:00pm.</p> <p>-There was no documentation of physician notification on 01/26/25 for a FSBS of 72 6:30am.</p> <p>-There was no documentation of physician notification on 02/03/25 for a FSBS of 561 at 8:00pm.</p> <p>-There was no documentation of physician notification on 02/05/25 for a FSBS of 49 at 8:00pm.</p> <p>-There was no documentation of physician notification on 02/06/25 for a FSBS of 46 at 6:30am.</p> <p>-There was no documentation of physician notification on 02/07/25 for a FSBS of 73 at</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 273	<p>Continued From page 3</p> <p>6:30am. -There was no documentation of physician notification on 02/08/25 for a FSBS of 67 at 6:30am. -There was no documentation of physician notification on 02/20/25 for a FSBS of 67 at 6:30am.</p> <p>Interview with a medication aide (MA) on 03/05/25 at 1:36pm revealed: -The MAs were instructed to notify Resident #4's PCP by fax if her FSBS were less than 80 or greater than 450. -If the resident's FSBS was less than 80, she would document orange juice given on the eMAR and on the form faxed to the PCP.</p> <p>Interview with the Special Care Unit Coordinator (SCC) on 03/05/25 at 1:30pm revealed: -If Resident #4's FSBS were greater than 450, the medication aides (MA) were expected to notify the PCP by fax. -If Resident #4's FSBS were less than 80, the MAs were to give her orange juice and notify the PCP by fax. -She expected the MAs to notify the PCP as instructed of FSBS outside of the ordered parameters. -The MAs should document in the eMAR system of PCP notification and if orange juice was given. -She did not audit any resident FSBS readings.</p> <p>Interview with the Administrator on 03/05/25 at 5:28pm revealed: -She was not aware that Resident #4's PCP had not always been notified of FSBS less than 80 or greater than 450. -She expected the MAs to follow all orders and parameters. -The RCC and SCC were responsible for</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 273	Continued From page 4 notifying the PCP if residents FSBS were outside of the ordered parameters. -There was not a system in place to audit residents FSBS readings. Attempted telephone interview with Resident #4's Primary Care Provider (PCP) on 03/05/24 at 2:32pm was unsuccessful.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 6 sampled residents (#4) related to a medication to treat elevated blood sugars. The findings are: Review of Resident #4's current FL2 dated 02/25/25 revealed a diagnosis of dementia, depressive disorder and type 2 diabetes mellitus. Review of Resident #4's signed physician order dated 01/16/25 revealed an order for insulin lispro (used to treat elevated blood sugars) 10 units, if finger stick blood sugar (FSBS) was greater than 450.	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 276	<p>Continued From page 5</p> <p>Review of Resident #4's January electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was not an entry for insulin lispro 10 units if FSBS was greater than 450 until 01/28/25. -There was documentation of a FSBS of 468 on 01/20/25 at 8:00pm. -There was no documentation of insulin lispro 10 units being administered on 01/20/25. <p>Telephone interview with a Pharmacist at facility's contracted pharmacy on 03/05/24 at 4:43pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy received an order for insulin lispro 10 units if FSBS was greater than 450 on 01/27/25. -The pharmacy enters orders into the eMAR system but the facility also has access to enter orders. -If Resident #4's FSBS was greater than 450 and did not receive the ordered dose of insulin lispro, the resident could experience hyperglycemia, which could cause confusion, dizziness and sweating. <p>Interview with the Resident Care Coordinator (RCC) on 03/05/25 at 5:07pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for sending Resident #4's physician orders to the pharmacy. -She had written a verbal physician order for Resident #4's insulin lispro on 01/16/25. -She does not know why the order for Resident #4's insulin lispro was not sent to the pharmacy until 01/27/25. <p>Interview with the Administrator on 03/05/25 at 5:28pm revealed:</p> <ul style="list-style-type: none"> -She did not know Resident #4's 01/16/25 order for insulin lispro had not been sent to the 	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 276	Continued From page 6 pharmacy until 01/27/25. -She expected all physician orders to be sent to the pharmacy once received. -She did not know Resident #4 had an elevated FSBS of 468. Attempted telephone interview with Resident #4's Primary Care Provider (PCP) on 03/05/24 at 2:32pm was unsuccessful.	D 276		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to clarify medication orders for 1 of 6 sampled residents (#4) regarding an order for depressive disorder. The findings are: Review of Resident #4's current FL2 dated 02/25/25 revealed:	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 344	<p>Continued From page 7</p> <p>-Diagnoses included dementia, depressive disorder and type 2 diabetes mellitus. -The recommended level of care was memory care.</p> <p>Review of Resident #4's hospital discharge summary dated 01/16/25 revealed there was an order for sertraline (used to treat depressive disorder) 50mg by mouth daily.</p> <p>Review of Resident #4's physician order dated 02/14/25 revealed an order for sertraline 100mg by mouth daily.</p> <p>Telephone interview with a Pharmacist at facility's contracted pharmacy on 03/05/24 at 4:43pm revealed: -The pharmacy did not receive the hospital discharge summary dated 01/16/25. -The pharmacy did receive clarification orders for Resident #4 on 01/16/25 but there was no documentation for sertraline 50mg by mouth daily. -The last order the pharmacy received for sertraline was on 12/17/24 for 100mg by mouth daily. -The pharmacy did receive an order for sertraline 100mg by mouth daily on 02/14/25. -If Resident #4 received an increased dose of sertraline, side effects could include nausea, vomiting, dizziness, confusion, restlessness and tachycardia.</p> <p>Review of Resident #4's January 2025 electronic Medication Administration Record (eMAR) revealed: -There was not an entry for sertraline 50mg by mouth daily. -There was an entry for sertraline 100mg by mouth daily.</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 344	<p>Continued From page 8</p> <p>-There was documentation sertraline 100mg by mouth daily was administered from 01/17/25 through 01/31/25.</p> <p>Review of Resident #4's February 2025 eMAR revealed:</p> <p>-There was not an entry for sertraline 50mg by mouth daily.</p> <p>-There was an entry for sertraline 100mg by mouth daily.</p> <p>-There was documentation sertraline 50mg by mouth daily was administered from 02/01/25 through 02/14/25.</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/05/25 at 5:07pm revealed:</p> <p>-She was responsible for clarifying Resident #4's physician orders upon returning the facility on 01/16/25 due to the Special Care Unit Coordinator (SCC) being out of the facility.</p> <p>-She did not know Resident #4 had received the incorrect dose of sertraline upon readmission to the facility.</p> <p>-She had sent clarification orders to the pharmacy for Resident #4 on 01/16/25 but missed the order for sertraline 50mg by mouth daily.</p> <p>-No one had reviewed Resident #4's discharge summary besides her.</p> <p>-There was no system in place to audit clarification of medication orders.</p> <p>Interview with the Administrator on 03/05/25 at 5:28pm revealed:</p> <p>-She did not know Resident #4 had received the incorrect dose of sertraline when readmitted from the hospital.</p> <p>-The RCC and SCC are responsible for clarifying all medication orders.</p> <p>-There was not a system in place to ensure clarification of medication orders were completed</p>	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 344	Continued From page 9 appropriately. Attempted telephone interview with Resident #4's Primary Care Provider (PCP) on 03/05/24 at 2:32pm was unsuccessful.	D 344		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 6 sampled residents (#6) related to a medication to lower blood sugar. The findings are: 1. Review of Resident #6's FL2 dated 06/12/2024 revealed diagnoses included type 2 diabetes mellitus, hypertension (high blood pressure), chronic pain syndrome and cerebral palsy. a. Review of Resident #6's signed physician orders dated 09/05/24 revealed an order for insulin lispro pen (a medication to lower blood sugars) 10 units three times a day with meals. Review of Resident #6's signed physician orders	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 10</p> <p>dated 02/08/25 revealed an order for insulin lispro pen 10 units three times a day with meals.</p> <p>Observation on 03/04/25 at 11:10am during a medication pass revealed:</p> <ul style="list-style-type: none"> -There was an insulin lispro pen labeled with Resident #6's name containing less than 4 units of insulin. -No additional insulin lispro pen labeled with Resident #6's name was available., -Insulin lispro was not administered to Resident #6 for the 11:30am dose on 03/04/25. <p>Review of Resident #6's March 2025 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for insulin lispro 10 units three times daily with meals. -There was documentation insulin lispro 10 units was administered at 6:30am, 11:30am and 4:30pm from 03/01/25 through 03/03/25 and 03/04/25 at 06:30am. -There was no documentation insulin lispro was administered at 11:30am on 03/04/25. -The reason for the missing insulin lispro administration was "not administered: drug/item unavailable. " <p>Interview with a medication aide (MA) on 03/04/25 at 11:10am revealed:</p> <ul style="list-style-type: none"> -There was not enough insulin lispro on the medication cart for Resident #6's 11:30am dose. -She could not give it at 11:30am because Resident #6 did not have additional insulin lispro available. -She was expected to notify the Resident Care Coordinator (RCC) immediately when a medication such as insulin was not available. -If a medication like insulin was not available, she ordered the medication from the pharmacy for a 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 11</p> <p>"stat" (immediate) fill.</p> <ul style="list-style-type: none"> -She did not know why the medication had run out. -She expected the MA on the previous shift to re-order medication from the pharmacy if a medication was low. <p>Interview with the facility's Regional Nurse revealed:</p> <ul style="list-style-type: none"> -When a medication was not available, the process was to call the pharmacy for a stat fill, depending on medication. -A new medication can be borrowed from another resident in an emergency situation. -The MA would let the PCP know if a resident could not get a medication. <p>Interview with Resident #6 on 03/05/25 at 11:50am revealed:</p> <ul style="list-style-type: none"> -He refused his insulin when he did not feel it would help him. -Sometimes the medication made him "feel bad." -His doctor was aware that he did not always take his insulin lispro. -He was unsure of complications or negative effects when not taking insulin. <p>Attempted telephone interviews with Resident #6's PCP on 03/05/25 at 02:31pm and 02:37pm were unsuccessful.</p> <p>Interview with pharmacist on 03/05/25 at 4:43pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy filled Resident #6's insulin lispro on 09/06/24, 10/01/24, 11/18/24, 12/16/24, 01/09/24 and 03/04/25. -They sent a 30-day supply each time they filled the prescription, which was three insulin pens. -If an individual did not receive insulin at ordered time for a short period of time, they could have 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	<p>Continued From page 12</p> <p>hyperglycemia, which "most likely would not cause adverse effects other than confusion and sweating."</p> <p>Interview with RCC on 03/05/25 at 05:15pm revealed: -Medication carts are audited weekly by the MAs.. -She did not know why the insulin lispro was almost gone. -She was aware Resident #6 sometimes would refuse insulin. -It was the MA's responsibility to re-order medications but it was the RCC's responsibility to make sure all medication orders are filled.</p> <p>Interview with the Administrator on 03/05/25 at 5:30pm revealed: -Her expectations were that the MA let managers know when medications were low. -Her expectation was that medication cart audits were done by MA on a rolling, daily basis and Care Managers completed cart audits weekly. -Training for MA staff occurs at staff meetings which are held monthly. - At daily stand-up meetings, she reviewed compliance reports which included medication refusals, missing and on-hold medications. -She did not know why Resident #6's insulin lispro had not been re-ordered.</p>	D 358		
D 464	<p>10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan</p> <p>10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan</p> <p>In addition to the requirements in Rules .0801 and .0802 of this Subchapter, the facility shall: (1) Within 30 days of admission to the special</p>	D 464		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 464	<p>Continued From page 13</p> <p>care unit and quarterly thereafter, develop a written resident profile containing assessment data that describes the resident's behavioral patterns, selfhelp abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment.</p> <p>(2) Develop or revise the resident's care plan required in Rule .0802 of this Subchapter based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of the 2 sampled residents (#2 and #4) had Special Care Unit (SCU) resident profiles updated on a quarterly basis.</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL2 dated 02/26/25 revealed: -Diagnoses included dementia with psychotic disturbance and urinary incontinence. -The recommended level of care was memory care.</p> <p>Review of Resident #2's Resident Register revealed an admission date of 01/15/24.</p> <p>Review of Resident #2's record revealed: -There was a SCU quarterly profile completed on 11/07/24. -There was no additional documentation SCU</p>	D 464		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 464	<p>Continued From page 14</p> <p>quarterly profiles were completed after 11/07/24.</p> <p>Refer to the interview with the Special Care Unit Coordinator (SCC) on 03/04/25 at 3:40pm.</p> <p>Refer to the interview with the Administrator on 03/05/25 at 5:28pm.</p> <p>2. Review of Resident #4's current FL2 dated 02/25/25 revealed: -Diagnoses included dementia, depressive disorder and type 2 diabetes mellitus. -The recommended level of care was memory care.</p> <p>Review of Resident #4's Resident Register revealed an admission date of 11/24/23.</p> <p>Review of Resident #4's record revealed: -There was a SCU quarterly profile completed on 11/07/24. -There was no additional documentation SCU quarterly profiles were completed after 11/07/24.</p> <p>Refer to the interview with the SCC on 03/04/25 at 3:40pm.</p> <p>Refer to the interview with the Administrator on 03/05/25 at 5:28pm.</p> <p>Interview with the SCC on 03/04/25 at 3:40pm revealed: -She was responsible for completing all SCU resident profiles. -She did not know SCU resident profiles were to be completed quarterly. -She had been completing SCU resident profiles every six months.</p> <p>Interview with the Administrator on 03/05/25 at</p>	D 464		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN	STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086
---	---

(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 464	Continued From page 15 5:28pm revealed: -The SCC was responsible for ensuring all SCU resident profiles were completed. -She did not know SCU resident profiles were to be completed quarterly. -She thought SCU resident profiles were to be completed every six months.	D 464		