STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 Hertford County Department of Social Services conducted a complaint investigation on 02/11/20 through 02/12/20.	D 000		
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 A1 VIOLATION Based on observation, interviews, and record reviews, the facility failed to provide supervision for 1 of 3 sampled residents (Resident #1) who was discovered missing for the facility and whereabouts remain unknown. The findings are: Review of Resident #1's current FL-2 dated 12/30/19 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD), and hypertension. -The resident was ambulatory and was intermittently disoriented. -His recommended level of care was domiciliary Review of Resident #1's Care Plan dated	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 1 01/02/20 revealed: -The resident ambulated with no problems. -The resident was sometimes disoriented and was forgetful. -The resident required supervision with bathing and dressing. Review of an incident/investigation, missing person report from the local county sheriff's office dated 02/08/20 revealed: -On 02/08/20 at 7:00am Resident #1 was reported missing by the facility's Assistant Administrator. -The resident was last seen at the facility on 02/08/20 at 5:30am. -The resident was found to be missing from the facility on 02/08/20 at 6:30am. -A deputy was dispatched to the facility in reference to a missing person on 02/08/20 at 7:00am. -Upon arrival, the deputy spoke with [the Assistant Administrator] who informed him the missing resident was [Resident #1] who suffered from dementia, COPD, and high blood pressure and was never known to leave the facility. -The resident was last seen on 02/08/20 at 5:30am when he had finished taking a bath and getting dressed. -All of the resident's information was obtained and a missing person report was completed. -All rooms and closets inside the facility were searched for the resident. -Two deputies searched the wood line and the immediate surrounding properties and were unable to locate Resident #1. Review of a facility Accident/Incident Report dated 02/08/20 Revealed: -Resident #1 was discovered missing from the facility at 6:30am.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 2 -Staff reported the missing resident to the Assistant Administrator at 6:45am and called 911(no time documented). Interview with a resident on 02/11/20 at 10:15am revealed: -Resident #1 was more confused for about 2 weeks. -He spent more time in his room during the day, but got up every morning, went to the bathroom, bathed and dressed. -When he talked to Resident #1, recently his responses were "nonsense". -Resident #1 ambulated slowly but independently. - Resident #1 never walked outside because he always said, it would cause his asthma to "act up" if he walked outside. -He last saw Resident #1 on Friday (02/07/20) at dinner (about 5:00pm). -Resident #1's room was directly across the hall from his room. -On 02/08/20 (Saturday) he was awake and up at 4:54am and walked to the bathroom a few minutes later to "wash up" and get dressed. -At 6:00am, he went to the medication room and the personal care aide (PCA) checked his blood sugar. -Resident #1 was usually up and sitting in the living room (near the medication room) every morning before 6:00am. -Resident #1's room door remained closed, and he never saw Resident #1 in the facility during the morning (02/08/20). -The nursing assistant (NA) who came in at 6:00am informed him that Resident #1 was missing and the NA looked for him early Saturday morning (02/08/20). -The NA asked asked him if he had seen Resident #1, but he had not seen the resident. -He did not remember hearing the exit doors	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 3	D 270		

voice alarm during the night or during the morning.
-He heard the PCA who worked at night informing the law enforcement officers that Resident #1 was up and out of his room at 5:30am on 02/08/20, but he (the resident) never saw Resident #1 in the facility.
-No other staff asked him if he had seen Resident #1 during the morning of 02/08/20.
-If Resident #1 left the facility "on his own" he did not know which door he exited because he did not hear the voice alarm until the first shift staff came to work around 6:00am.
-The staff usually checked all exit doors at night to ensure the doors were locked and the voice alarms were always on.
-Staff that worked at night (8:00pm - 7:00am) had a private area were they slept when they were working.
-Occasionally the night staff may check his room while he was in bed, but usually no one checked on him at night.
-Staff slept at night when they finished cleaning and between checking on the residents, if the staff checked the residents.
-He had observed the PCA who worked at night asleep in the living room on multiple occasions but did not observe her sleeping the night Resident #1 left the facility because he did not leave his room until around 5:00am.
-The PCA did not check on him during her shift on 02/07/20 - 02/08/20.

Interview with a second resident on 02/11/20 at 10:40am revealed:
-He last saw Resident #1 at dinner on Friday, 02/07/20 at about 8:00pm but did not see the resident the morning he was missing.
-About 8:00pm on 02/07/20, Resident #1 walked to the medication room and received his bedtime

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 4	D 270		

medication from the medication aide. He never saw Resident #1 after that.
-It was unusual for Resident #1 to walk outside because he had asthma and was concerned that being outside would cause an asthma attack.
-Resident #1 was more confused lately but never attempted to leave the facility.
-The night staff came in about 7:30pm on Friday, 02/07/20 and started to clean (swept floors, empty trash, clean bathrooms) as usual later during the night.

Interview with a third resident on 02/11/20 at 10:09am revealed:
-He lived next door to Resident #1.
-He sat across from Resident #1 in the dining room during meals.
-He thought he heard Resident #1 go to the restroom "around" 5:00am on 02/08/20, but did not see Resident #1.
-He heard the NA yell early in the morning 02/08/20 that Resident #1 could not be found.
-The NA asked him if he had seen Resident #1.
-He informed the NA that he heard Resident #1 go to the restroom "around" 5:00am on 02/08/20.
-He heard 2 to 3 staff check closets and the staff was looking for Resident #1.

Interview with a forth resident on 02/11/20 at 10:33am revealed:
-Resident #1 did not go outside.
-Resident #1 had asthma and did not like to go outside because it made his asthma worse.
-He was aware of the location of door alarms in the facility.
-He knew how the door alarms sounded when they were activated.
-He would be concerned if he heard the door alarm "real early" in the morning because it would be unusual.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 5 -He would know if something was wrong if he heard an alarm sound early in the morning. -He did not hear any door alarms early in the morning on 02/08/20. Interview with a fifth resident on 02/12/20 at 9:40am revealed: -She witnessed Resident #1 verbalize that he was "tired of how they were taking his money and snacks". -Resident #1 did not like to go outside. -She was present when Resident #1 verbalized that he could not go outside without assistance due to his asthma. -She saw the Personal Care Aide (PCA) turn off the door alarm near Resident #1's room early in the morning on 02/08/20. -She observed the PCA open the exit door and push Resident #1 out of the building on the morning of 02/08/20. Interview with a sixth Resident on 02/12/20 at 10:30am revealed: -He found out that Resident #1 was missing early Saturday morning when the NA came looking for him at about 6:00am on 02/08/20. -The NA came in every morning at 6:00am to assist the residents with their personal care. -Resident #1 stayed in another room next door to him near the back door. -Resident #1 was a quiet guy and usually kept to himself. -He usually heard Resident #1 moving around but he did not hear anything the morning of 02/08/20. -He had been living at the facility for about 7 months and was usually awake throughout the night. -There was one staff who worked at night but he did not remember who worked on Friday night (02/07/20).	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 6 Interview with an NA on 02/11/20 at 11:40am revealed: -He worked at the facility as a volunteer and came to work every morning at 6:00am to assist the evening PCA with transferring 1 resident from his bed to his wheelchair and he shaved 2 male residents. -He also made rounds to all the resident's rooms to check on everyone after he assisted the resident out of bed into his wheelchair. -He arrived at the facility at 6:00am on 02/08/19 and assisted the night PCA with transferring a resident out of his bed into his wheelchair. -The evening PCA left the facility immediately after they were finished transferring the resident to his wheelchair, about 6:05am. -About 6:10am, he went to Resident #1's room and the resident was not in his room. -He checked the recliner in the living room where the resident would often sit but did not find him. -He immediately checked both common bathrooms, all the other resident rooms, including the empty rooms but did not find Resident #1. -The search took about 5-10 minutes. -He called the Assistant Administrator and the evening PCA and reported the missing resident. Both came to the facility. -They searched the facility grounds, the outside smoking shed, the ditch banks, and the perimeter of the facility (near the wooded areas). -911 was called between 6:45am -7:00am by the Assistant Administrator or the evening PCA. -A family member of the Assistant Administrator drove around the roads near the facility looking for the resident but was unable to find him. -A law enforcement officer informed him that one of Resident #1's bedroom shoes was found at the business across from the facility and the other bedroom shoe was found on a side road near the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 7 facility. -He was working at the facility on Friday, 02/07/20, which was the last time he saw Resident #1(at 8:00pm) when he walked in the resident's room and closed his blinds. -Resident #1 had been hanging a coat over the window with the blind half open and that was a change, his behavior had been different recently. -Resident #1 usually wore pajamas to bed but had not changed and was wearing a pair of big blue jeans and a shirt when he left the facility. -He did not see the resident when he came to work at 6:00am on 02/08/20 but observed the resident's room light on when he opened his door which was slightly cracked open. -Resident #1 had been more confused the last 2 weeks and required more supervision because he became more confused. -There was a change in his bathroom habits and Resident #1 started using facilities not designated for bathroom use. -Resident #1 never walked outside because he did not like to go outside, even after he became more confused. -Resident #1 only went outside to be transported to his medical appointments or when the facility conducted a fire drill. -The Administrator was concerned about the changes and left directives for the night staff to keep Resident #1's light on, his door open, and keep a closer eye on him. He gave the verbal directives to the evening shift but did not know if the evening PCA increased supervisory checks. -The staff was expected to check all residents at least every 2 hours during their shift. Interview with a medication aide (MA) on 02/11/20 at 11:55am revealed: -She sometimes worked nights (8:00pm - 7:00am).	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 8 -She normally worked from 7:00am through 8:00pm. -She did not work on Friday night (02/07/20). -When she worked at night, most of the residents went to bed by 8:00pm or soon after 8:00pm. -After the residents were in bed, she cleaned the facility (empty trash cans, swept the floors, clean the bathrooms and mopped if needed). -All of the exit doors were locked at night at 8:00pm except for the dining room door at the back of the building (the doors could not be opened from the outside but could be opened from the inside) and the voice alarms were always on. -The doors were unlocked every morning (unsure of the time). -Staff who worked evenings/nights were responsible for checking all the doors to make sure all exit doors were closed tight and locked. -Night staff were responsible for turning on the alarm system. -All staff were responsible for checking the exit doors when the voice alarm sounded to ensure all residents were accounted for. -The residents could walk out of any of the exit doors. -All staff knew how to set the alarm and to disarm it. -The alarm system sent emergency calls to the 911 if the doors were opened while the alarm system was set. -The voice alarm sounded whether the alarm system was set or disarmed. -If the night staff walked outside to take trash out to the trash can, they were to wear an alert necklace which sent emergency calls to 911 if the doors were opened while they were outside. -There were only two residents who smoked cigarettes and they told the staff when they went outside to the smoking shed to smoke.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 9	D 270		

-Staff who worked at night were responsible for checking each resident throughout the night every 2 hours.
-When she worked at night, she checked on the residents occasionally but not every two hours if the residents were asleep in their rooms.
-At night, after she finished her housekeeping tasks, she stayed in a private area but she did not take naps.
-The residents usually started waking up and bathing at 5:00am.
-Resident #1 usually was up and bathing by 5:30am every morning.
-He was able to bathe himself independently until a few weeks ago when he became more confused and staff had to wake him up.
-There was a change in his bathroom habits and Resident #1 started using facilities not designated for bathroom use.
-Staff began assisting him with his bathing/dressing about 2 weeks ago.
-During the day, staff started sitting with Resident #1 to "keep an eye on him".

Interview with the Administrator on 2/11/29 at 12:30pm revealed:
-She last saw Resident #1 on 02/07/20 (Friday) at 5:00pm.
-He was sitting in the living room watching TV.
-Resident #1 had become more forgetful/confused and would not go to the bathroom to urinate or have bowel movements but used areas not designated as bathroom facilities.
-She received a call from the Assistant Administrator on 02/08/20 at 8:00am and was informed Resident #1 was missing and she arrived at the facility at 8:30am.
-The evening PCA had left the facility when she arrived at 8:30am but had informed the Assistant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 10 Administrator and the NA that she had observed Resident #1 go to the bathroom and back to his room at 5:15am and had not heard the voice alarm sound on the exit door. -On 02/07/20, before she left the facility at 5:00pm, she instructed the MA and the NA to keep a close eye on the resident, to keep his bedroom door open, and to keep his bedroom light on because of the increased confusion. -The NA was instructed to give the evening PCA the new supervision instructions for Resident #1 on 02/07/20 at 5:00pm. -All staff were responsible for ensuring all residents were in the building at night. -When the residents were in bed, the staff should have checked on all residents every two hours but should have been checking on Resident #1 more often. -The night staff was expected to stay awake during the entire shift and she was not aware the night staff was "napping/sleeping" while they were on duty. -All staff who worked evenings had been trained on their duties and supervision of the residents. -Evening staff worked 8:00pm until 7:00am and all staff was expected to work until the end of their shift. Review of the facility's written policy for "Duties of Aide on Evening Shift" revealed: -The evening aide was responsible for taking residents to the bathroom every 2 hours. -The evening aide was responsible for making sure the lights were on/off when needed as well as the alarm system set. -The evening aide was to continuously check on residents; know where they were at all times. -The evening aide informed oncoming staff and the Administrator relating to residents and work conditions.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 11 -The evening aide performed all other duties assigned by the Administrator or management staff. Interview with the evening PCA on 02/11/20 at 3:15pm revealed: -Her work schedule was Monday through Friday (8:00pm to 6:30am) and Saturday through Sunday (2:00pm to 6:30am). -She arrived at work on 02/07/20 at 7:30pm for her shift but did not get started until 8:00pm. -The NA, who worked until 8:00pm, informed her on 02/07/20 after she arrived to the facility at 7:30pm the Administrator had given new directives for the night staff to keep Resident #1's door open, his light on and keep an eye on him because of his increased confusion. -She did not implement the changes in the resident's supervision because the Administrator had not informed her directly of any changes. -Her duties were to "keep an eye on residents" and check on them occasionally, but not every night because the residents slept at night. -If residents were asleep in their rooms, she did not check on them, but let them sleep without interruption. -On 02/07/20 before bedtime, Resident #1 was in a black chair in the sitting room (living room), he was laid back and comfortable. -Resident #1 received his snack at 8:05pm with his medications and went to bed. -She did not observe Resident #1 going to bed but he went to bed without assistance "far as I know". - She got up at approximately 4:00am-4:30am and started "getting myself together" after waking up from a nap. -She did not check on any of the residents during the night. -She only had one resident to bathe and dress, so	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 12 at 4:30am she cleaned the bathroom and took the trash out. -Between 8:30pm-4:30am she "checked on the residents." -She understood she was not allowed to sleep in the personal quarters in the facility, but she took naps throughout her shift. -She did not know how long the naps lasted but she "stayed on her Ps and Qs". -On 02/08/20, between 5:00am and 5:15am she checked on Resident #1 and let him know it was time to get up. -She observed him in his room, and he was wearing jeans and a blue pullover shirt. -Resident #1 always wore pajamas to bed and it was unusual for him to be fully dressed when she woke him, but she did not ask him why he was fully dressed. -She observed Resident #1 walking slowing with a shuffling gate to the bathroom. The resident had on slide bedroom shoes. -She later stated (during the same interview) that she went to check on Resident #1 between 5:00am-5:15am and told him it was time to get up. The resident responded with "yeah". -She observed Resident #1 walk from his bedroom to the bathroom stating, "I saw him go in there." -No other residents were up except for Resident #1. -She did not check on other residents before she began the second resident's bed bath in his room. -When she started the second resident's bath, the resident became agitated and was yelling, so she closed the door. -The bath took about 5-10 minutes to complete which included changing the resident's bed linen after the bath. -She left the resident on the bed and waited for	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 13	D 270		

the NA to arrive and assist her with transferring the resident to his wheelchair.
-She checked a third resident's blood sugar at the medication room before the NA arrived.
-The NA arrived at 6:00am and they transferred the second resident to his wheelchair and then she left.
-She was not sure of the time she left the facility, but thought the time was between 6:15am and 6:20am.
-She did not check on Resident #1 or any of the other residents before she left the facility.
-She did not see Resident #1 after he went in the bathroom.
-She did not go to check on Resident #1 while he was in the bathroom
-She was not aware there was another resident in the same bathroom between 5:00am and 5:15am.
-Two residents were not able to bathe and dress in the community bathroom at the same time.
-"I'm just giving you a pin point of the time; it's not going to be exactly right."
-She changed the time she left the facility from 6:20am to 6:05am.
-She may not have observed Resident #1 walking in the hallway as she reported, she just cracked opened his door and told the resident to get up and take his bath.
-She was not at the facility when the NA discovered Resident #1 was missing.
-She returned to the facility close to 7:00am after the NA called her.
-When she returned to the facility, she assisted the NA to search for Resident #1.
-She was aware Resident #1 did not like to go outside of the facility.
-Her family member often came to the facility at night (after the Administrators left and she was the only staff at the facility) and he would take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 14 Resident #1 and other residents to the local dollar store to shop, but he never documented in the sign-out book. -The family member did not take Resident #1 out on 02/07/20 or 02/08/20. -She was aware Resident #1 had dementia and several weeks ago his mood changed, he was more confused. -She was not given any directives by the Administrator to keep a close watch on Resident #1 or leave his door open and the light on. Intermittent observations on 02/11/20 from 9:45am - 12:30pm revealed: -Three staff members were congregated in the sitting area with one resident. -The voice alert from the alarm system sounded multiple times and could be heard throughout the building. Interview with Emergency Medical Services (EMS) Director, Emergency Management (EM) Director, and the local Sheriff on 2/11/20 revealed: -The PCA who worked on 02/07/20 -02/08/20 (8:00pm - 6:05am) reported she assisted Resident #1 out of bed and assisted him getting dressed at 5:30am on 02/20/20 (Saturday morning). -The resident was dressed in blue jeans, a baseball cap, a blue shirt, and converse sneakers. -Emergency staff who were searching for the resident on 02/07/20 found one bedroom shoe at the car dealership across the road from the facility and found the matching bedroom shoe on the side of the road. -When they presented the shoes to the PCA she first stated that they were not Resident #1's bedroom shoes but later stated the bedroom	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 15	D 270		

shoes belonged to Resident #1.
-The Sheriff intended to question the PCA due to the delivery of conflicting information.
-After today (02/11/20) the search for the missing resident maybe scaled down a little but the search would continue before all efforts were ceased.
-The search team had been searching relentlessly for Resident #1 in the local area but had not been able to locate him as of today (02/11/20).

Telephone interview with Resident #1's family member on 02/12/20 at 8:40am revealed:
-He found out Resident #1 was missing from social media.
-He did not talk to the Administrator until Monday, 02/10/20, who updated him on Resident #1 being missing.
-He and his family were extremely concerned that Resident #1 was able to leave the facility without anyone knowing and had not been found by law enforcement.
-The staff should have been providing better supervision because even though he never tried to leave he was "a little confused at times".
-The resident walked without assistance but was not physically able to walk very far from the facility because of his age and he "had asthma".

Review of the local weather report revealed:
-On 02/07/20, the temperature was 62 degrees F (the high temperature) and 37 degrees F (the low temperature).
-On 02/08/20, the temperature was 46 degrees F (the high temperature) and 30 degrees F (the low temperature).
-On 02/09/20, the temperature was 52 degrees F (the high temperature) and 32 degrees F (the low temperature).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 270	Continued From page 16 -On 02/10/20, the temperature was 63 degrees F (the high temperature) and 30 degrees F (the low temperature). -On 02/11/20, the temperature was 70 degrees F and raining (the high temperature) and 57 degrees F (the low temperature). -On 02/12/20, the temperature was 59 degrees F (the high temperature) and 47 degrees F (the low temperature). _____ The facility failed to provide supervision for 1 of 3 sampled residents (#1) who had been identified by staff as recently exhibiting increased confusion and a change in behaviors. This resulted in Resident #1 being missing from the facility without staff knowing. The resident's whereabouts have remained unknown after law enforcement continued searching since receiving the missing person report. The facility's failure resulted in serious neglect which constitutes a Type A1 Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 02/11/20. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MARCH 13, 2020.	D 270		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 17	D 273		

This Rule is not met as evidenced by:
TYPE A1 VIOLATION

Based on interviews and record reviews, the facility failed to follow-up with the primary care provider for 1 of 3 sampled residents (Resident #1) related to mental status changes over 3 weeks and was later reported missing from the facility. The findings are:

Review of Resident #1's current FL-2 dated 12/30/19 revealed:
-Diagnoses which included chronic obstructive pulmonary disease (COPD), and hypertension.
-The resident was ambulatory and was intermittently disoriented.

Review of Resident #1's Care plan dated 01/02/20 revealed:
-The resident ambulated with no problems.
-The resident was sometimes disoriented and was forgetful.
-The resident required supervision with bathing and dressing.

Interview with a resident on 02/11/20 at 10:15am revealed:
-Resident #1 was more confused for about 2 weeks.
-He spent more time in his room during the day, but got up every morning, went to the bathroom, bathed, and dressed.
-When he talked to Resident #1, his responses were "nonsense and he did not look right".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 18 -He never voiced his concerns with the staff, but they probably already knew there were changes in his mental status. Interview with a second resident on 02/11/20 at 10:40am revealed: -Resident #1 was more confused lately and stayed in his room almost all the time now except when the staff called him to eat or to administer his medications. -The resident was doing things he normally did not do such as hanging his coat over the exit door window or the window in his room because he thought someone was watching him. Interview with a nursing assistant (NA) on 02/11/20 at 11:40am revealed: -Resident #1 had been more confused the last 2 to 3 weeks and required more supervision. -After Resident #1 became more confused, there was a change in his bathroom habits. -Resident #1 started using facilities not designated for bathroom use. - The resident never walked outside because he did not like to go outside, even after he became more confused. -The resident covered the window in his room and the window on the exit door with his coat because he thought someone was watching him. -The resident had not been seen by his personal care provider (PCP) since the change in his mental status. -The Administrator was responsible for reporting changes in the residents' status to their PCPs. -The Administrator was concerned about the changes and left directives for the night staff to keep Resident #1's light on, his door open, and keep a closer eye on him. He gave the verbal directives to the evening shift but did not know if the evening PCA increased supervisory checks.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 19 Interview with a medication aide (MA) on 02/11/20 at 11:55am revealed: -He was able to bathe himself independently until a few weeks ago when he became more confused and there was a change in his bathroom habits. -Resident #1 started using facilities not designated for bathroom use. -He was doing things he would not normally do. -He used to get up and perform his personal care independently, but recently the staff had to wake him up. -Staff began assisting him with his bathing/dressing about 2 weeks ago. -During the day, staff had begun sitting with Resident #1 to "keep an eye on him". -The resident's mental status changes had been reported to the Administrator, but the changes had not been reported to the resident's PCP. -The Administrator was responsible for contacting the residents' medical providers to report any changes/problems. Review of facility progress notes documented by the Administrator revealed: -On 1/13/20 at 8:00am, Resident #1 was alert and ambulatory, and very forgetful. -On 1/13/20 at 1:30pm, staff smelled an odor in the hall, a strong smell of stool from Resident #1's room. Stool was on the floor in the closet, in and on the outside of the resident's urinal and on clothes which the resident had tried to wipe the stool off the floor. The Administrator asked the resident why he did not use the bathroom, he stated that he did not know how that got there. He did not do it. The resident was "very confused". -On 01/17/20, the resident was alert and ambulatory but was confused. He did not remember anything he did from one day to	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 20	D 273		

another. The resident had to be watched very closely. Instead of going to the bathroom, he would go (have bowel movements and urinate) in places not designated for bathroom use.
-On 02/07/20, the Administrator talked to Resident #1 about the money he received from his personal funds because of his forgetfulness.
-There was no documentation of Resident #1's PCP had been notified about the changes in his behavior.

Interview with the Administrator on 02/11/20 at 12:30pm revealed:
-She last saw Resident #1 on 02/07/20 (Friday) at 5:00pm.
-He was sitting in the living room watching TV.
-Resident #1 had become more forgetful/confused a few weeks ago and would not go to the bathroom to urinate or have bowel movements but used places not designated for bathroom use.
-On 02/07/20 before she left the facility at 5:00pm, she instructed the staff to keep a close eye on the resident, to keep his bedroom door open, and to keep his bedroom light on because of the increased confusion.
-She had intended to contact Resident #1's PCP to report his mental status changes, increased confusion and schedule an office visit for the resident but she delayed calling which was her mistake.
-She was responsible for contacting the residents' PCP to report resident changes/problems.

Interview with Resident #1's PCP on 02/12/20 at 10:15am revealed:
-Resident #1's last office visit was 12/17/19 and there were no acute problems or health concerns.
-The facility had not called or faxed any updates/concerns regarding the resident's mental

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 21 status changes or behaviors; there was no recent communication from the facility. -Resident #1 was last seen and assessed for confusion in 2018. -The PCP expected the facility to report the resident's mental and medical changes as soon as the problems occurred and schedule an office visit to evaluate the resident for medical problems or other causes for mental decline. _____ The facility failed to assure the acute health care needs were met for 1 of 3 sampled residents (#1) who had acute mental status changes which worsened over 3-4 weeks and included increased confusion, requiring assistance with personal care. There was a change in the resident's bathroom habits and he started using facilities not designated for bathroom use which were never reported to the resident's PCP. The resident left the facility and was never located . The facility's failure resulted in serious neglect which constitutes a Type A1 Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 02/12/20. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MARCH 13, 2020.	D 273		
D 328	10A NCAC 13F .0906(f)(4) Other Resident Care and Services 10A NCAC 13F .0906 Other Resident Care and Services (f) Visiting: (4) If the whereabouts of a resident are unknown	D 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 22 and there is reason to be concerned about his safety, the person in charge in the home shall immediately notify the resident's responsible person, the appropriate law enforcement agency and the county department of social services. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews, and record reviews, the facility failed to notify the resident's responsible party and the local County Department of Social Services (DSS) immediately after discovering a resident (Resident #1) was missing from the facility. The findings are: Review of Resident #1's current FL-2 dated 12/30/19 revealed: -Diagnoses which included chronic obstructive pulmonary disease (COPD), and hypertension. -The resident was ambulatory and was intermittently disoriented. Review of Resident #1's Care Plan dated 01/02/20 revealed: -The resident ambulated with no problems. -The resident was sometimes disoriented and was forgetful. -The resident required supervision with bathing and dressing. Review of an incident/investigation, missing person report from the local county sheriff's office dated 02/08/20 revealed: -On 02/08/20 at 7:00am Resident #1 reported missing by the facility's Assistant Administrator. -The resident was last seen at the facility on 02/08/20 at 5:30am.	D 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 23 -The resident was found missing from the facility on 02/08/20 at 6:30am. -A deputy was dispatched to the facility in reference to a missing person on 02/08/20 at 7:00am. -Upon arrival, the deputy spoke with [the Assistant Administrator] who informed him the missing resident was [Resident #1] who suffered from dementia, COPD, and high blood pressure and never known to leave the facility. -The resident was last seen on 02/08/20 at 5:30am when he had finished taking a bath and getting dressed. -All of the resident's information was obtained and a missing person report was completed. -All rooms and closets inside the facility were searched for the resident. -Two deputies searched the wood line and the immediate surrounding properties and was unable to locate Resident #1. Interview with Emergency Medical Services (EMS) Director, Emergency Management (EM) Director, and the local Sheriff on 2/11/20 revealed: -The PCA who worked on 02/07/20 -02/08/20 (8:00pm - 6:05am) reported she assisted Resident #1 out of bed and assisted him getting dressed at 5:30am on 02/20/20 (Saturday morning). -Resident #1 was reported missing on 02/08/20 at 7:00am. -After today (02/11/20) the search for the missing resident maybe scaled down a little but the search would continue before all efforts were ceased. -The search team had been searching relentlessly for Resident #1 in the local area but have not been able to locate him as of today.	D 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 24 Review of a facility Accident/Incident Report dated 02/08/20 revealed: -Resident #1 was discovered missing from the facility at 6:30am. -Staff reported the missing resident to the Assistant Administrator at 6:45am and called 911(no time documented). Interview with the Adult Services Supervisor at the local DSS on 02/11/20 at 10:00am revealed: -The facility had not sent a report of the missing resident (Resident #1). -She expected the facility to report a missing resident to DSS immediately. -A DSS staff discovered Resident #1 was missing through social media. Interview with a resident on 02/11/20 at 10:15am revealed: -He last saw Resident #1 on Friday (02/07/20) at dinner. -The nursing assistant (NA) who came in at 6:00am informed me said that Resident #1 was gone and looked for him early Saturday morning (02/08/20). -He observed the personal care aide (PCA) who worked at night informed the law enforcement officers that Resident #1 was up and out of his room at 5:30am on 02/08/20, but he (the resident) never saw Resident #1 in the facility. Interview with a second resident on 02/11/20 at 10:40am revealed he last saw Resident #1 at dinner on Friday around 5:00pm on 02/07/20, at about 8:00pm (bedtime snack) but he did not see Resident #1 the morning the resident was missing. Interview with the NA on 02/11/20 at 11:40am revealed:	D 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 25 -He worked at the facility and came to work every morning at 6:00am. -He arrived at the facility at 6:00am on 02/08/19. -The evening PCA left the facility immediately after they were finished transferring the resident to his wheelchair, about 6:05am. -About 6:10am, he went to Resident #1's room and the resident was not in his room. -He checked the recliner in the living room where the resident would often sit but did not find him. -The NA immediately checked both common bathrooms, all the other resident rooms, including the empty rooms but did not find Resident #1. -The search took about 5-10 minutes. -He called and left a message for the evening PCA to return to the facility. -Upon return to the facility, the PCA called the Assistant Administrator and reported the missing resident. -the Assistant Administrator came to the facility and they searched the Facility grounds, the outside smoking shed, the ditch banks, and the perimeter of the facility (near the wooded areas). -He did not call 911 to report the resident was missing from the facility as soon as he discovered the resident missing, but continued to look for the resident. -He did not know if Resident #1's family or the department of social services (DSS) had been contacted regarding the missing resident. -A family member of the Assistant Administrator drove around the roads near the facility looking for the resident but was unable to find him. -911 was called between 6:45am -7:00am by the Assistant Administrator after they could not locate the resident. -The resident had not been found. Interview with the evening PCA on 02/11/20 at 3:15pm revealed:	D 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 26 -On 02/08/20, between 5:00am and 5:15am she checked on Resident #1 and let him know it was time to get up. -She observed him in his room, and he was wearing jeans, blue pullover shirt. -Resident #1 always wore pajamas to bed and it was unusual for him to be fully dressed when she woke him, but she did not ask him why he was fully dressed. -She observed him walking slowing with a shuffling gate to the bathroom. The resident had on slide bedroom shoes. -She later stated that she went to check on Resident #1 between 5:00am-5:15am and told him it was time to get up. The resident responded with "yeah". -She checked a resident's blood sugar at the medication room before the NA arrived. -The NA arrived at 6:00am and we transferred the second resident to his wheelchair and then she left. -She was not sure of the time she left the facility, but thought the time was between 6:15am and 6:20am. -She did not check on Resident #1 or any of the other residents before she left the facility. -She did not see Resident #1 after he went in the bathroom. -She did not go to check on Resident #1 while he was in the bathroom -She was not aware there was another resident in the same bathroom between 5:00am and 5:15am. -Two residents were not able to bathe and dress in the community bathroom at the same time. -"I'm just giving you a pin point of the time; it's not going to be exactly right." -She changed the time she left the facility from 6:20am to 6:05am. -The PCA may not have observed Resident #1	D 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 27	D 328		

walking in the hallway as she reported, she just cracked opened his door and told the resident to get up and take his bath.
-The PCA was not at the facility when the NA discovered Resident #1 was missing.
-She returned to the facility close to 7:00am after the NA called her.
-When she returned to the facility, she assisted the NA to search for Resident #1.
-She called the Assistant Administrator and informed her Resident #1 was missing, but did not remember the exact time she called the her.
-The PCA did not call 911.
-911 was called (around 7:00am) after the Assistant Administrator arrived at the facility.

Telephone interview with Resident #1's family member on 02/12/20 at 8:40am revealed:
-He found out Resident #1 was missing from social media.
-No one from the facility contacted him or a local family member to inform them Resident #1 was missing from the facility.
-He called the facility on 02/09/20 (Sunday) after he found out on social media the resident was missing, but the Administrator was not at the facility and the staff refused to give him any information.
-He did not talk to the Administrator until Monday, 02/10/20, when he called the facility and she updated him on Resident #1 being missing.

Interview with a third resident on 02/12/20 at 3:30pm revealed:
-Resident #1 stayed next door to him near the back door.
-The resident usually heard Resident #1 moving around about 5:00am - 5:15am but he did not hear anything the morning of 02/08/20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 28 Interview with the Assistant Administrator on 02/12/20 at 4:45pm revealed: -The NA called her on Saturday 02/08/20 around 6:30am and informed her Resident #1 was missing. -After she arrived at the facility and the resident could not be found, she called 911 around 7:00am. -She did not contact Resident #1's family to report him missing. Interview with the Administrator on 02/11/20 at 12:30pm revealed: -She last saw Resident #1 on 02/07/20 (Friday) at 5:00pm. -He was setting in the living room watching TV. -She received a call from the Assistant Administrator on 02/08/20 at 8:00am and was informed Resident #1 missing from the facility and was at the facility at 8:30am. -The evening PCA had left the facility when she arrived at 8:30am but had informed the Assistant Administrator and the NA that she had observed Resident #1 go to the bathroom and back to his room at 5:15am and did not hear the voice alarm sound on the exit door. -Staff was responsible for assuring all residents were in the building at night. -The staff should have called 911 as soon as the resident was discovered missing from the facility without delay. -The county DSS or the resident's responsible party was not contacted and informed of the missing resident. -She should have called but did not know why she did not call. -Resident #1's member member who lived in another state called her on Monday (02/10/20) and she updated him on the resident being missing from the facility.	D 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 328	Continued From page 29 -The Administrator or the Assistant Administrator were responsible for contacting DSS and the responsible party. _____ The facility failed to report a missing resident (Resident #1) immediately to the appropriate local law enforcement agency, the responsible party, and local DSS after discovering the resident was missing from the facility at approximately 6:15am which caused a delay in an organized search for the resident. This failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 02/12/20. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 28, 2020.	D 328		
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. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on interviews with residents and staff, the facility failed to assure all residents were free of exploitation related to a staff's family member taking residents shopping and charging the residents for transporting them. The findings are:	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 30 Interview with the evening/night personal care aide (PCA) on 02/11/20 at 3:15pm revealed: -The PCA's family member took Resident #1 and other residents out of the facility and drove them to the local dollar store to purchase snacks and other items on multiple occasions. -The family member always took the residents out at night, after 8:00pm and there were no other staff working except her. -The family member would take Resident #1 out often (usually alone) because "they were close". -She never informed the Administrator, the Assistant Administrator, or any other staff the residents were being taken out of the facility at night. -She did not have to let the Administrators or other staff know that her family member was taking the residents out of the facility because the residents "had the right to leave when they wanted to and come and go as they chose". -The residents, her family member or she never documented the outings in the facility's sign-out book before the residents left the facility because she knew the residents were out of the facility. Interview with a resident on 02/12/20 at 4:10pm revealed: -The evening/night PCA's family member "rounded up" residents (usually 4 or 5 residents) and took them to town to the local dollar store in his personal vehicle to shop. -The family member always came to the facility after 8:00pm when there were no staff at the facility except the evening/night PCA. -The family member started taking residents out last year (not sure of the exact date). -The residents went shopping with the family member on multiple occasions. -All of the residents had to give the family	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 31	D 338		

member money for taking them shopping.
-He told the residents the money was to buy gas for his vehicle.
-Each resident gave him 3-5 dollars each per trip to the store and there would be trips to the store at least weekly and sometimes more.
-He would also ask the residents to pay for his purchases at the store and all residents would give him more money to pay for his purchases.
-He would take Resident #1 out of the facility alone frequently (several times a month).
-He and other residents never signed out of the facility but the evening/night PCA allowed the residents go out with her family member.
-The resident did not know whether it was right or wrong, but he stopped going out with him about a month ago after the family member started asking the residents to pay for his purchases.
-He did not know whether the Administrator was aware of the trips and he never reported the shopping trips to the Administrator.

Interview with a second resident on 02/12/20 at 4:15pm revealed:
-The evening/night PCA's family member would take him and other residents to the store and the family member required all of the residents to give him gas money.
-The Administrator, the Assistant Administrator, or other staff members were not at the facility when the family member took them out (usually after 8:00pm).
-The family member had not taken the residents shopping for at least the past two weeks.
-The resident did not give him money for anything else, such as his purchases, but the other residents would give him extra money because he asked them for it.

Interview with a third resident on 02/12/20 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 32 4:20pm revealed: -The evening/night PCA's family member came to the facility and took the residents shopping at a local dollar store. -He always came during the evenings when the only staff at the facility was the evening/night PCA. -The resident never signed out in the facility's sign-out book. -The family member told all of the residents to give him money for gas (for each trip) and asked for extra money to pay for his purchases. Interview with the Assistant Administrator on 02/12/20 at 4:45pm revealed: -The evening/night PCA's family member called himself a "preacher" and was scheduled on the activity calendar to provide an evening religious service to the residents on Saturday or Sunday each week throughout the month. -One of the resident's informed her a few weeks ago that the family member took him and other residents to the local dollar store. -She was not aware the family member was charging the residents for taking them shopping. -She had not reviewed the sign-out book and was not aware the residents were not signed out and back in in the facility's sign-out book. -Documentation was required in the sign-out book indicating date and time the resident left and date/time the resident was back in the facility. -The evening/night PCA knew that the residents were suppose to sign-out before leaving the facility. -The PCA's family member was not permitted to take any of the residents shopping without the approval of the Administrator or Assistant Administrator for the safety of the residents. -He should not have been charging the residents any money for transporting them and he should	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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 33 not have been asking residents to pay for his purchases. The PCA's family member was not available for interview during the survey. _____ The facility failed to protect the residents from exploitation from a staff's family member who came to the facility at night on multiple occasions requiring residents to pay for his purchases and gas from their personal funds when transporting them to a local store. The failure resulted in exploitation and constitutes a Type A1 Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 02/12/20. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MARCH 13, 2020.	D 338		
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 observation, interview, and record review, the facility failed to assure the residents were free of neglect and exploitation related to Personal Care and Supervision, Health Care, Other Resident Care and Services and Resident	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046018	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS AND TWINS ADULT HOME	BLDG # 817 HIGHWAY 258 NORTH COMO, NC 27818

(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
D914	Continued From page 34 Rights. The findings are: 1. Based on observation, interviews, and record reviews, the facility failed to provide supervision for 1 of 3 sampled residents (Resident #1) who was discovered missing for the facility and whereabouts remain unknown. [Refer to Tag 271, 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A1 Violation)]. 2. Based on interviews and record reviews, the facility failed to follow-up with the primary care provider for 1 of 3 sampled residents (Resident #1) related to mental status changes over 3 weeks and was later reported missing from the facility. [Refer to Tag 273, 10A NCAC 13F .0902(b) Health Care (Type A1 Violation)]. 3. Based on interviews, and record reviews, the facility failed to notify the resident's responsible party and the local County Department of Social Services (DSS) immediately after discovering a resident (Resident #1) was missing from the facility. [Refer to Tag 328, 10A NCAC 13F .0906(f)(4) Other Resident Care and Services (Type B Violation)]. 4. Based on interviews with residents and staff, the facility failed to assure all residents were free of exploitation related to a staff's family member taking residents shopping and charging the residents for transporting them. [Refer to Tag 338, 10A NCAC 13F .0909, Resident Rights (Type A1 Violation)].	D914		