AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 10/30/2019	
		Hal089002				
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
YRRELL	HOUSE		Y 64 EAST BIA, NC 27925			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
		sure Section conducted a n 10/29/19 - 10/30/19.				
D924	G.S. 131D-21(14) De Rights	claration of Resident's	D924			
	G.S. 131D-21 Declaration of Resident's Rights					
	Every resident shall have the following rights:					
	provisional license or license by the North of Human Resources an provisional license or license was issued.	nen the facility is issued a rotice of revocation of Carolina Department of nd the basis on which the rotice of revocation of The resident's responsible ardian shall also be notified.				
	facility failed to ensur	and record reviews, the re residents and/or the e parties were notified the				
	The findings are:					
	10/29/19 at 5:16 pm i -No one discussed th license with her. -She was invited to a Activities Director, but time when she did no	e facility's provisional ttend a family meeting by the it the meeting was held at a				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Hal089002					(X3) DATE SURVEY COMPLETED R 10/30/2019	
		IDENTIFICATION NOWBER.				
		B. WING				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
TYRRELL	HOUSE		Y 64 EAST BIA, NC 27925			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D924	Continued From pag	e 1	D924			
	 D924 Continued From page 1 meeting and she did not know about the content of the meeting. She was told about the questions posed to the family members related to suggestions for improving the facility but not about facility's provisional license. She had not received any correspondence from the facility and she had not received any correspondence related to the facility's provisional license. She did have concerns about the facility's provisional license because it may affect her family member's long term insurance. Interview with a resident on 10/29/19 at 7:36am revealed: He knew the facility had a provisional license because he had heard people talking about it. No staff told him specifically that the facility had a provisional license. 					
	7:52am revealed: -Things were a lot be -She did not know th license.	e facility had a provisional o her about the facility having				
	8:08am revealed: -He had heard the fa through "gossip."	resident on 10/29/19 at cility might close down of the facility's provisional ff.				
vision of Ho	8:18am revealed:	th resident on 10/29/19 at rere better at the facility. y did not close down.				

Division of Health Service Regulation STATE FORM

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Hal089002			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		B. WING		10	R / 30/2019		
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
YRRELL	HOUSE		Y 64 EAST BIA, NC 27925				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D924	Continued From page	e 2	D924				
	-He had heard the facility might close down from other residents. -No facility staff had told him the facility had a provisional license.						
	member on 10/29/19 -She received a call 1 10/29/19.	with a resident's family at 12:00pm revealed: from staff at the facility today, cility had a provisional license					
	family member on 10 -She was invited to a Activities Director, bu the meeting. (She did -She could not recall her what the meeting -She was not aware license. -She had heard throu doing an audit at the -No one has called h	if the Activities Director told was related to. the facility had a provisional ugh "gossip" the state was					
	member on 10/29/19 -She was invited to a (She did not recall th -She lived out of town but she had a family behalf.	family meeting at the facility. e date). n and was not able to attend, member attend on her lked about the facility having					
	member on 10/29/19	with a fourth resident's family at 5:23pm revealed: of the facility's provisional					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		Hal089002	B. WING		R 10/30/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
YRRELL	HOUSE		Y 64 EAST BIA, NC 27925			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET
D924	Continued From page	e 3	D924			
	-She had not received any communication by telephone or mail related to a provisional license. -She would have liked to have known if there was a problem. Interview with the Special Care Coordinator (SCC) on 10/29/19 at 10:40am revealed he and the previous Administrator had talked about notifying the residents and families of the provisional license by letter, but they did not send a letter because the home office was responsible for sending letters to the residents and families related to the provisional license.					
	10:46am revealed sh	ministrator on 10/29/19 at le was not sure how or who cility's provisional license but				
	at 11:27am revealed: -He called all the resi of a family meeting a -He did not tell the fa about. -He did not do any ty families that did not a -He talked with reside license in group settin -He did not talk to the provisional license at	ident's families to notify them t the facility on 08/08/19. milies what the meeting was pe of follow-up with the attend. ents about the provisional ngs like after exercise.				
	-He talked to some o -He did not talk to eve but "almost everyone	f the residents one-on-one. ery resident in assisted living e." er resident on 10/29/19 at				
ision of Hea		out the provisional license; he				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: Hal089002			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		10	R / 30/2019	
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TYRRELL	HOUSE		Y 64 EAST BIA, NC 27925			
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D924	Continued From page	e 4	D924			
	 wanted to know what it was and what it was about. -He thought he should know about the provisional license because he lived in the facility and it could affect him. -He did not know if his family knew because his family never said anything about the provisional license when they visited him. Interview with two residents on 10/29/19 at 8:33am revealed: -They did not know about the provisional license for the facility. -No one from the facility had spoken to them. -They did not know if their family member had been made aware. -They thought they should have been told about the provisional license. 					
	residents on 10/29/19 -He was not aware of license, but thought if have liked to have kr -He had received a v ago from someone fr not invite him to a me to call them back; it of emergency, so he dio -He called his family	oice mail a couple of weeks om the facility, but they did eeting, the caller asked him lid not seem like an				
	10/29/19 at 11:04am -The residents knew for the facility becaus the residents in smal -Families found out a	about the provisional license se the facility staff spoke to				

STATE FORM

6899

			(X3) DATE SURVEY COMPLETED		
	BENTI IOATION NOMBER.	A. BUILDING:			
Hal089002		B. WING		R 10/30/2019	
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HOUSE					
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 5	D924			
ROVIDER OR SUPPLIER STREET AL HOUSE 950 HWY					
	DF DEFICIENCIES CORRECTION OVIDER OR SUPPLIER HOUSE SUMMARY S' (EACH DEFICIENC REGULATORY OR Continued From pag community and "peo -The families got tog and had a meeting to families did not want Second interview wit 11:19am revealed: -Families were called they were not told wi -A meeting was held provisional license. (in August 2019). -There was no sign in documentation from -The residents were on a one to one basi there was no list, no and no documentation	DF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA F CORRECTION IDENTIFICATION NUMBER: Hal089002 Hal089002 OVIDER OR SUPPLIER STREET A HOUSE 950 HWY COLUMI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 5 Community and "people talk". -The families got together after they found out and had a meeting to support the facility; the families did not want the facility to close. Second interview with the SCC on 10/29/19 at 11:19am revealed: -Families were called and invited to a meeting but they were not told what the meeting was about. -A meeting was held to inform them about the provisional license. (He thought the meeting was in August 2019). -There were 10-15 people that attended the meeting. -There was no sign in sheet, no agenda and no documentation from the family meeting. -The residents were told of the provisional license on a one to one basis and in resident council; there was no list, no sign off sheet, no agenda and no documentation of the resident meetings or	CORRECTION IDENTIFICATION NUMBER: A. BUILDING: Hal089002 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE HOUSE 950 HWY 64 EAST COLUMBIA, NC 27925 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 5 D924 community and "people talk". -The families got together after they found out and had a meeting to support the facility; the families did not want the facility to close. D924 Second interview with the SCC on 10/29/19 at 11:19am revealed: -Families were called and invited to a meeting but they were not told what the meeting was about. -A meeting was held to inform them about the provisional license. (He thought the meeting was in August 2019). -There was no sign in sheet, no agenda and no documentation from the family meeting. -There was no sign in sheet, no agenda and no documentation from the family meeting. -The residents were told of the provisional license on a one to one basis and in resident council; there was no list, no sign off sheet, no agenda and no documentation of the resident meetings or	FORRECTION IDENTIFICATION NUMBER: A. BUILDING: Hal089002 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ADUSE 950 HWY 64 EAST COLUMBIA, NC 27925 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT COUSS-REFERENCED TO DEFICIENCY Continued From page 5 D924 community and "people talk". D924 -The families got together after they found out and had a meeting to support the facility; the families did not want the facility to close. D924 Second interview with the SCC on 10/29/19 at 11:19am revealed: -Families were called and invited to a meeting but they were not told what the meeting was about. -A meeting was held to inform them about the provisional license. (He thought the meeting was in August 2019). -There was no sign in sheet, no agenda and no documentation from the family meeting. -The residents were told of the provisional license on a one to one basis and in resident council; there was no list, no sign off sheet, no agenda and no documentation of the resident meetings or	FORRECTION IDENTIFICATION NUMBER: A. BUILDING: