STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	**603 LOCKHAVEN COURT GOLDSBORO, NC 27530**

(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 conducted a complaint investigation and a COVID-19 focused Infection Control survey on 12/01/20- 12/04/20. The Wayne County Department of Social Services initiated the complaints on 11/16/20 and 11/17/20.	D 000		
D 077	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to maintain a North Carolina Division of Environmental Health sanitation score of 85 or above at all times. The findings are: Review of the facility's North Carolina Division of Environmental Health inspection report dated 12/04/20 revealed: -The facility's score was 77 with 23 total demerits. -The resident rooms visited were documented as	D 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077	Continued From page 1 #103, #112, #205, #207, #213, #215, #222, and #227. -Other facility areas visited included the day room, kitchen, common hallways, bathrooms, -There were a total of 6 demerits in the section entitled floors, walls and ceilings to include stained, worn carpet in all rooms visited; food, dead bugs, and debris on the carpet; and bathroom floors sticky with urine and visibly dirty; hallway floors dusty with debris throughout facility; a very strong urine odor, especially in resident room #215; wall damage from furniture and wheelchairs in all the rooms visited; baseboards loose with gaping spaces to allow pest harborage; and broken electrical outlet plates. Cat food was observed on the floor in the laundry closet in the day room and heavy grease and food residue buildup in the kitchen under and behind the cooking equipment. -There were 3 demerits in the lighting, ventilation, and moisture control section related to microbial growth including shower curtains and shower chairs with visible mildew growth in all rooms visited. -There were 2 demerits for toileting, handwashing, laundry, and bathing areas section related to disinfectants being accessible and used properly with documentation which read: "Disinfectant must be applied to clean surfaces. Surfaces in the bathrooms are visibly dirty". -There were 7 demerits for vermin control with 3 demits for the presence of vermin, 2 demerits for proper handling and storage of approved pesticides, and 2 demerits for the premises being clean and free of breeding places and rodent harborage. -In the section entitled "vermin excluded" there was documentation live bed bugs were observed in resident rooms #213,# 215, and #222; dead bed bugs were observed in resident room #115.	D 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077	Continued From page 2 Live and dead roaches seen in all rooms visited including the kitchen. A lot of flies in resident room #227, resident complains that they bother him. -There were recommendations to eliminate all pests and remove feces and remains from pests; replace furniture and sheets with visible bed bug excrement stains; clean and paint walls with excrement stains; and monitor for new pest activity. -In the section related to approved pesticides being properly stored and handled there was documentation that facility maintenance staff were using unapproved chemicals to broadly treat the facility for pests. There was documentation to adhere to recommendations from the pest control provider per the service agreement and to contact the pest control provider for additional extermination treatment of roaches and bed bugs. -In the section related to the premises being clean and free of breeding places and rodent harborage, observations were documented of leaf litter and pine straw accumulation around the air conditioning unit with recommendation to remove harborage sites from the foundation of the building. -There were 2 demerits for resident care items being stored on the floor in resident rooms #103 and #127 and snacks being stored on the floor of the activity closet. There was a recommendation to keep all food and resident care items off of the floor to prevent pest attraction and potential contamination. -There were a total of 4 demerits for furnishings and resident contact items to include headboards stained with bed bug excrement; dead bed bugs and bed bug eggs in resident rooms #115. #213, #215, and #222; stained sheets in rooms identified with live bed bugs; linens in other rooms	D 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077	Continued From page 3 visited "did not appear fresh." Observations in resident room #110 on 12/01/20 at 10:09am revealed: -There was 1 live roach on the resident's dresser near the entrance of the bathroom. -There was 1 live roach on the resident's shower curtain within the bathroom. Observation of resident room #204 on 12/01/20 at 10:30am revealed a strong urine odor. Observations of resident room #210 on 12/01/20 at 10:49am revealed: -There was a strong urine odor in the room. -There were stains on the carpet ranging from light to dark in color. -There was a water seeping from the base of the toilet across the bathroom tile around the bathroom door jamb onto the carpet in the bedroom. -There was a black substance that resembled mold along the side of the door jamb that adjoins the carpet to the bedroom from the bathroom. Observation in resident room #116 on 12/01/20 at 10:55am revealed 1 live roach on a resident's door hinge on the door leading to the bathroom. Observations in resident room #115 on 12/02/20 at 4:14pm revealed -There was a live roach crawling on the bathroom door. -There was a dead roach on the carpet. Observations of the hallway wall across from resident room #125 on 12/03/20 at 10:22am revealed: -There was a roach crawling on the wall. -A personal care aide (PCA) killed the roach with	D 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077	Continued From page 4 a fly swatter. Observation of resident room #211 on 12/03/20 at 12:08pm revealed: -There were unknown black stains along the bedroom carpet. -There was a black substance that resembled mold which trailed along the baseboards of the wall to the right of the air-conditioner/heater. Observation of resident room #220 on 12/03/20 at 12:12pm revealed: -There was a strong urine odor. -The light switch on the bedroom wall was soiled with a reddish orange colored substance. -There was black dirt and debris scattered across the bathroom floor. -There was urine resting on the base of the toilet towards the back. -There was urine down the front the toilet to the base. -There was dark brown to black colored scum along the outside base of the shower. Observation of the kitchen on 12/03/20 at 3:30pm revealed: -There was a small roach crawling midway along the wall above the sink. -There was a second small roach crawling on the wall behind the sink fixture at the point where the top of the sink meets with the wall. Observations of resident room #101 on 12/03/20 at 3:47pm revealed: -There was black dirt and debris scattered across the bathroom floor. -There were unknown black stains on the floor in front of the sink. Interview with the Administrator on 12/01/20 at	D 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077	Continued From page 5 10:45am revealed: -She was not aware there were any live roaches in the resident's rooms. -The facility's contracted pest control provider had been at the facility a "few weeks ago." Telephone interview with the County Health Inspector on 12/04/20 at 9:24am revealed: -On 11/10/20, she received a complaint about roaches in resident room #122. -On 11/10/20, she went to the facility for the complaint investigation about the roach infestation in room #122. -Upon inspection, dead roaches and bedbugs were identified on an adhesive trap next to the resident's bed. -The resident's headboard was infested with bed bugs, and bed bugs were noted in the carpet as well. -Bed bug excrement was visible on the wall and sheets. -The resident had thought the bed bugs were baby roaches and woke with them biting her several times. -The resident said she did not notice the bed bugs. -On 11/10/20, she had also observed bed bugs and German roaches in resident room #121 (adjoining room). -In resident room #122, there were live bed bugs visible on the head board and carpet, with excrement on the sheets and headboard. -The resident said she did not notice the bed bugs or bites. -On 11/10/20, she also observed bed bugs and German roaches in resident room #121 (adjoining room). -On 11/16/20, a resident was crying and complained of roaches; she found a live roach on the wall next to the resident's bed.	D 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077	Continued From page 6	D 077		

-Another resident told her no one ever cleaned the resident's bathroom; it was filthy; and the vacuum cleaner was never available to vacuum her room herself.
-On 11/24/20, in the kitchen there was a thick build-up of grease under the fryer, stove, and oven.
-From her observations during onsite visits, the facility staff just cleaned the main traffic areas.
-The facility staff were not moving furniture to clean or sanitizing equipment.
-The residents who resided in the facility were a vulnerable population; the facility had the tendency to brush the residents' complaints off.
-During her onsite visits to the facility, the Administrator or designated staff would not walk/tour with her.
-There was "no sense of urgency" from the facility staff to address her observations or recommendations.
-The facility staff did not keep up with basic cleaning everywhere in the facility.

Interview with the County Health Inspector on 12/04/20 at 2:16pm revealed:
-She was onsite today at the facility and completed a health inspection.
-During the health inspection, she completed inspections of 10% of the resident rooms in the facility.
-There had been no improvement in the facility's pest control since her initial complaint visit on 11/10/20 and she had discovered more bed bugs and roaches.
-She had provided encouragement and recommendations about cleaning related to the kitchen and residents' rooms and pest control treatments which were included in comment addendums (site visit reports) sent to the Administrator.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077	Continued From page 7 -The Administrator had received education from the County Health Inspector on 11/10/20, 11/11/20, 11/16/20, 11/17/20, and 11/24/20. -The Administrator would be agreeable to complete her recommendations, but then there was no action. Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed: -She rounded the facility daily upon arrival unless something unexpected came to her attention. -She would knock on the resident's door, step in, and ask if the resident was okay. -She would make quick observations for example, if there was laundry, spills, or debris on the floor. -She would complete a quick visional inspection of the room. -She tried to get into every resident's room but did not do it daily. -She tried to tour the residents' bathrooms weekly. -The week before (11/23/20) she had completed a partial tour of all residents' bathrooms. -The daily inspection of the facility was a "joint effort" meaning all employees were responsible for the daily inspection of the facility. -The results of inspections fell solely on her. ________________ The facility failed to maintain conditions to retain a North Carolina Division of Environmental Health sanitation score of 85 or above resulting in 23 demerits cited with a total score of 77. The facility's failure placed the residents at substantial risk of neglect which constitutes a Type A2 Violation. ________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/11/20 for this violation.	D 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 077

Continued From page 8

CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JANUARY 3, 2021.

D 079

10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings

10A NCAC 13F .0306 Housekeeping and Furnishings
(a) Adult care homes shall
(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;
This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:
TYPE A2 VIOLATION

Based on observations, record reviews, and interviews, the facility failed to ensure the environment was clean and free of hazards related to leaking toilets in 2 resident bathrooms which created a fall hazard, a floor mat in a resident bathroom which caused a resident (#6) to sustain a fall, chemicals accessible to residents, mold and urine odors in multiple residents' bathrooms, live and dead roach activity in 8 residents' rooms, the kitchen, and commons areas, and live and dead bed bugs in 4 residents' rooms.

The findings are:

Telephone interview with the County Health Inspector on 12/04/20 at 9:24am revealed:
-The residents residing in the facility were a vulnerable population; the facility had the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 9	D 079		

Continued From page 9

tendency to brush the residents' complaints off.
-The facility staff did not keep up with basic cleaning everywhere in the facility. The facility staff just cleaned the main traffic areas.
-The facility staff was not moving furniture to clean or sanitizing equipment.
-During her onsite visits to the facility, the Administrator or designated staff would not walk or tour.
-There was "no sense of urgency" from the facility staff to address her observations or recommendations.

Interview with the County Health Inspector on 12/04/20 at 2:16pm revealed:
-She had given encouragement and recommendations about cleaning related to the kitchen and residents' rooms and pest treatments which were included in the comment addendums (site visit reports) that were sent to the Administrator.
-The Administrator had received education from the County Health Inspector on 11/10/20, 11/11/20, 11/16/20, 11/17/20, and 11/24/20.
-She had told the Administrator "we are here for you" with any questions or concerns.
-She had never received a phone call from the Administrator.
-The Administrator would be agreeable to complete the County Health Inspector's recommendations, but then there was no action.

1. Observations in resident room #110 on 12/01/20 at 10:09am revealed:
-There was 1 live roach on the resident's dresser near the entrance of the bathroom.
-There was 1 live roach on the resident's shower curtain within the bathroom.

Interview with a housekeeper on 12/01/20 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 10 10:18am revealed: -She had just started about 2 weeks ago. -Resident room #110 had roaches. -The roaches had been there for approximately 2 weeks. -She had told the Maintenance Director about the roaches last week. -The Maintenance Director was supposed to contact an exterminator. -She did not know if an exterminator had been contacted. Interview with a resident on 12/01/20 at 10:05am revealed: -She had seen one roach in her room in the last two weeks after her room had been steam cleaned. -She had seen roaches in the dining room. -She had not been in the dining room in about a week. -If the table in the dining room was touching the wall, she would not sit there because she had seen roaches; "they are everywhere". Observation in resident room #116 on 12/01/20 at 10:55am revealed 1 live roach on the door hinge on the door leading to the bathroom. Interview with a second resident on 12/01/20 at 10:57am revealed she had seen roaches in her room today, 12/01/20. Observations in resident room #115 on 12/02/20 at 4:14pm revealed -There was a live roach crawling on the bathroom door. -There was a dead roach on the carpet. Observations of the hallway wall across from resident room #125 on 12/03/20 at 10:22am	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 11	D 079		

revealed:
-There was a roach crawling on the wall.
-A personal care aide (PCA) killed the roach with a fly swatter.

Interview with the PCA on 12/03/20 at 10:22am revealed:
-She saw "roaches all over" in the facility.
-She saw roaches in the resident rooms.
-Residents had complained to her about the roaches.
-When she saw roaches, she would kill them and tell the Administrator.
-She would tell the resident that she had told the Administrator about the roaches when residents complained to her about roaches.
-The Administrator "takes it from there" once she told the Administrator about the roaches.

Interview with a third resident in resident room #208 on 12/03/20 at 12:00pm revealed:
-He had seen roaches at times for the last 2 months.
-He would kill the roaches when he saw them.

Observations of resident room #220 on 12/03/20 at 12:12pm revealed:
-There was a dead roach outside the base of the shower.
-There was a dead roach on the shower floor.

Interview with a fourth resident on 12/03/20 at 12:20pm revealed:
-The facility had roaches for about 6 months.
-The roaches had worsened for about 2 weeks now.
-He had told the medication aide/supervisor (MA/S) and the Resident Care Coordinator (RCC) about the roaches 1 month ago.
-He had not seen an exterminator at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 12 -He last saw roaches this morning in his bedroom crawling from behind the clock on the wall and the microwave. -He made a "homemade roach spray" consisting of alcohol and disinfectant cleaner. -He would spray along the baseboards of the room for roaches. -Staff did not know about the homemade roach spray. Observations of the kitchen on 12/03/20 at 3:30pm revealed: -There was a small roach crawling midway along the wall above the sink. -There was a second small roach crawling on the wall behind the sink fixture at the point where the top of the sink met with the wall. Interview with the Maintenance Director on 12/3/20 at 3:31pm revealed: -He had not seen any roaches in the kitchen. -The facility had a contract with a local pest control provider who sprayed the facility for roaches. -The pest control provider was at the facility a couple days ago and had sprayed. -He thought the pest control provider was there to treat for roaches. -He sprayed the kitchen on Tuesday, 12/01/20, for roaches. Review of the pest control provider service slips/invoices for the facility revealed: -On 09/29/20, the pest control provider inspected and treated the interior of 5 rooms reporting German roach activity in resident rooms #106, #122, #226, #121, and #127. German roach activity was observed in all 5 resident rooms and the kitchen. -On 10/09/20, the pest control provider inspected	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 13 and treated the interior of 5 rooms for German roach activity in resident rooms #106, #122, #226, #121, and #127. -On 11/10/20, the pest control provider inspected the kitchen and observed German roach activity. German roach activity was observed in resident rooms #127, #128, and #233. The pest control provider set and replaced glue board monitors throughout structure and applied a gel bait application as well. -On 11/23/20, resident rooms #121 and #122 were self-treated and sprayed by the facility. -The Administrator canceled the pest control provider's appointment on 11/23/20. Telephone interview with the office manager of the pest control provider on 12/04/20 at 8:33am revealed on 11/24/20, the Administrator informed the pest control field technician who came to the facility, the Maintenance Director would be completing the facility's bed bug extermination "moving forward." Review of the North Carolina health inspection comment addendum report dated 11/10/20 revealed: -A complaint was received from a resident about roach infestation in resident room #122 and in the kitchen. -Some dead roaches were observed in resident room #122. -A large roach was observed on the dining room wall next to the kitchen. -There was grease and food buildup under equipment in the kitchen. -There was a recommendation to clean the kitchen floors to reduce pest attraction and to work with the pest management company to eliminate roaches in the facility.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 14	D 079		

Review of the North Carolina health inspection comment addendum report dated 11/16/20 revealed resident room #103 was checked and a live juvenile roach was noted on the wall next to the bed.

Review of the North Carolina health inspection comment addendum report dated 11/24/20 revealed:
-Resident room #122 had no roaches observed in the room, however, there were dead bed bugs found in the carpet.
-In resident room #125, there was a dead roach observed on the box spring of the bed.
-In the kitchen, a live German cockroach observed walking across the kitchen floor near the dishwasher.

Interview with another resident on 12/03/20 at 11:21am revealed:
-He saw roaches "here and there" within his room.
-The last time he saw a roach within his room was 1 week ago.
-He thought the pest control provider's last completed treatment within his room was approximately 1 week ago.

Review of the North Carolina health inspection report dated 12/04/20 revealed:
-The were 23 demerits with a score documented as 77.
-The resident rooms visited were documented as #103, #112, #205, #207, #213, #215, #222, and #227.
-Baseboards were loose with gaping spaces allowing for pest harborage. All surfaces must be smooth and easily cleanable. Eliminate pest harborage sites by sealing baseboards to the wall and caulking and crevices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 15	D 079		

-Live and dead roaches seen in all rooms visited including the kitchen.
-The Maintenance crew was using unapproved chemicals to broadly treat the facility for pests.
-Recommendations included to monitor for new pest activity; follow recommendations from the pest management provider per the service agreement; and contact the pest control provider for additional extermination treatment of roaches.

Telephone interview with the County Health Inspector on 12/04/20 at 9:24am revealed:
-On 11/10/20, she received a complaint about roaches in resident room #122.
-On 11/10/20, she went to the facility for the complaint investigation about the roach infestation.
-Upon inspection, dead roaches and bedbugs were identified on an adhesive trap next to the resident's bed.
-On 11/10/20, she also observed bed bugs and German roaches in resident room #121 (adjoining room).
-When she was at the facility on 11/16/20, a resident was crying and the resident complained of roaches; the resident's room had very filthy carpet and a live roach was observed on the wall next to the bed.
-On 11/24/20, in resident room #125, she observed the carpet was very worn and stained, and a dead German roach on the resident's box spring.

Interview with the County Health Inspector on 12/04/20 at 2:16pm revealed:
-She was onsite today at the facility and completed a health inspection.
-During the health inspection, she completed inspections of 10% of the resident rooms in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 16	D 079		

Continued From page 16

-In resident room #103, there were live and dead German roaches.
-The toilet and shower were leaking in resident room #103, the shower curtain had scum and mildew, first aid supplies (incontinent wipes, incontinent briefs, and incontinent disposable underpads) were observed on the floor, and there were loose and gappy base boards which was concerning because they could become home for pests.
-There were 2 live German roaches observed in the kitchen.
-There had been no improvement in the facility's pest control since her initial complaint visit on 11/10/20 and she had been discovering more roaches.

Telephone interview with the office manager of the pest control provider on 12/04/20 at 9:01am revealed she could not provide the contact information of the pest control technician assigned to the facility because they were out in the field today, 12/04/20.

Interview with the Administrator on 12/01/20 at 10:45am revealed:
-She was not aware there were any live roaches in the residents' rooms.
-The facility's contracted pest control provider had been here a "few weeks ago."
-The Maintenance Director also did preventative spraying at the facility for pest control at least monthly or every week depending on the need.
-She was not aware when the Maintenance Director completed his last preventative spray treatment for pests at the facility.

Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed:
-She was not aware of any current live roach

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 17 activity in the facility. -She rounded the facility daily upon arrival unless something unexpected came to her attention. -She would knock on the resident's door, step in, and ask if the resident was okay. -She would make quick observations for example, if there was laundry, spills, or debris on the floor. -She would complete a quick visional inspection of the room. -She tried to get into every resident's room but did not do it daily. -She tried to tour the residents' bathrooms weekly. -The week before (11/23/20) she had completed a partial tour of all residents' bathrooms. -The daily inspection of the facility was a joint effort meaning all employees were responsible for the daily inspection of the facility. -The results of inspections and the overall operations of the facility fell solely on her. Refer to the telephone interview with the County Health Inspector on 12/04/20 at 9:24am. Refer to the interview with the County Health Inspector on 12/04/20 at 2:16pm. 2. Interview with a resident on 12/03/20 at 11:21am revealed: -About 2-3 weeks ago, she had noticed a couple of dead bed bugs and 1 live roach within her room. -About two days ago (12/01/20), the Maintenance Director had sprayed her room for pests. -The week of 11/30/20, a bead of caulk was placed by the Maintenance Director along the wall behind her bed to keep pests out. Review of the pest control provider service	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 18	D 079		

invoices for the facility revealed:
-On 06/22/20, resident rooms #101, #132, #213, #214, #215, and #127 were inspected. Bed bug activity was found in 101, 213, 214, and 132.
-On 07/06/20, resident room #122 was inspected for bed bugs with no activity seen. Bed bug service was completed in resident rooms #101 and #213.
-On 07/14/20, resident rooms 101 and 214 were treated for bed bugs.
-On 07/20/20, there was bed bug follow up for rooms 101, 213, and 214. Activity would continue until bed bug covers were placed as soon as possible.
-On 08/04/20, there was secondary bed bug follow up for resident room 213.
-On 08/14/20, it was documented no one was notified of this appointment. The appointment was rescheduled for 08/28/20.
-On 08/28/20, it was documented the appointment was rescheduled for 09/04/20.
-On 09/04/20, resident rooms #215 and #222 were treated for bed bugs.
-On 09/18/20, there was bed bug follow up documented for resident rooms #215 and #222.
-On 11/23/20, resident rooms #121 and #122 were self-treated and sprayed by the facility. The Administrator canceled the appointment.

Review of the North Carolina health inspection comment addendum report dated 11/10/20 revealed:
-"Many" bed bugs were observed on the floor and on the headboard of the bed in resident room #122.
-There was a recommendation to work with the pest control provider to eliminate bedbugs in the facility.

Review of the North Carolina health inspection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 19	D 079		

comment addendum report dated 11/16/20 revealed:
-The corporate representative assisting with pest extermination at the facility intended to heat treat the rooms infested with live bed bugs, because the contracted pest control provider would not be able to treat for bedbugs in a timely manner.
-Resident rooms #122 and #121 had live bed bugs.

Review of the North Carolina health inspection comment addendum report dated 11/17/20 revealed resident rooms #122 and #121 would receive heat treatment to eliminate bedbugs.

Review of the North Carolina health inspection comment addendum report dated 11/24/20 revealed:
-In resident room #122, there were dead bed bugs found in the carpet. Bed bug excrement was found and a dead bug was found on the wall next to the bed.
-Bed bugs were observed on the wall near the ceiling above the bed; unable to determine if the bugs were alive or dead.
-Recommendations were to clean bed bugs or bed bug remains from all surfaces in the room, monitor for new bed bugs, and seal all cracks and crevices that could potentially harbor bed bugs.
-In resident room #121, there was no bed bugs found in the bed.
-There were dead bed bugs on the floor in the bathroom and along the base boards of the carpeted room in resident room #121.

Review of the North Carolina health inspection report dated 12/04/20 revealed:
-The were 23 demerits with a score documented as 77.
-The resident rooms visited were documented as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 20 #103, #112, #205, #207, #213, #215, #222, and #227. -Wall damage from furniture and wheelchairs in all the rooms visited. Baseboards were loose with gaping spaces, allowing for pest harborage. All surfaces must be smooth and easily cleanable. Eliminate pest harborage sites by sealing baseboards to the wall and caulking and crevices. -Live bed bugs were seen in resident rooms #213, #215, and #222; dead bed bugs seen in resident room #115. -Recommendations included to eliminate all pests and remove feces and remains from pests. -Replace furniture and sheets with visible bed bug excrement stains. Clean and paint walls with excrement stains. -The Maintenance crew was using unapproved chemicals to broadly treat the facility for pests. -Recommendations included to monitor for new pest activity and contact the pest control provider for additional extermination treatment of bed bugs. Interview with the Administrator on 12/01/20 at 10:45am revealed: -The facility's contracted pest provider had been at the facility "a few weeks ago." -The Maintenance Director also did preventative spraying at the facility for pest control at least monthly or every week depending on the need. -She was not aware when the Maintenance Director completed his last preventative spray treatment for pests at the facility. Telephone interview with the office manager of the pest control provider on 12/04/20 at 8:33am revealed: -On 11/24/20, the Administrator informed the pest control field technician who came to the facility, the facility's Maintenance Director would be	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 21	D 079		

completing the facility's bed bug extermination "moving forward."
-The reason for the cancellation of the bed bug service was because the facility's corporate office had provided the facility with the applicable chemicals and a steamer.

Second telephone interview with the office manager of the pest control provider on 12/04/20 at 9:01am revealed she could not provide the contact information of the bed bug field technician or the pest control technician assigned to the facility because they were out in the field today, 12/04/20.

Telephone interview with the County Health Inspector on 12/04/20 at 9:24am revealed:
-On 11/10/20, she went to the facility for a complaint investigation about a roach infestation in resident room #122.
-Upon inspection dead roaches and bedbugs were identified on an adhesive trap next to the resident's bed.
-The resident's headboard was infested with bed bugs, and bed bugs were noted in the carpet as well.
-Bed bug excrement was visible on the wall and sheets.
-The resident had thought the bed bugs were baby roaches and woke them biting her several times.
-The resident said she did not notice the bed bugs.
-In resident room #122, there were live bed bugs visible on the head board and carpet, with excrement on the sheets and headboard.
-On 11/10/20, the County Health Inspector also observed bed bugs in resident room #121 (adjoining room).
-On 11/11/20, she returned to the facility and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 22 asked the Administrator if the resident's headboard had been removed from resident room #122. -The Administrator told her yes, the headboard had been removed, wrapped, and placed outside the facility for bed bug treatment. -On 11/11/20, she observed the resident's headboard outside of resident room #122, unwrapped with an active bed bug infestation. -On 11/11/20, the resident told her she had moved the headboard herself outside of resident room #122. Interview with the County Health Inspector on 12/04/20 at 2:16pm revealed: -She was onsite today at the facility and completed a health inspection. -During the health inspection, she completed inspections of 10% of the resident rooms in the facility. -In resident rooms #213, #215, and #222, there were live bed bugs observed. -In resident room #213, the resident complained of bed bug bites, but she did not complete a physical assessment of resident. -There had been no improvement in the facility's pest control since her initial complaint visit on 11/10/20 and she had been discovering more bed bugs on 12/04/20. Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed: -She was not aware of any current live bed bug activity in the facility. -The Maintenance Director had been spraying for bed bugs (no additional details provided). -The last time bed bugs were reported to her was on 11/11/20 by the County Health Inspector. -She rounded the facility daily upon arrival unless something unexpected came to her attention.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 23	D 079		

-She tried to get into every resident's room but did not do it daily.
-She tried to tour the residents' bathrooms weekly.
-The week before (11/23/20) she had completed a partial tour of all residents' bathrooms.
-The daily inspection of the facility was a "joint effort" meaning all employees were responsible for the daily inspection of the facility.
-The results of inspections and the overall operations of the facility fell solely on her.

3. Interview with the Maintenance Director on 12/01/20 at 10:15am revealed the facility had been without a housekeeper for about 3 or 4 months.

Interview with the Resident Care Coordinator (RCC) on 12/01/20 at 10:20am revealed:
-The facility had been without a housekeeper for about 1 month.
-The facility had just hired housekeeping staff about 1 ½ weeks ago.
-The housekeeping staff was responsible for cleaning resident rooms, bathrooms, and the facility.

Observation of resident room #204 on 12/01/20 at 10:30am revealed a strong urine odor.

Observations of resident room #210 on 12/01/20 at 10:49am revealed:
-There was a strong urine odor in the room.
-There were 2 urinals sitting in the middle of the bedroom floor on the carpet. One of the urinals was approximately 800 ml full of urine. One urinal was empty.
-The carpet under the urinals was darker in color with a wet napkin laying on the floor.
-There were stains on the carpet ranging from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 24	D 079		

light to dark in color.
-There was a water seeping from the base of the toilet across the bathroom tile around the bathroom door jamb onto the carpet in the bedroom.
-There was a brown to rust colored discoloration along the perimeter of the liquid.
-There was a black substance that resembled mold along the side of the door jamb that adjoins the carpet to the bedroom from the bathroom.
-The linoleum was buckled up approximately 1/4th of an inch along the floor following the shower base.

A second observation of resident room #210 on 12/02/20 at 4:52pm revealed:
-There was a strong urine odor in the room.
-There was water seeping from the base of the toilet across the bathroom tile around the bathroom door jamb onto the carpet in the bedroom.
-There was a brown to rust colored discoloration along the perimeter of the liquid.
-There was a black substance that resembled mold along the side of the door jamb that adjoins the carpet to the bedroom from the bathroom.
-The linoleum was buckled up along the base of the shower.

Observation of resident room #211 on 12/03/20 at 12:08pm revealed:
-There were unknown black stains along the bedroom carpet.
-There was a black substance that resembled mold which trailed along the baseboards of the wall to the right of the air-conditioner/heater.
-There was a toilet plunger wrapped in a garbage bag laying on a hand rail over the toilet tank on top of an opened pack of pre-moistened washcloths.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079		D 079		

Continued From page 25

Observation of resident room #220 on 12/03/20 at 12:12pm revealed:
-There was a strong urine odor.
-The light switch on the bedroom wall was soiled with a reddish orange colored substance.
-There was black dirt and debris scattered across the bathroom floor.
-There was urine resting on the base of the toilet towards the back.
-There was urine down the front the toilet to the base.
-There were 3 soiled balled up washcloths laying on the built seat of the bathroom shower.
-There was dark brown to black colored scum along the outside base of the shower.

Observations of resident room #101 on 12/03/20 at 3:47pm revealed:
-There was black dirt and debris scattered across the bathroom floor.
-There were unknown black stains on the floor in front of the sink.
-There were rust to brown colored stains on the floor at the base of the toilet.
-There was a black container on the floor to the left of the back of the toilet by the water valve.
-In the container was a thick, unknown liquid that was yellow to light green colored with grayish to green colored mold floating on the top.

Interview with the resident in room #101 on 12/03/20 at 3:50pm revealed:
-She thought the housekeeper had cleaned the bathroom that day.
-She didn't know what was in the black container on the floor.

Review of the facility's North Carolina Division of Environmental Health inspection report dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079		D 079		

Continued From page 26

12/04/20 revealed:
-The facility's score was 77 with 23 total demerits.
-The resident rooms visited were documented as #103, #112, #205, #207, #213, #215, #222, and #227.
-There were 3 demerits in the lighting, ventilation, and moisture control section related to microbial growth including shower curtains and shower chairs with visible mildew growth in all rooms visited.

Interview with the County Health Inspector on 12/04/20 at 2:16pm revealed the toilet and shower were leaking in resident room #103, the shower curtain had scum and mildew.

Interview with a housekeeper on 12/01/20 at 10:20am revealed:
-She cleaned the resident bathrooms, and vacuumed and dusted resident bedrooms daily.
-She had cleaned resident rooms down the 200 hall today, 12/01/20, by 8:25am.

Interview with the Administrator on 12/03/20 at 12:04pm revealed:
-It was her expectation that the Maintenance Director performed walk-throughs of the facility every day.
-If the Maintenance Director was called to do something else, then he might not finish the facility walk through.

Interview with the Maintenance Director on 12/03/20 at 3:40pm revealed:
-He tried to go around to each resident room at least one time weekly.
-He went into resident rooms for maintenance reasons.

Refer to the telephone interview with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 27 Administrator on 12/04/20 at 4:16pm. 4. Observation of resident room #101's bathroom on 12/03/20 at 3:44pm revealed: -There was a thin, black mat on the bathroom floor outside the resident shower. -The mat easily slid across the floor when pushed. -There was a thin, black mat on the bathroom floor in front of the sink. -The mat easily slid across the floor when pushed. Interview with a resident in room #101 on 12/03/20 at 3:45pm revealed: -The floor mats were not slip proof. -The resident slipped on the mat when stepping out of the shower on 12/01/20; She fell against the lower edge of the shower and injured her back. -She required transport to the local Emergency Department (ED). -The neighboring resident placed the floor mats in the shared bathroom. -The resident could not remember how long the mats had been in the bathroom. -She did not like the mats in the shared bathroom because they were not safe. -She had not told staff about the floor mats. Review of the resident's ED visit note dated 12/02/20 revealed: -The resident slipped on a black rubber floor mat in a shared bathroom. -The resident fell and struck her left ribs. -The resident complained of pain in the right chest. -Computed topography (CT) scan revealed possible right lateral eighth rib fracture. (A CT scan is a series of x-rays taken from different	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 28	D 079		

angels around the body which provides more detailed information than an x-ray).

Interview with the Administrator on 12/03/20 at 12:04pm revealed:
-She walked through the facility every morning.
-It was her expectation that the Maintenance Director performed walk-throughs of the facility every day.
-If the Maintenance Director was called to do something else, then he might not finish the facility walk through.

Interview with the Maintenance Director on 12/03/20 at 3:40pm revealed:
-He tried to go around to each resident room at least one time weekly.
-He went into resident rooms for maintenance reasons.

Observations and interview with the Administrator on 12/03/20 at 4:58pm revealed:
-She did not know the floor mats had been placed in the resident bathroom in room #101.
-She entered the resident's bathroom and slid the floor mat across the floor.
-She assessed to see if the bathroom floor mats were slip proof.
-She acknowledged the bathroom floor mats were not slip proof.
-She acknowledged the bathroom floor mats were a hazard which could cause the resident to fall.
-The MA told her on the evening of 12/02/20 the resident had "slipped" against the shower wall during 2nd shift on 12/01/20.
-She did not know the resident slipped on the floor mats and fell.
-She removed the bathroom floor mats from the bathroom.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 29	D 079		

Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed:
-She was unaware of the floor mat in resident room #101.
-She had been in the bathroom of resident room #101 the week before (11/23/20).
-There were no floor mats in the residents' shared bathroom when she last inspected one week ago.
-Floor mats were a slip hazard for residents.
-Floor mats also had infection control issues due to the growth of mold.
-All staff were responsible to observe and notify the Supervisor or the (RCC) Resident Care Coordinator of hazards.
-Staff should be monitoring residents rooms for hazards.
-The staff monitoring for hazards was discussed with staff in September 2020 during a staff meeting.
-She told the maintenance director in September 2020 he was responsible for checking residents' bathrooms for rugs.
-It was a combined effort of all staff to inspect resident bathrooms for hazards.
-She tried to inspect resident bathrooms weekly for hazards.

Refer to the telephone interview with the Administrator on 12/04/20 at 4:16pm.

5. Observation of a resident room #101 on 12/03/20 at 3:47pm revealed:
-There were 2 manufacturer bottles of kitchen and bathroom cleaner disinfectant sitting on the bathroom floor beside the toilet.
-One container was approximately 50% full. One container had not been opened.
-There was a container of powdered stain remover with bleach approximately 75% full

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 30 sitting on the bathroom floor by the toilet. Interview with a resident on 12/03/20 at 4:00pm revealed: -The resident asked a family member to provide the chemicals to use for cleaning the bathroom. -The staff did not clean the residents bathroom. -The resident would use the chemicals to clean the bathroom. -The resident did not know if staff knew the chemicals were in the bathroom. -The resident had never seen staff tour the bathroom. Observation of a second resident room #218 on 12/03/20 at 12:18pm revealed: -There were two 25 ounce (oz) spray bottles on the floor by the resident's bed. -The spray bottles were marked by the manufacturer with graduated measurements. -One of the spray bottles was empty. One of the spray bottles contained 18oz of a clear liquid Interview with the resident on 12/03/20 at 12:20pm revealed: -He made a "homemade roach spray" consisting of alcohol and disinfectant cleaner. -He poured the "homemade roach spray" of alcohol and disinfectant cleaner in the spray bottles. -He would spray along the baseboards of the room for roaches. -Staff did not know the resident had the mixture in the room. Interview with the Administrator on 12/03/20 at 12:04pm revealed: -She walked through the facility every morning. -It was her expectation that the Maintenance Director performed walk-throughs of the facility	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 31	D 079		

every day.
-If the Maintenance Director was called to do something else, then he might not finish the facility walk through.

Interview with the Maintenance Director on 12/03/20 at 3:40pm revealed:
-He tried to go around to each resident room at least one time weekly.
-He went into resident rooms for maintenance reasons.
-He did not check personal belongings in resident rooms and did not know who checked for that.

Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed:
-She told the Maintenance Director in September 2020 he was responsible for checking resident bathrooms for chemicals.
-She was not aware a resident made a mixture of disinfectant and alcohol for roach spray until brought to her attention on 12/03/20 by a medication aide (MA).
-She did not know the resident kept and used the mixture of homemade roach spray in his room until yesterday, 12/03/20.
-The alcohol and disinfectant solution mixture were a fire hazard.
-The alcohol and disinfectant solution mixture would contribute to resident respiratory problems.

Refer to the telephone interview with the Administrator on 12/04/20 at 4:16pm

6. Observation of the 200 hall on 12/01/20 at 9:55am revealed:
-Resident room #201's door was closed.
-There was a strong urine odor lingering outside the resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 32	D 079		

Continued From page 32

Observations of resident bathroom for #201 on 12/01/20 at 10:00am revealed:
-There was a strong urine odor.
-The toilet water was running, and a pool of liquid had formed in the bathroom and trailed to the resident's bedroom carpet.

Interview with the resident in room #201 on 12/01/20 at 10:02am revealed:
-The toilet in room 201 had been leaking for a "long time".
-He complained about the leaking toilet and urine smell to the Administrator "many times".
-The toilet had not been repaired.

Interview with the Maintenance Director on 12/01/20 at 10:15am revealed:
-He did not know of any facility cleanliness or maintenance issues.
-He made weekly facility rounds to inspect for housekeeping needs.
-He last made facility rounds 1 week ago.
-He knew the toilet in resident bathroom #201 was leaking "a little" 1 week ago.
-Resident bathroom #201 smelled like "urine".
-The toilet in room #201 was not leaking as bad 1 week ago.
-He was waiting on "parts" to repair the leaking toilet in room #201.
-He relied on his memory to keep up with maintenance needs for the facility.

Interview with a housekeeper on 12/01/20 at 10:18am revealed:
-She was last in room #201's bathroom yesterday.
-There had been liquid on the bathroom floor of resident room #201 for about 2 weeks.
-She did not know the liquid on the bathroom of resident room #201 was from the toilet leaking.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 33	D 079		

-She would write down maintenance needs that she noticed when cleaning and give to the Maintenance Director.
-She had started a new maintenance list today.
-The liquid on resident bathroom #201 was a fall hazard because the floor was wet and slippery.

Interview with the Resident Care Coordinator (RCC) on 12/01/20 at 10:20am revealed:
-The Maintenance Director would round daily for needed repairs.
-Resident bedrooms and bathrooms were included in the daily rounds.
-Leaking toilets were expected to be repaired within 1 to 2 days if the parts were available.
-The toilet in room #201 was unstable and would stop up.
-The resident reported to her the toilet concerns on 11/27/20.
-She reported the resident concerns regarding the toilet for room 201 to the Maintenance Director on 11/27/20.
-She had not inspected the toilet in the bathroom of resident room #201.
-She did not know the toilet was in that bad of repair.
-The water on the bathroom floor in resident room #201 was a concern because it was a fall hazard.
-She did not know if the Maintenance Director inspected the toilet on 11/27/20, when she reported to the Maintenance Director.
-It was the responsibility of the Administrator to be certain facility repairs were done.

Observation of resident bathroom #215 on 12/01/20 at 10:50am revealed:
-The toilet was leaking, and a pool of clear liquid was on the bathroom floor.
-The bathroom smelled of urine.
-The carpet that adjoined the bathroom threshold

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 34	D 079		

was wet and saturated for approximate a 1-foot semi-circle.
-Shoe prints were left in the carpet when walking across the carpet.

Interview with a Personal Care Aide (PCA) on 12/01/20 at 10:52am revealed:
-The toilet in bathroom #215 had been leaking for 1 week.
-Maintenance had worked on the toilet previously.

Review of a maintenance list provided by the housekeeper on 12/01/20 revealed:
-There was documentation of a broken toilet seat in one resident room and a flooded toilet in room #215.
-The maintenance list was not dated.

Interview with the Administrator on 12/01/20 at 10:41am revealed:
-Housekeeping was to report any maintenance needs to the Maintenance Director.
-The Maintenance Director was responsible for ensuring all maintenance was complete.
-Maintenance needs were addressed during morning round up with the Maintenance Director.
-She and the Maintenance Director would discuss the status of needed repairs every day during morning staff meetings.
-She expected repairs to be completed the day they were discovered.
-She was told about bathroom #201 on 11/27/20 but did not remember by who.
-It was the responsibility of the RCC to be certain the toilet in room #201 was repaired on Friday, 11/27/20.
-It was unacceptable for room 201's toilet to leak because it was a fall hazard.
-Resident room #201 smelled like "urine".
-Resident room #201's bathroom was not leaking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 35 and smelling of urine on her last inspection 1 week ago. A second interview with the Administrator on 12/03/20 at 12:04pm revealed: -It was her expectation that the Maintenance Director performed walk-throughs of the facility every day. -If the Maintenance Director got called to do something else, then he might not finish the facility walk through. Interview with the Maintenance Director on 12/03/20 at 3:40pm revealed: -He tried to go around to each resident room at least one time weekly. -He went into resident rooms for maintenance reasons. Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed: -She tried to tour the residents' bathrooms weekly. -The week before (11/23/20) she had completed a partial tour of all residents' bathrooms. Refer to the telephone interview with the Administrator on 12/04/20 at 4:16pm. _______________ Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed: -She rounded the facility daily upon arrival unless something unexpected came to her attention. -She would knock on the resident's door, step in, and ask if the resident was okay. -She would make quick observations for example, if there was laundry, spills, or debris on the floor. -She would complete a quick visional of the room. -She tried to get into every resident's room but did	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 36	D 079		

Continued From page 36

not do it daily.
-She tried to tour the residents' bathrooms weekly.
-The week before (11/23/20) she had completed a partial tour of all residents' bathrooms.
-The daily inspection of the facility was a joint effort meaning all employees were responsible for the daily inspection of the facility.
-She was not sure why there was a lack of attention to the identified hazards.
-The daily inspection of the facility was a joint effort meaning all employees were responsible for the daily inspection of the facility.
-The results of inspections and the overall operations of the facility fell solely on her.

Refer to Tag D077 10A NCAC 13F .0306(a) (4) Housekeeping and furnishings.

____

The facility failed to ensure the the facility was clean and free of hazards resulting in a floor mat being used in a resident's bathroom causing a resident to slip, have an unwitnessed fall, and require hospital evaluation; toxic chemicals stored in resident rooms which were accessible to residents; the floors being wet in two residents' bathrooms from leaking toilets creating a slip/fall hazard; active bed bug and roach activity found in residents' rooms resulting in resident complaints of infestation and bed bug bites; and roaches, an insect known to carry the risk of disease causing germs and health hazards observed in the kitchen and dining room. The failure of the facility to ensure an environment which was clean and free of hazards resulted in substantial risk of serious physical harm and neglect which constitutes a Type A2 Violation.

____

The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/04/20 for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 079	Continued From page 37 this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JANUARY 3, 2021.	D 079		
D 108	10A NCAC 13F .0311(b)(2) Other Requirements 10A NCAC 13F .0311Other Requirements (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. This rule apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to maintain a heating system that maintained a temperature of 75 degrees Fahrenheit (F) and failed to ensure portable electric heaters were not used in two resident bedrooms (# 123 and #132) of the facility. The findings are: 1. Observations on 12/03/20 at 11:18am revealed: -The temperature reading on the wall thermostat in resident room #132 read 72 degrees Fahrenheit. -The resident was sitting on the side of the bed in front of a small white portable electric heater sitting in the center of the floor.	D 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 108	Continued From page 38	D 108		

-There was a white cord extending from the portable electric heater that extended to an electrical outlet in the wall.
-There was a small circular red light glowing on the lower front panel of the portable heater.
-There was warm air blowing from the front of the heater.
-There was a label on the top of the portable electric heater that read "WARNING: RISK OF FIRE. Keep combustible materials such as furniture, papers, clothes, and curtains at least 3 feet (0.9m) from the front of the heater and away from the sides and rear."

Interview with the resident in room #132 on 12/03/20 at 11:25am revealed:
-She used the portable heater, that was observed, in the room.
-The "big one [heating unit]" had not been working.
-The heating unit had been repaired but she still used the small portable electric heater.
-A staff person gave her the portable electric heater.
-The resident had the portable electric heater "since last year".
-She could not sleep with the portable electric heater on at night and if the portable electric heater turned over, it would turn off.

Interview with the Divisional Vice President of Operations (DVPO) on 12/03/20 at 11:38am revealed:
-The portable electric heater was a "safety issue".
-The portable electric heater was warm to touch.

Observations on 12/03/20 at 11:38am revealed:
-The Administrator approached the resident and asked her about the portable electric heater.
-The Administrator told the resident that she could

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 108	Continued From page 39	D 108		

not have the portable electric heater in her bedroom.
-The Administrator removed the portable electric heater from room #132.

Observations on 12/03/20 at 11:38am revealed:
-The DVPO touched the portable electric heater.
-The DVPO checked the heating unit thermostat.
-The DVPO turned the heating unit thermostat up to 80 degrees F.
-The DVPO advised the resident the electric portable heater presented a "safety issue" and could not be in the resident's bedroom.

Continued interview with the Administrator on 12/03/20 at 11:40am revealed:
-The portable electric heater was one she had in her office.
-She did not know the resident had the portable electric heater in her bedroom.

Refer to interview with the Administrator dated 12/03/20 at 11:38am.

Refer to interview with the Administrator dated 12/03/20 at 12:04pm.

Refer to interview with the Maintenance Supervisor dated 12/03/20 at 3:37pm.

2. Interview with the resident in room #123 on 12/03/20 at 11:45am revealed:
-She had a portable electric heater in her bedroom.
-Her bedroom was "cold".
-She had the portable electric heater for a "long time".
-Her wall heating unit did not work.
-She used the portable heater observed in the room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 108	Continued From page 40	D 108		

-The medication aide (MA) knew she had the portable electric heater in her room.
-The Administrator had seen the portable electric heater in her room.
-She had not been told by staff that she could not have the portable electric heater in her room.

Observation of resident bedroom #123 on 12/03/20 at 11:52am revealed:
-There was no temperature reading on the wall thermostat.
-The resident was sitting in her wheelchair at the end of the bed.
-Thee was a tower-shaped portable electric heater in the center of the floor that stood approximately two feet high.
-There were paper and cloth objects on the floor behind the portable electric heater and atop of a table/shelf-like object.
-There was a black cord extending from the portable electric heater that extended to an electrical outlet in the wall.
-There were two small red lights glowing on the upper front panel of the portable electric heater.
-The number "74" was glowing in the color on the upper front panel of the portable electric heater.
-There was warm air blowing from the front of the portable electric heater.

Interview with the Administrator on 12/03/20 at 11:55am revealed:
-The portable electric heater was hot to touch at the bottom of the front panel.
-The resident's family member "must have just mailed" the portable electric heater to the resident.
-She had been in the resident's room "a couple weeks ago" and the portable electric heater was not in the room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 108	Continued From page 41 Observation of the Administrator on 12/03/20 at 11:55am revealed she removed the portable electric heater from room #123. A second interview with the Administrator on 12/03/20 at 12:15pm revealed: -The wall heating unit in room 123 had been checked by the Maintenance Director on 12/03/20. -The wall heating unit had been unplugged. -When the wall heating unit was plugged in, the heating unit started working. Interview with the Maintenance Director on 12/03/20 at 3:40pm revealed: -He was in the resident's room Tuesday (12/01/20). -He thought the portable electric heater in the resident's room was a speaker. -The Administrator informed him today (12/03/20) that there was a portable electric heater in room #123. -He checked the wall heating unit in resident room #123 today (12/03/20) and the wall heating unit was unplugged. Refer to interview with the Administrator dated 12/03/20 at 11:38am. Refer to interview with the Administrator dated 12/03/20 at 12:04pm. Refer to interview with the Maintenance Supervisor dated 12/03/20 at 3:37pm. ______________________ Interview with the Administrator on 12/03/20 at 11:38am revealed residents were not allowed to have portable electric heaters in their rooms. Interview with the Administrator on 12/03/20 at	D 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 108	Continued From page 42	D 108		

12:04pm revealed:
-She walked through the facility every morning.
-She knocked on the resident doors and said good morning to the residents when she walked through the facility.
-She checked to see if the residents were "okay" when she performed her walk-through of the facility.
-It was her expectation that the Maintenance Director performed walk-throughs of the facility every day.
-If the Maintenance Director got called to do something else, then he might not finish the facility walk through.

Interview with the Maintenance Director on 12/03/20 at 3:40pm revealed:
-He tried to go around to each resident room at least one time weekly.
-He went into resident rooms for maintenance reasons.
-He did not check personal belongings in resident rooms and did not know who checked for that.
-The residents should not have portable electric heaters in their bedrooms.
-All heat should be coming through the wall heating units.

____

The facility failed to assure the heating units in room #123 was plugged in turned on and the heating unit thermostat in room #132 was sat a temperature of at least 75 degrees F, to maintain room temperatures of 75 degrees F resulting in the residents who resided in the rooms using portable electric heaters. The use of portable electric heaters created a fire hazard which was detrimental to the health, safety, and well-being of the residents and constitutes a Type B Violation.

____

The facility provided a plan of protection in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 108	Continued From page 43 accordance with G. S. 131D-34 on 12/03/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 18, 2021.	D 108		
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 2 of 7 residents sampled (#1, #5) including a resident with a diagnosis of dementia who required a visit to the emergency department for bleeding from a hemodialysis access and later died from a second incident of bleeding from a hemodialysis access (#1) and a resident who left the facility in a vehicle unsupervised (#5). The findings are: 1. Review of Resident #1's current FL2 dated 07/30/19 revealed: -Diagnosis included dementia and diabetes mellitus type 2. -The resident was incontinent of bladder and required assistance with bathing and dressing. -The resident was ambulatory with a walker.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	**603 LOCKHAVEN COURT GOLDSBORO, NC 27530**

(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 44	D 270		

-There was an order for Aspirin 81mg daily (a medication used to thin the blood and prevent blood clots).

Review of a subsequent physician order sheet dated 10/05/19 revealed an order for Aspirin 81mg chewable daily.

Review of Resident #1's care plan dated 08/28/19 revealed:
-The resident was ambulatory with the use of a wheelchair.
-The resident was oriented, forgetful and needed reminders.
-The resident was occasionally incontinent of bowel and bladder.
-The resident required supervision for toileting.
-The resident required limited assistance with ambulation, bathing, dressing, grooming, and transferring.

Review of Resident #1's previous care plan dated 08/15/19 revealed:
-The resident was ambulatory with the use of a wheelchair.
-The resident was occasionally incontinent of bowel and bladder.
-The resident was oriented, forgetful and needed reminders.
-The resident required supervision for toileting.
-The resident required limited assistance with ambulation, bathing, dressing, grooming, and transferring.

a. Review of Resident #1's Emergency Medical Services (EMS) call report dated 08/04/20 revealed:
-EMS was dispatched to the facility for an injured person at 10:52pm.
-EMS arrived at 11:00pm to find Resident #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 45	D 270		

sitting in the bathroom floor wearing only an adult incontinent brief.
-The resident was alert and oriented.
-Blood was all over the bathroom and sprayed on the bathroom walls.
-There was blood on the bedroom walls, floor, bed, furniture, and the table tops.
-The resident was cleaning her hemodialysis access with a brush when it began to bleed and sprayed blood.
-The resident lost approximately 1.5 liters (6 3/8 cups) of blood from the hemodialysis access.
-EMS immediately applied pressure and bandaged the hemodialysis access which stopped the bleeding.
-The resident was dizzy, light headed, unsteady on her feet, and had low blood pressure.
-The residents blood pressure was 80/30 at 11:10pm, 76/43 at 11:18pm, 88/53 at 11:26pm, and 92/51 at 11:32pm.
-The resident received 300ml intravenous (IV) fluid replacement for hypotension by EMS at 11:25pm.
-The resident was transported to the local emergency department (ED).

Review of Resident #1's local ED provider notes dated 08/04/19 revealed:
-The resident arrived by EMS secondary to bleeding from a hemodialysis access.
-The resident was cleaning her arm when the hemodialysis access began to bleed.
-There was blood coming from puncture areas of previous dialysis use.
-The resident's blood pressure was 75/42 secondary to acute bleeding with high probability of sudden, clinically significant deterioration in the resident's condition.
-The resident received an IV bolus of Normal Saline 500ml fluid replacement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 46 -Discharge diagnoses were initial encounter for bleeding from hemodialysis access and hypotension due to blood loss. Telephone interview with a local EMS Paramedic on 12/02/20 at 1:10pm revealed: -He responded to and provided care for Resident #1 on 08/04/19. -There was a blood spray pattern on Resident #1's bedroom walls, a chair, the bed, and on the floor between the bed and chair and to and in the bathroom. -There was blood and clots on the furniture and table tops in Resident #1's room. -The blood was bright red in color which signified an arterial bleed. -Resident #1 had been bleeding from her hemodialysis access in her arm. -Resident #1's room " ...looked like a blood bath". -Resident #1 lost approximately 1 to 1.5 liters (ltr) of blood (6 3/8 cups). -On EMS arrival, Resident #1 was sitting in the bathroom floor wearing only an adult incontinent brief. -Resident #1 reported she was cleaning her hemodialysis access with a brush. -Resident #1 would have had to scrub the hemodialysis access hard with a metal or hard bristle brush to have lost that much blood. -Resident #1 was dizzy, light headed, unsteady on her feet, and hypotensive. -Resident #1's knees buckled when she attempted to stand. -Resident #1 could die in a matter of minutes from a bleeding hemodialysis access because it was an arterial bleed. Review of Resident #1's progress notes, physician orders, and physician correspondence revealed there was no documentation of safety	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 47	D 270		

interventions being implemented or increased supervision after the incident on 08/04/19.

b. Review of Resident #1's EMS report dated 10/25/19 revealed:
-EMS was dispatched to the facility at 6:34am for an unresponsive resident.
-EMS arrived at 6:43am to find Resident #1 supine (laying on the back) on the floor with staff performing cardiopulmonary resuscitation (CPR).
-The resident was not breathing and did not have a pulse.
-The resident displayed lividity (a reddish to bluish-purple discoloration to the dependent areas of the body due to pooling of blood following death with visible onset usually not until 2 hours after death).
-There was a "copious" amount of blood on the resident and floor.
-It was obvious the resident's hemodialysis access had started bleeding.
-Staff reported the resident was "notorious" for bleeding out of the hemodialysis access and not calling for help.
-Staff reported the resident was last seen at 5:45am.
-The resident's time of death was 6:43am.

Review of Resident #1's amended death certificate dated 01/14/20 revealed:
-The resident's immediate cause of death was renal failure and bleeding from the hemodialysis access.
-The time of death was unknown.
-The death certificate was signed by Resident #1's Nephrologist.

Review of Resident #1's electronic charting notes for 2019 revealed:
-There was no documentation from 02/22/19 -

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 48	D 270		

10/24/19.
-There was no documentation regarding the 08/04/19 incident.
-There was no documentation which indicated supervision needs.
-There was no documentation which indicated supervision rounds had been performed.
-There was no documentation which indicated increased supervision or other safety interventions had been implemented.

Resident #1's Activities of Daily Living (ADL) log from June 2019 - October 2019 was requested on 12/02/20 at 9:30am but was not provided prior to survey exit.

Interview with the Administrator on 12/02/20 at 2:30pm revealed there were no additional progress notes, physician orders, physician notes, ADL logs, hospital or EMS records available for Resident #1.

Interview with a Personal Care Aide (PCA) on 12/01/20 revealed:
-Staff would supervise residents every 2 hours.
-During supervision rounds resident were assessed for needs, vital signs, and to be certain their call bells were available.

Interview with the Resident Care Coordinator (RCC) on 12/01/20 at 3:35pm revealed:
-Residents were supervised by staff every 2 hours.
-During supervision rounds, residents were checked for ADL needs, sickness, or signs and symptoms of sickness, anything that was unusual for the resident such as a change in breathing, lethargy, cognition, and/or slurred speech.
-The process for notification was the PCA would inform the medication aide/supervisor (MA/S)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 49	D 270		

who would inform the RCC if a resident had a change in condition.
-The every 2-hour supervision rounds were documented on the resident's electronic ADL log.
-Staff had never found a resident with an unwitnessed fall or injury.

Interview with the Administrator on 12/02/20 at 10:50am revealed:
-Resident #1 had not fallen and had no hospital visits in 2019.
-Resident #1 had a cognition change of some dementia towards the later part of 2019.

Interview with a second PCA on 12/02/20 at 10:59am revealed:
-Resident #1 was not confused, was independent with ADL's, and ambulated with a walker.
-Resident #1 went to dialysis every Monday, Wednesday, and Friday.

A second interview with the RCC on 12/02/20 at 11:01am revealed:
-Resident #1 was independent with all ADL's and was not confused.
-Resident #1 went to dialysis on Mondays, Wednesdays, and Fridays.
-Sometimes dialysis would call to report Resident #1 would be delayed in dialysis because of bleeding at the resident's hemodialysis access.
-Staff did not provide care to Resident #1's hemodialysis access.
-Resident #1's 08/04/19 incident occurred on a Friday morning she was supposed to go to dialysis.
-She did not remember anything about Resident #1's 08/04/19 bleeding hemodialysis access incident.
-The MA/S called her around 6:00am on 10/25/19 to inform her Resident #1 was " ...bleeding

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 50	D 270		

everywhere", CPR had been started, and 911 called.
-When she arrived at the facility on 10/25/19 Resident #1 had died and been transferred to the funeral home.

A second interview with the Administrator on 12/02/20 at 11:32am revealed:
-She did not know Resident #1 had bleed from her hemodialysis access on 08/04/19 because she was not working that day.
-She did not know Resident #1 had to be transferred to the hospital on 08/04/19 because of bleeding from the hemodialysis access because she was not working that day.
-Staff would supervise residents every 2 hours as a standard of care on 1st, 2nd, and 3rd shifts.
-Every 2-hour resident rounds were not documented.
-Increased resident supervision (more frequently than every 2 hours) would be documented in the electronic computer system or on paper.
-She did not remember Resident #1 ever having increased supervision more frequently than every 2 hours.
-The RCC called her on 10/25/19 to tell her Resident #1 had "bleed out" and died.
-She was not told where Resident #1 had bleed from.

Telephone interview with a second local EMS Paramedic on 12/02/20 at 2:30pm revealed:
-She responded to Resident #1 on 10/25/19.
-Resident #1 was unresponsive in the middle of the floor by a chair to the left of the bedroom as she walked in the room.
-Staff was performing CPR to Resident #1.
-Resident #1 had blood on her hands and face. The blood on her hands had dried.
-There was a hemodialysis access with clots on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 51	D 270		

the tip laying on the floor by the chair.
-A "copious" amount of blood was on the floor and had began to dry on the edges of the blood pools with clots in the room.
-It would take about 2 - 4 hours for the blood to begin drying on the edges.
-Resident #1 was "stiff" and when staff performed CPR the residents head would not touch the floor.
-It would take approximately 2 - 4 hours for rigidity to set in.
-Resident #1 had began to develop lividity which would take about 4 - 6 hrs to develop.
-Staff had told her it had been " ...a couple of hours" since they had checked on Resident #1 prior to finding the resident unresponsive.
-Another staff reported Resident #1 had been last seen about 5:45am that morning, 10/25/19.
-Based on the scene and how Resident #1 presented " ...there was no way staff had checked on Resident #1 within 2 hours.

Interview with the Divisional Clinical Nurse on 12/02/20 at 2:46pm revealed:
-It was facility standard of care to supervise residents every 2 hrs or more frequently as needed per the plan of care.
-If a resident required increased supervision per assessed needs staff would tell the RCC and the RCC would complete a new plan of care.
-Increased supervision would be entered as an order and documented on the ADL log.

A third interview with the Administrator on 12/02/20 at 2:50pm revealed:
-Resident #1 was on every 2-hour supervision checks for the "entire year of 2019".
-Every 2-hour supervision was not documented.
-Increased supervision (more frequently than every 2 hours) would have been documented.
-Increased supervision would have been required

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 52	D 270		

for any issues with hemodialysis such as a low blood pressure or problems with the hemodialysis access.
-Resident #1's 08/04/19 bleeding hemodialysis access would have required the need for increased supervision.
-She did not know if any interventions were put in place for Resident #1 after the 08/04/19 incident.
-Resident #1 should have been placed on every 1 hour supervision for 72 hrs unless the resident's Nephrologist or Primary Care Provider (PCP) indicated increased supervision for greater than 72 hrs.
-There was nothing in place for the year 2019 to ensure staff supervised residents every 2 hours.
-She expected Resident #1 to have been supervised at the least every 2 hours to ensure the resident was kept safe.

Interview with a second MA/S on 12/02/20 at 3:30pm revealed:
-Resident #1 was confused and had dementia.
-Resident #1 was independent with bathing in a bath basin in her room.

Interview with a third MA on 12/03/20 at 10:36am revealed:
-Resident #1 was not confused and was independent.
-Resident supervision rounds were completed every 2 hours at 11:00pm, 1:00am, 3:00am, 5:00am, and 7:00am for third shift.
-She provided care for Resident #1 on the 08/04/19 incident.
-Resident #1 was discovered in her bathroom by another resident in a neighboring room on 08/04/19 who yelled for help.
-She and a PCA arrived to find Resident #1 in the bathroom bleeding from her hemodialysis access in her upper arm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 53 -She thought Resident #1 told her she had either injured the hemodialysis access when washing or bumped the hemodialysis access. -She did not remember if Resident #1 had bleeding from the hemodialysis access prior to the 08/04/19 incident. -She provided care for Resident #1 on the 10/25/19 incident. -The PCA last rounded on Resident #1 at 5:00am on 10/25/19. -She administered medications to Resident #1 on 100 hall between 5:30am - 5:45am on 10/25/19. -Resident #1 was dressed and sitting in a chair at the foot of the bed when she administered the morning medications. -Resident #1 was not confused. -She was passing medications on 200 hall when the PCA ran to and told her Resident #1 "didn't look good". -She and the PCA discovered Resident #1 unresponsive in a chair located in her bedroom. -There was a path of blood on the floor, walls, and sewing machine table in Resident #1's room. -Resident #1 did not have increased supervision or a change in her care between the 08/04/19 and 10/25/19 incidents. Telephone interview with Resident #1's family member on 12/03/20 at 1:00pm revealed: -Resident #1 had hemodialysis Mondays, Wednesdays, and Fridays. -Resident #1 would require a longer hemodialysis visit at times because of bleeding from her hemodialysis access after dialysis. -Resident #1 would report to the family member that staff would not always come when she had called them. -Resident #1 was independent with bathing and ambulated with a walker. -Resident #1's "neighbor" told her she had to call	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 54	D 270		

staff to help the resident who was in the bathroom on 08/04/19.
-The MA told the family member on 08/04/19 Resident #1 fell in the bathroom, there was a lot of blood, and was sending her to the hospital.
-Resident #1 was bleeding from her hemodialysis access.
-Resident #1 told the family member she was wiping the hemodialysis access with a wash cloth when it began bleeding.
-She visited Resident #1 never less than 4 days a week staying from 30 minutes to 3 hours at each visit.
-On her visits there was no pattern as to how often Resident #1 was supervised or checked on by staff.
-There was no change in Resident #1's care at the facility between the 08/04/19 and 10/25/19 incident.
-She expected staff to have provided increased supervision for Resident #1 after the 08/04/19 incident because the seriousness of bleeding from the hemodialysis access and the resident's age.
-On 10/25/19, the Administrator phoned and said she needed to report to the facility.
-When she arrived at the facility on 10/25/19, the Business Office Manager (BOM) told her "I'm sorry. She she didn't call for help".
-On 10/25/19, the resident was deceased and in her bed on arrival to the resident's room. Her head was positioned facing toward the right wall.
-There was blood on the floors.
-The floor was covered with a bed spread, the chair at the foot of the bed where Resident #1 would sit was missing, the resident's bed coverings were missing.
-The family member took photographs of the resident's floor.
-Resident #1 had fallen once earlier in 2019 in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 55	D 270		

her room by the bed and called the family member for help requiring an ED visit.
-The family member could not remember the date or time frame of the fall.

Review of photographs taken on 10/25/19 by Resident #1's family member between 9:00am and 12:00pm revealed:
-There were at the least 8 pools of bright red colored substance on the carpet located at the foot of the bed with splotches of red colored substance scattered about the carpet.
-There was a sprayed pattern of red colored substance just above the baseboard of the left wall located at the foot of the bed that had dripped down and began a wide trail across the carpet.
-There was a continuous trail of bright red colored substance with several dark red colored clots of congealed substance along the carpet that followed the foot of the bed.
-There was an outline of a bright red colored substance located on the carpet at the foot of the bed that had a curved pattern. There was no substance located in the center of the outline.

Telephone interview with a Registered Nurse (RN) at Resident #1's dialysis center on 12/03/20 at 3:15pm revealed:
-She could not release specific information regarding Resident #1.
-It was expected for the dressing on a hemodialysis access to be removed the night after hemodialysis to assess the site for bleeding.
-If the hemodialysis access were to rupture it would look like a "trauma site" and could produce up to 1.5 ltr of blood because of bleeding from the artery.
-It was not appropriate to clean a hemodialysis access with a brush.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 56	D 270		

-It was expected to clean the hemodialysis access with a washcloth and antibacterial soap so as not to disrupt any clots to prevent it from bleeding.

A second telephone interview with a local EMS Paramedic on 12/04/20 at 9:26am revealed on 10/25/19 Resident #1's body was on the floor, was rigid and cold to touch, and had lividity on the backs of her legs at the ankles.

Telephone interview with Resident #1's PCP on 12/04/20 at 1:20pm revealed:
-She had not been informed of Resident #1's 08/04/19 incident of bleeding from her hemodialysis access.
-She expected herself and Resident #1's Nephrologist to have been informed by the facility of Resident #1's 08/04/19 bleeding hemodialysis access incident which required an ED visit.
-She would have ordered every 30 minute supervision checks on Resident #1 to monitor the site for bleeding and assess for hypotension for 4 days to 1 week if she had been informed.
-Rigor mortis, dried blood and lividity would generally take "a few hours", at the least two hours, to develop.

Telephone interview with the Administrator on 12/04/20 at 4:15pm revealed:
-She expected staff to complete the "standard of care" for resident supervision rounds which was every 2 hours.
-A physician's order was not required to increase supervision for a resident.
-A resident who required a hospital visit would indicate the need for increased supervision of every 1 hour, physician notification, and a physician order obtained.
-Resident #1 was on every 2-hour supervision

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 57	D 270		

through 10/25/19.
-She knew the MA/S's and PCA's would supervise residents every 2 hours because staff knew every 2-hour checks was their responsibility.
-The facility should have initiated every 30 minute or 1-hour checks on Resident #1 when she returned from the hospital after the 08/04/19 bleeding hemodialysis access incident until an additional order was obtained from the resident's provider.
-There was no system in place to be certain residents were supervised every 2 hours per the facility's standard of care.
-There was no system in placed to be certain residents with a return visit from the hospital were placed on increased supervision until a physician's order was obtained.

Attempted telephone interview with Resident #1's Nephrologist on 12/01/20 at 8:39am and 12/03/20 at 8:40am was unsuccessful.

2. Review of Resident #5's current FL-2 dated 04/22/20 revealed:
-There was a diagnosis of anemia.
-Resident #5 was ambulatory.
-There was no documentation related to Resident #5's orientation or behaviors.

Review of the care plan for Resident #5 dated 05/01/20 revealed:
-Resident #5 was sometimes disoriented.
-The resident was forgetful and needed reminders.
-The resident had a history of mental illness, was currently on medications for mental illness/behaviors, and was receiving mental health services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 58	D 270		

Review of Resident #5's record revealed:
-There was a letter of appointment of a guardian of the person dated 07/28/11.
-The local county department of social service was listed as the guardian.
-Resident #5 was listed as incompetent.

Review of a letter dated 02/05/19 from the guardian revealed:
-Resident #5's pre-scheduled visit times would benefit the resident's overall well-being.
-Visitors for Resident #5 would need to comply with facility policies and procedures during visitation which included entering the facility at the main entrance, signing into the visitor's log for arrival, and signing out upon departure.

Review of the facility Missing Resident/Resident Elopement standard operating procedure revealed a resident would be deemed missing and/or to have eloped when the resident is not present at the community, the resident's whereabouts cannot be readily determined, and there is reason to be concerned for the resident's safety and wellbeing.

Interview with a Personal Care Aide (PCA) on 12/01/20 at 10:40am revealed:
-There were not any residents with wanderering behavior at the facility.
-Resident #5 sometimes would say she wanted to go home.
-She was not aware if Resident #5 had ever left the facility.
-The resident walked around the outside of the building.

Second interview with the PCA on 12/02/20 at 2:00pm revealed:
-She knew when Resident #5 left the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 59	D 270		

-She told the Resident Care Coordinator (RCC) that the resident was gone.
-The PCA was coming to work and Resident #5 was walking away from the facility toward the road.
-The resident met the vehicle at the corner/end of the driveway where the driveway intersects with the main road.
-The PCA got inside the RCC's truck and they drove to the corner.
-By the time they got back to the facility, Resident #5 was entering the facility through the 100-hall living room door.
-The PCA did not remember seeing Resident #5 get in the car she met at the end of the driveway.
-The PCA saw food in Resident #5's hand.
-Resident #5 told the PCA she got food from out of the car she met.

Observation of Resident #5 on 12/01/20 at 11:10am revealed the resident entered the facility from the outside through the 100-hall living room door.

Interview with a Medication Aide/Supervisor (MA) on 12/01/20 at 3:30pm revealed:
-Resident #5 was receiving mental health services.
-Resident #5 had "never actually walked off" from the facility.
-Sometimes Resident #5 would stand outside.
-Resident #5 exhibited mental illness behaviors.
-The resident was not on any frequency of supervision checks.
-There had not been anything different put in place for supervising Resident #5 since the incident.
-Resident #5 came to the front of the facility once with her clothes packed and thought she was going home. This happened around "summer

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ________ B. WING ________	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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		D 270		

Continued From page 60

time".
-The MA texted the Resident Care Coordinator (RCC) about Resident #5 packing her clothes.
-The MA did not remember if she documented the incident in Resident #5's progress notes.
-She considered a resident leaving the facility an emergency and would call the police department if a resident eloped from the facility.

Telephone interview with a Guardian Representative for Resident #5 on 12/02/20 at 11:40am revealed:
-Resident #5 had mental health issues and could not take care of herself.
-She was told in October 2020 or November 2020 that a family member for Resident #5 sent someone to the facility to take Resident #5 some money, the person pulled up to the side of the facility and Resident #5 got in the person's car.
-She thought facility staff saw Resident #5 get in the person's car.
-The incident occurred 09/17/20.
-Someone came to the facility and picked Resident #5 up.
-The resident did not sign out from the facility.
-She was informed of the incident by her supervisor who said she got a call from the facility's Administrator.

Telephone interview with the Guardian Representative Supervisor 12/02/20 at 5:10pm revealed:
-She was notified by the facility's Administrator of an incident that happened on 09/17/20 when Resident #5 got in a car with someone sent to the facility by a family member and left the facility with the person.
-The Administrator and Resident #5 knew the person who came to the facility for Resident #5.
-The resident went to a bank, with the person,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 61	D 270		

that was about ¼ mile from the facility. The RCC went behind the person's car while the Administrator was on the telephone with Resident #5.
-Resident #5 had expressed to her, a named guardian representative, and facility staff that she wanted to leave the facility.
-She was not aware if Resident #5 had left the facility before the 09/17/20 incident but was aware the resident had walked out in the parking lot and had to be coaxed back inside the facility.

Review of Resident Progress Notes for Resident #5 from 06/18/20 through 10/28/20 revealed there was no progress note documented for 09/17/20.

Interview with the RCC on 10/02/20 at 12:10pm revealed:
-She would be concerned if a resident left or walked off from the facility.
-She did not recall anybody eloping from or wandering off from the facility.
-She could not say Resident #5 had eloped.
-She remembered a staff member saying Resident #5 "was gone".
-She did not remember which staff reported to her that Resident #5 "was gone".
-She did not remember who the staff person was.
-She drove across the parking lot on the day of the incident and saw Resident #5 going across the sidewalk back into the facility.
-When she pulled up to the side of the facility in her vehicle Resident #5 was walking up the side of the facility.
-She had never known Resident #5 to "walk off" from the facility.
-She thought the incident occurred in September 2020.
-The Administrator notified the guardian.
-The RCC did not remember documenting the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	**603 LOCKHAVEN COURT GOLDSBORO, NC 27530**

(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 62	D 270		

incident.

Interview with the Administrator on 12/02/20 at 12:35pm revealed:
-Resident #5 would walk up the hill and walk back but would not go anywhere.
-Resident #5 was on routine every two hours supervision checks.
-The incident occurred on 09/17/20 at 9:53am.
-When the incident occurred, on 09/17/20, it was reported to her a vehicle pulled up.
-A staff reported that Resident #5 got in the car.
-She (Administrator) "took off running out the door".
-Resident #5 told the Administrator "she got in the car to get her stuff".
-Resident #5 had never exhibited elopement behavior before.
-Resident #5 had never gotten in someone's car before.
-This would have been a chance to initiate monitoring for behavior.
-Resident #5 was not placed on increased supervision.

Interview with the Divisional Vice President of Operations (DVPO) on 12/02/20 at 1:45pm revealed:
-She would have expected the facility to notify the primary care provider, medical health provider, mental health provider, herself, of the incident.
-She would have expected Resident #5 to be placed on "increased" supervision until seen by the provider.

Interview with Resident #5's Primary Care Provider (PCP) on 12/02/20 at 2:45pm revealed:
-The Administrator notified her when Resident #5 walked up the hill from the facility.
-She did not know anything about Resident #5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 63	D 270		

getting in a person's car.
-She would be concerned if Resident #5 had a visit with someone who was not on her visitor list.
-If the resident got in the car, she would be concerned someone could drive off with the resident.
-The facility would need to monitor the resident.
-The resident was incompetent.

Telephone interview with Resident #5's Mental Health Provider on 12//02/20 at 3:13pm revealed:
-She saw Resident #5 monthly for psychiatric services.
-She did not have any record of the facility notifying her of any incident when Resident #5 left the facility without facility staff knowledge.
-She probably would have recommened to facility staff to monitor Resident #5 every 15 - 30 minutes for the remainder of the day had she been notified.
-She would have expected the facility to notify her, or the on-call provider if the resident left the facility.
-Resident #5 was oriented to person, place and situation "usually".
-Resident #5 had a diagnosis of schizophrenia, has a guardian, and could not make decisions for herself.
-She (Mental Health Provider) would be concerned about Resident #5 leaving the facility and getting in someones car without facility staff knowledge.
-Resident #5 talked "a lot" about going to another state (named) to where a family member lived and "says that often".
-Resident #5 always wanted to be discharged from the facility.
-If someone told Resident #5 they would be taking her to join her family member out of state, the resident would probably have gone with them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 | D 270

Continued From page 64

Based on observations, interviews, and record review, it was determined Resident #5 was not interviewable.

____

The failure of the facility to provide supervision to Resident #1 who had a diagnosis of dementia and had a hemodialysis access. The hemodialysis access began bleeding uncontrollably on 08/04/19 while the resident was bathing and cleaning the access shunt with a brush wich resulted in the resident to loose approximately 1.5 liters of blood, become dizzy, light headed, unsteady on her feet, and had a blood pressure of 76/43. There resident required a hospital emergency department visit for fluid replacement. The facility neglected to implement safety interventions after the incident on 08/04/19. On 10/25/19, Resident #1 died from a second bleeding incident from her dialysis access which was dislodged and found on the floor. Upon EMS arrival, the resident was observed to be cold, rigid, and had developed lividity. The facility's failure resulted in serious physical harm, neglect, and death of the resident and constitutes a Type A1 Violation.

____

The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/04/20 for this violation.

CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JANUARY 3, 21.

D 271 | D 271

10A NCAC 13F .0901(c) Personal Care and Supervision

10A NCAC 13F .0901 Personal Care and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 65	D 271		

Supervision
(c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures.

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

The facility failed to ensure an immediate response and intervention by staff and in accordance with the facility's policies and procedures during an incident in which 1 of 1 sampled resident (#1) was bleeding from a hemodialysis access.

The findings are:

Review of Resident #1's current FL2 dated 07/30/19 revealed:
-Diagnosis included dementia and diabetes mellitus type 2.
-The resident was incontinent of bladder and required assistance with bathing and dressing.
-The resident was ambulatory with a walker.
-There was an order for Aspirin 81mg daily (a medication used to thin the blood and prevent blood clots).

Review of a subsequent physician order sheet dated 10/05/19 revealed an order for Aspirin 81mg chewable daily.

Review of Resident #1's care plan dated 08/28/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 66 revealed: -The resident was ambulatory with the use of a wheelchair. -The resident was oriented, forgetful and needed reminders. -The resident was occasionally incontinent of bowel and bladder. -The resident required supervision for toileting. -The resident required limited assistance with ambulation, bathing, dressing, grooming, and transferring. Review of Resident #1's previous care plan dated 08/15/19 revealed: -The resident was ambulatory with the use of a wheelchair. -The resident was occasionally incontinent of bowel and bladder. -The resident was oriented, forgetful and needed reminders. -The resident required supervision for toileting. -The resident required limited assistance with ambulation, bathing, dressing, grooming, and transferring. Review of Resident #1's Emergency Medical Services (EMS) call report dated 08/04/20 revealed: -EMS was dispatched to the facility for an injured person at 10:52pm. -EMS arrived at 11:00pm to find Resident #1 sitting in the bathroom floor wearing only an adult incontinent brief. -Blood was all over the bathroom and sprayed onto the bathroom walls. -There was blood on the bedroom walls, floor, bed, furniture, and the table tops. -The resident was cleaning her hemodialysis access with a brush when it began to bleed and sprayed blood.	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 67 -The resident lost approximately 1.5 liters (6 3/8 cups) of blood from the hemodialysis access. -EMS immediately applied pressure and bandaged the hemodialysis access with no bleeding for EMS. -The resident was dizzy, light headed, unsteady on her feet, and had low blood pressure. -The residents blood pressure was 80/30 at 11:10pm, 76/43 at 11:18pm, 88/53 at 11:26pm, and 92/51 at 11:32pm. -The resident received 300ml intravenous (IV) fluid replacement for hypotension by EMS at 11:25pm. -The resident was independent with care at the facility. -The resident was transported to the local emergency department (ED). -The residents bleeding hemodialysis access was controlled with clotting to the hemodialysis access area. -There was no documentation of facility staff being present in the resident's room. Interview with a personal care aide (PCA) on 12/01/20 at 1:43am revealed: -First aide for bleeding would be to elevate the area bleeding. -Once the area was elevated the MA would be called. Interview with the Resident Care Coordinator (RCC)on 12/01/20 at 3:35pm revealed: -Resident bleeding was considered an emergency. -First aide for a resident bleeding was for who ever discovered the resident to apply pressure to the bleeding site. -After pressure to the bleeding site was applied the staff was to "yell" for help.	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 68	D 271		

A second interview with the RCC on 12/02/20 at 11:01am revealed:
-Resident #1 went to dialysis on Mondays, Wednesdays, and Fridays.
-Sometimes dialysis would call to report Resident #1 would be delayed in dialysis because of bleeding at the resident's hemodialysis access.
-She did not remember anything else about Resident #1's 08/04/19 bleeding hemodialysis access incident.

Interview with the Administrator on 12/02/20 at 11:32am revealed:
-The facility did not have a policy on resident bleeding.
-The facility did not have a nurse.
-Staff were expected to apply pressure to the area of bleeding, do not leave the resident, and call for help using the resident call pendant, ringing the "cow" bell, or yelling for help.
-Staff were expected to call 911 after pressure had been applied to a bleeding site.

Interview with a MA/S on 12/02/20 at 12:15pm revealed:
-Resident bleeding was an emergency.
-The PCA was expected to apply pressure to a bleeding site, do not move the resident, and call for help if they discovered a bleeding resident.
-Direct pressure was to be held to the bleeding site until EMS arrived.
-The PCAs and MAs would keep their personal cell phone in their pocket to use in the event of an emergency to call 911.
-If a resident was found bleeding from a hemodialysis access the PCA or MA was expected to apply direct pressure to the site and call 911 immediately.

Telephone interview with a local EMS Paramedic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 69 on 12/02/20 at 1:10pm revealed: -He responded to and provided care for Resident #1 on 08/04/19. -There was a blood spray pattern on Resident #1's bedroom walls, a chair, the bed, and on the floor between the bed and chair and to and in the bathroom. -There was blood and clots on the furniture and table tops in Resident #1's room. -The blood was bright red in color which signified an arterial bleed. -Resident #1 had been bleeding from her hemodialysis access in her arm. -Resident #1 lost approximately 1 to 1.5 liters (ltr) of blood (6 3/8 cups). -In 10 - 20 minutes, the resident could loose 1.5 ltr of blood from a bleeding hemodialysis access site. -On EMS arrival, Resident #1 was sitting in the bathroom floor wearing only an adult incontinent brief. -There was a staff person standing at Resident #1's bathroom door. -There was no staff applying direct pressure to the resident's hemodialysis access. -Direct pressure to the bleeding site would have stopped the spray of blood. -There were no dressing supplies in Resident #1's bedroom or bathroom. -Resident #1 had already bled enough to lower the blood pressure which in turn decreased the force of blood coming from the hemodialysis access. -Resident #1 was dizzy, light headed, unsteady on her feet, and hypotensive. -Resident #1's knees buckled when she attempted to stand. -Resident #1 could die in a matter of minutes from a bleeding hemodialysis access because it was an arterial bleed.	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 70	D 271		

-If there had been a delay of 15 - 20 more minutes to notify EMS Resident #1 would have continued to bleed and become unresponsive.

Interview with the Administrator on 12/02/20 at 2:46pm revealed:
-The PCAs and MAs were trained to apply pressure to bleeding sites during the skills check off by the Licensed Health Professional Support (LHPS) nurse.
-The PCAs and MAs were expected to apply pressure to a bleeding site.
-The PCAs and MAs were expected to apply direct pressure to a bleeding hemodialysis access to stop the bleeding.
-She expected staff to have applied direct pressure to Resident #1's bleeding hemodialysis access in an attempt to stop the bleeding, then call 911.

Interview with a second MA/S on 12/02/20 at 3:30pm revealed:
-All MAs were trained to apply direct pressure to a bleeding site and call 911.
-Without applying direct pressure, a resident could bleed out and die.

Interview with a third MA on 12/03/20 at 10:36am revealed:
-She provided care for Resident #1 on the 08/04/19 incident.
-Resident #1 was discovered in her bathroom by her neighbor on 08/04/19 who yelled for help.
-She and a PCA arrived to find Resident #1 in the bathroom bleeding from her hemodialysis access in her upper arm.
-There was blood on the bathroom floor.
-Either she or another MA applied pressure to the bleeding hemodialysis access with a washcloth or a towel.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 71	D 271		

Continued From page 71

-She could not remember who applied pressure to the bleeding site.
-She could not remember if she or the other MA called 911.
-She could not remember if she or the other MA escorted EMS to Resident #1's bathroom from the facility entrance.
-She could not remember if she or the other MA was standing in the bathroom door on EMS arrival to Resident #1.
-She thought the other MA held direct pressure but was not certain.
-Resident #1 bleeding from the hemodialysis access was an emergency because the resident was losing blood.
-Resident #1 could have bled and died from the hemodialysis access.
-She was trained at the facility to locate the source of bleeding, apply pressure with whatever is available to control the bleeding, and have someone else call 911.

Telephone interview with Resident #1's family member on 12/03/20 at 1:00pm revealed:
-Resident #1 had hemodialysis Mondays, Wednesdays, and Fridays.
-Resident #1 would require a longer hemodialysis visit at times because of bleeding from her hemodialysis access after dialysis.
-Resident #1's neighbor told her she had to call staff to help the resident who was in the bathroom on 08/04/19.
-The MA told the family member on 08/04/19 Resident #1 fell in the bathroom, there was a lot of blood, and was sending her to the hospital.
-Resident #1 was bleeding from her hemodialysis access.
-Resident #1 told the family member she was wiping the hemodialysis access with a wash cloth when it began bleeding.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271	Continued From page 72	D 271		

-There was no mention of staff performing direct pressure to control bleeding.

Telephone interview with the Administrator on 12/04/20 at 4:17pm revealed:
-She expected staff to have applied pressure to Resident #1's bleeding hemodialysis access and called 911.
-She could not say if staff responded appropriately to Resident #1's 08/04/19 incident of the bleeding hemodialysis access because she was not notified of the incident.
-Staff were "very well trained" on first aide because the staff who worked on 08/04/19 had been working there greater than 5 years.

____

The facility staff failed to respond immediately when Resident #1 was bleeding from a hemodialysis access on 08/04/19. Upon arrival of EMS, the resident was found by EMS in her bathroom wearing only an adult incontinent brief and bleeding from the hemodialysis access. Staff were observed by EMS to be standing by without applying direct pressure. Resident #1 had bled all over the bathroom and sprayed onto the bathroom wall and there was blood on the bedroom walls, floor, bed, furniture, and the table tops. The resident had a blood pressure of 76/43, was light headed, and her knees buckled while attempting to stand. The resident lost approximately 1.5 liters of blood, and required intravenous (IV) fluid replacement and emergent hospital evaluation. The facility's failure resulted in the serious physical harm and neglect which constitutes a Type A1 Violation.

____

The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/04/20 for this violation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 271 | D 271

Continued From page 73

CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JANUARY 3, 2021.

D 273 | 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.

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

The facility failed to ensure referral and follow up to meet the routine and acute healthcare needs for 2 of 7 (#1, #6) residents sampled including notification to the primary care provider (PCP) and Nephrologist for a resident (#1) who bled from a dialysis access requiring emergency care and a resident (#6) who was prescribed an anticoagulant and sustained an unwitnessed fall in the shower, resulting in a delay in medical evaluation and treatment.

The findings are:

1. Review of Resident #1's current FL2 dated 07/30/19 revealed:
-Diagnosis included dementia and diabetes mellitus type 2.
-The resident was incontinent of bladder and required assistance with bathing and dressing.
-The resident was ambulatory with a walker.
-There was an order for Aspirin 81mg daily (a medication used to thin the blood and prevent blood clots).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 74	D 273		

Review of a subsequent physician order sheet dated 10/05/19 revealed an order for Aspirin 81mg chewable daily.

Review of Resident #1's care plan dated 08/28/19 revealed:
-The resident was ambulatory with the use of a wheelchair.
-The resident was oriented, forgetful and needed reminders.
-The resident was occasionally incontinent of bowel and bladder.
-The resident required supervision for toileting.
-The resident required limited assistance with ambulation, bathing, dressing, grooming, and transferring.

Review of Resident #1's previous care plan dated 08/15/19 revealed:
-The resident was ambulatory with the use of a wheelchair.
-The resident was occasionally incontinent of bowel and bladder.
-The resident was oriented, forgetful and needed reminders.
-The resident required supervision for toileting.
-The resident required limited assistance with ambulation, bathing, dressing, grooming, and transferring.

Review of Resident #1's Emergency Medical Services (EMS) call report dated 08/04/20 revealed:
-EMS was dispatched to the facility for an injured person at 10:52pm.
-EMS arrived at 11:00pm to find Resident #1 sitting in the bathroom floor wearing only an adult incontinent brief with blood spayed on the bathroom walls and floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 75	D 273		

-There was blood on the bedroom walls, floor, bed, furniture, and the table tops.
-The resident was cleaning her hemodialysis access with a brush when it began to bleed and sprayed blood.
-The resident lost approximately 1.5 liters (6 3/8 cups) of blood from the hemodialysis access.
-The resident was dizzy, light headed, unsteady on her feet, and had low blood pressure.
-The residents blood pressure was 80/30 at 11:10pm, 76/43 at 11:18pm, 88/53 at 11:26pm, and 92/51 at 11:32pm.
-The resident was transported to the local hospital emergency department (ED).

Review of Resident #1's local ED provider notes dated 08/04/19 revealed:
-The resident arrived by EMS secondary to bleeding from a hemodialysis access.
-The resident spent 30 minutes in critical care time secondary to hypotension with blood pressure of 75/42 secondary to acute bleeding with high probability of sudden, clinically significant deterioration in the resident's condition.
-Discharge diagnoses were initial encounter for bleeding from the hemodialysis access and hypotension due to blood loss.

Review of Resident #1's electronic charting notes for 2019 revealed:
-There was no documentation Resident #1's Primary Care Provider had been informed of the 08/04/19 incident.
-There was no documentation Resident #1's Nephrologist had been informed of the 08/04/19 bleeding hemodialysis access or ED visit.

Interview with a medication aide/supervisor (MA/S) on 12/02/20 12:15pm revealed:
-It was the facility policy for the MA/S to report

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 76	D 273		

accidents/injuries to the resident's Primary Care Provider (MA/S).
-In an emergency, the MA/S was to call Emergency Medical Services (EMS) then call the resident's PCP to report the emergency.

Interview with the Administrator on 12/02/20 at 2:46pm revealed:
-She did not know anything about Resident #1's 08/04/19 bleeding hemodialysis access or ED visit.
-She expected the MA/S to have told Resident #1's PCP of the 08/04/19 bleeding hemodialysis access and ED visit.
-She expected the MA/S to have told Resident #1's Nephrologist of the 08/04/19 bleeding hemodialysis access and ED visit because the Nephrologist was the resident's specialist.
-She expected both Resident #1's PCP and Nephrologist told of the 08/04/19 ED visit for bleeding hemodialysis access to ensure interdisciplinary treatment for the resident.

Telephone interview with Resident #1's family member on 12/03/20 at 1:00pm revealed:
-She reported Resident #1's 08/04/19 bleeding hemodialysis access incident to the dialysis nurse.
-She provided the dialysis nurse a copy of Resident #1's 08/04/19 ED report.
-She expected the facility to have told Resident #1's Nephrologist about the 08/04/19 bleeding hemodialysis access incident.

Telephone interview with a Registered Nurse (RN) for Resident #1's dialysis center on 12/03/20 at 3:15pm revealed she could not release specific information regarding Resident #1.

Telephone interview with Resident #1's PCP on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 77	D 273		

12/04/20 at 1:20pm revealed:
-She had not been informed of Resident #1's 08/04/19 incident of bleeding from her hemodialysis access.
-She expected herself and Resident #1's Nephrologist to have been informed by the facility of Resident #1's 08/04/19 bleeding hemodialysis access incident which required an ED visit.
-She would have ordered every 30-minute supervision checks on Resident #1 to monitor the site for bleeding and assess for hypotension for 4 days to 1 week if she had been informed.

Attempted telephone interview with Resident #1's Nephrologist on 12/01/20 at 8:39am and 12/03/20 at 8:40am was unsuccessful.

2. Review of Resident #6's current FL-2 dated 06/01/20 revealed:
-There was a diagnosis of hypertension.
-There was an order for Aspirin 81 milligrams (mg) daily (a medication to thin the blood and prevent blood clots).

Review of Resident #6's physician order sheet dated 08/04/20 revealed:
-There was an order for Aspirin 81mg chewable daily.
-There was an order for Xarelto 20mg daily (A medication to thin the blood in treating and preventing blood clots).

Observations on 12/02/20 at 4:40pm revealed local Emergency Medical Services (EMS) was transferring Resident #6 onto an ambulance from a stretcher.

Interview with EMS on 12/02/20 at 4:42pm revealed:
-Resident #6 fell on 12/01/20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 78 -Resident #6 was complaining of pain. The pain location was not stated. Review of Resident #6's local emergency department (ED) after visit summary sheet dated 12/02/20 revealed: -Resident #6 was diagnosed with a fall and a closed right rib fracture, initial encounter. -The resident received Hydrocodone-Acetaminophen (a narcotic pain medication used to relieve moderate to severe pain) and Tramadol (a controlled medication used to treat moderate to severe pain). -The resident was to follow up with her PCP. No follow up date or timeframe was provided. Review of the Resident #'s local ED visit note dated 12/02/20 revealed: -The resident slipped on a black rubber floor mat in a shared bathroom. -The resident fell and struck her ribs. -The resident complained of pain in the right chest. -The final impression was status post fall, chest wall pain, and rib fracture. Review of Resident #6's PCP visit note dated 12/03/20 revealed: -The resident was seen for a follow up from the ED following a fall. -The resident reported back pain and bruising. -The resident slipped and fell in the shower on 12/01/20 landing on her back. -The resident denied pain after the fall. -The resident didn't think she needed to go to the ED after the fall. -She complained of pain 12/02/20 and decided she needed to go to the ED. -The resident was diagnosed with a right rib fracture.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 79 Review of Resident #6's electronic progress notes from 12/01/20 - 12/02/20 revealed: -On 12/01/20 at 7:17pm the resident walked to the office and told the medication aide/supervisor (MA/S) she had lost her balance and her back hit the shower wall. -The resident told the MA she never hit the floor, was "ok" and refused ED treatment. -On 12/02/20 at 5:39pm the resident reported right side pain. -The resident was sent to the ED for an evaluation. -The resident's PCP was notified about the residents fall on 12/01/20. Interview with Resident #6 on 12/03/20 at 3:44pm revealed: -The resident fell stepping out of the shower on the evening of 12/01/20. -The resident struck her back on the raised ledge of the shower base. -She told the MA on the evening of 12/01/20 she had fallen. -The MA told the resident there was a "red mark" on her back. -The MA did not offer to contact EMS. -She told the MA and Administrator on 12/02/20 that she had fallen on 12/01/20. -She told the MA and Administrator on 12/02/20 she was hurting from the fall on 12/01/20. -The Administrator told the MA on 12/02/20 to call EMS. Interview with the Resident Care Coordinator (RCC) on 12/01/20 at 3:35pm revealed: -The MA/S should check residents with unwitnessed falls for vital signs and injuries. -Anything abnormal from the resident's baseline would require a visit to the local ED.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 80	D 273		

-If the personal care aide (PCA) discovered the resident the PCA would tell the MA/S.
-She did not know the MA/S could not make a medical decision on whether to send a resident to the hospital or not.
-The resident's PCP would be contacted if the resident sustained a "small cut".
-She felt the MA/S should use their judgement and when in doubt send the resident out.

Interview with the Administrator on 12/02/20 at 11:32am revealed:
-Residents with unwitnessed falls were to be checked by the MA.
-All residents with unwitnessed falls were to be sent to the ED for evaluation.

A second interview with the Administrator on 12/03/20 at 4:58pm revealed:
-The procedure for unwitnessed falls was: notify the residents Primary Care Provider (PCP), take vital signs, and call EMS for transport to the hospital.
-If a resident refused an emergency department visit, EMS should still be called to assess the resident.
-EMS was trained in assessments and functioned at a higher care level than facility staff.
-Facility staff were unlicensed, could not assesses residents, and could not make a medical decision if a resident needed emergent care.
-The MA told the Administrator Resident #6 "slipped against the shower wall" on 12/01/20 during 2nd shift.
-The Administrator told the MA to call EMS on 12/02/20.
-The MA attempted to call EMS on 12/01/20 when Resident #6 reported the injury to the MA but Resident #6 refused.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 81 -The resident did not think the injury was "serious" enough to notify EMS. -It was not acceptable for the MA to not notify EMS on 12/01/20 because Resident #6 refused treatment. -She did not know if the MA notified Resident #6's PCP on 12/01/20 of the 12/01/20 injury. -She expected the MA to have notified Resident #6's PCP on 12/01/20 of the 12/01/20 injury to ensure resident care and safety. -The MA faxed Resident #6's PCP on 12/02/20 of the 12/01/20 injury. -She called Resident #6's PCP at 5:00pm on 12/02/20 and informed of the 12/01/20 injury. Interview with the MA on 12/03/20 at 5:15pm revealed: -At approximately 9:00pm on 12/01/20, Resident #6 walked to the nurses' station and told her she "fell back against the shower wall". -Resident #6 asked the MA if she had a bruise. -Resident #6 was not bruised. -She asked Resident #6 if she wanted to go to the hospital. -Resident #6 refused to go to the hospital. -She told Resident #6 her shift was ending and to let the next person on duty know if she was having problems from the fall. -Residents with unwitnessed falls were supposed to be checked for bruising or blood clots, ask if they are "ok", or ask the resident if they want to go to the ED. -Normally, if a resident refused emergency care, the MA would still call EMS for EMS to come evaluate and have the resident sign a refusal. -EMS did not need to be called because Resident #6 did not fall or hit the floor. -EMS did not need to be called because Resident #6 "hit the shower wall". -EMS did not need to be called because Resident	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 82 #6 "walked" to the nurse's station on 12/01/20 to report the incident. -EMS did not need to be called because Resident #6 did not have a bruise. -There was no need to call EMS for Resident #6 even though the resident refused. -Resident #6 told her on 12/02/20 she still had pain. -She faxed Resident #6's PCP on 12/02/20 after EMS was called for the resident. -Falling back against the shower wall was considered a fall. -A resident with an unwitnessed fall should be sent to the ED for treatment. "When in doubt, send them out". -She should have told Resident #6's PCP on 12/01/20 of the fall. -She did not tell Resident #6's PCP on 12/01/20 of the fall because the resident "seemed okay". -Resident #6 was on blood thinners and she expected to see a bruise when she fell on 12/01/20. Telephone interview with Resident #6's PCP on 12/04/20 at 1:20pm revealed: -She was not notified of Resident #6's fall on 12/01/20 until the afternoon of 12/02/20. -Resident #6 was treated in the ED on 12/02/20 for the fall on 12/01/20. -Resident #6 was diagnosed with a "subacute" rib fracture. -A subacute rib fracture was more than likely an old rib fracture. -The resident could have struck her head during the fall. -Resident #6 was on blood thinners and if the resident had struck her head, it could have caused a bleed in the brain. -Delayed care with a brain bleed could cause incapacitation and possibly death.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 83	D 273		

-She expected to have been notified of Resident #6's fall when it occurred on 12/01/20.
-She expected EMS to have been called for Resident #6 when she fell on 12/01/20.
-The facility had unlicensed staff and could not assess a resident to determine if the resident needed emergent care or not.

A third interview with the Administrator on 12/04/20 at 4:16pm revealed:
-If a resident fell against a door facing anything in general or if a resident stumbled or had a loss of balance was an unwitnessed fall.
-There was a delay in care for Resident #6's unwitnessed fall on 12/01/20 and was sent to the hospital on 12/02/20.

Attempted telephone interview with Resident #6's family member on 12/04/20 at 9:00am was unsuccessful.

____

The facility failed to notify Resident #1's primary care provider (PCP) and Nephrologist of an incident on 08/04/19 in which the resident had bleeding from a hemodialysis access and requiring emergent care due to loosing approximately 1.5 liters of blood. The facility's failure resulted in Resident #1's PCP being unaware of the incident, therefore, the PCP did not initiate orders for additional supervision of the resident. Resident #1 died on 10/25/19 because of a 2nd bleed from the hemodialysis access. Resident #6, who was prescribed Xarelto and Aspirin, (blood thinners used to prevent clotting) sustained an unwitnessed fall in the shower on 12/01/20. The resident reported her fall to facility staff on 12/01/20 and 12/02/20. The resident's PCP was not notified of the fall on 12/01/20, the resident was not sent to the hospital for evaluation on 12/01/20 in accordance with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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		D 273		

Continued From page 84

facility's established protocol for unwitnessed falls, and EMS was not notified to assess the resident on 12/01/20 which resulted in a delay in evaluation and treatment until 12/02/20 and placed the resident at increased risk for bleeding due to taking anticoagulant medications. The facility's failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.

____

The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/04/20 for this violation.

CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED 01/18/21.
Review of Resident #1's EMS report dated 10/25/19 revealed:
-EMS was dispatched to the facility at 6:34am for an unresponsive resident.
-EMS arrived at 6:43am to find Resident #1 supine (laying on the back) on the floor with staff performing cardiopulmonary resuscitation [(CPR) An emergency lifesaving procedure performed when the heart stops beating].
-The resident was not breathing and did not have a pulse.
-The resident displayed lividity (a reddish to bluish-purple discoloration to the dependent areas of the body due to pooling of blood following death with visible onset usually not until 2 hours after death).
-There was a "copious" amount of blood on the resident and floor.
-It was obvious the resident's dialysis access started bleeding.
-Staff reported the resident was "notorious" for bleeding out of the access and not calling for help.
-Staff reported the resident was last seen at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 85 5:45am. -The residents time of death was 6:43am. Review of Resident #1's amended death certificate dated 01/14/20 revealed: -The resident's immediate cause of death was renal failure and bleeding from shunt. -The time of death was unknown. -The death certificate was signed by Resident #1's Nephrologist.	D 273		
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 B VIOLATION Based on interviews, the facility failed to ensure residents were treated with respect, consideration, and dignity as related to the manner and tone in which staff speak to residents. The findings are: Interview with a resident on 12/03/20 at 11:21am revealed: -The resident had heard Staff E talk "nasty" to other residents. -Staff E and the resident recently "got in to it." -The personal care aides (PCAs) at the facility would sometimes leave the facility to purchase the resident's food outside of the facility. -The residents would give them money from their	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 86	D 338		

personal funds to purchase them food from outside of the facility.
-The weekend of 11/21/20-11/22/20, one of the PCAs working was gone most of the day with no additional details provided.
-"Someone" had told Staff E that it was the resident's fault the facility staff member was gone "most" of the day because they were purchasing the resident food outside of the facility.
-On the morning of Monday, 11/23/20, a facility staff member came to the resident's room with an "accusatory" tone and told the resident the facility staff could no longer go out anymore and get the resident food outside of the facility.
-The resident thought Staff E had given the facility staff member the "directive" to deliver this message to the resident.
-The resident walked to Staff E's office after the conversation with the facility staff member.
-The resident's feelings were hurt because the resident felt they were being singled out and being blamed for the facility staff member's absence from work.
-The resident and Staff E had a "yelling match" over the situation.
-Staff E told the resident, "There you go again with your [expletive] over your shoulders."
-On another occasion (no additional details provided), Staff E stated to the resident she had never seen a diabetic resident eat double portions.
-The resident felt she was being judged by Staff E.
-The resident felt Staff E had no right to say anything about her meal consumption and had a lack of knowledge related to her disease management.
-Staff E (no additional details provided) told the resident she was jealous because Staff E "got to go home every night."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 87 -The resident felt the other residents were not spoken to with respect, their concerns and complaints were not addressed, and residents did not receive adequate service related to cleaning of the resident's rooms. -Things had only improved with the resident and Staff E because the resident stayed within her room. Confidential interview with a resident revealed: -Staff E would "bite my head off" when voicing complaints or concerns. -Staff E would "retaliate" by "ignoring" the resident when voicing complaints or concerns. -Staff E would "belittle" the resident when voicing complaints or concerns. -The resident did not like the way Staff E would talk to them. -Staff E made the resident feel bad by the way they were spoken to by Staff E. -The resident did not feel concerns could be expressed to Staff E without being made to feel bad. Interview with Staff E on 12/03/20 at 4:59pm revealed: -Residents could bring complaints directly to her. -She would investigate any resident's complaints brought to her attention and interview all parties involved. -She facilitated a resident council every month to discuss resident's concerns, develop suggestions, and improve on services. -The Activity Director would type up meeting minutes. -She was not sure when the last time a resident council was held in the facility. -If any residents' complaints involved her, it did not bother her, she would "let it roll off her back." -She walked through the facility every morning if	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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		D 338		

Continued From page 88

she was not side barred with a "situation."
-She would ask residents how their day was going.
-She would ask residents if they had any concerns.
-No resident had shared with her of any staff members not talking with them with respectfully.

Telephone Interview with the Divisional Vice President of Operations (DVPO) on 12/04/20 at 10:14am revealed:
-On 12/03/20, Staff E was suspended until an internal investigation was completed.
-She completed a 24-hr Health Care Personnel Registry (HCPR) report.
-She would complete a 5-day HCPR report upon the completion of her internal investigation.

Telephone interview with Staff E on 12/04/20 revealed:
-She had not talked harshly with any resident at the facility.
-She remembered a situation with a resident who continued to go on and on when in discussion with her.
-She had to talk louder than a resident so she could talk over them to diffuse the resident's "attitude."
-She could not recall when the situation happened, it had been awhile.

____

The facility failed to ensure residents were treated with respect, consideration, and dignity as related to the manner and tone in which staff speak to residents. The resident felt singled out and falsely accused for a staff member being out of the facility while purchasing food for the resident, the resident's felt her concerns were unaddressed, and the resident felt judged about the size of her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 89 meal consumption. The facility's failure was detrimental to the residents' health and welfare which constitutes a Type B Violation. ________________________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/04/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 18, 2021.	D 338		
D 601	10A NCAC 13F .1801 (a) (b) Infection Prevention and Control Program 10A NCAC 13F .1801 Infection Prevention and Control Program (a) In accordance with Rule 13F .1211 of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement a comprehensive infection prevention and control program (IPCP) consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines on infection prevention and control. (b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human Services. This Rule is not met as evidenced by: TYPE B VIOLATION	D 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	**603 LOCKHAVEN COURT GOLDSBORO, NC 27530**

(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 601	Continued From page 90	D 601		

Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and the local county health department (LHD) were implemented and maintained to provide protection of residents during the global pandemic of COVID-19 related to screening of staff, personal protective equipment (PPE)/masks, and infection control measures.

The findings are:

Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of the Coronavirus Disease in long term care (LTC) facilities revealed:
-Personnel should be screened for the presence of fever and symptoms of COVID-19 before starting each shift.
-Implement social distancing among residents.

Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of coronavirus in LTC facilities revealed:
-Residents and staff should be screened daily for signs and symptoms of COVID-19.
-Social distancing should be implemented among the residents.

Review of the facility's infection control policies and procedures revealed:
-The community will ensure all employees are screened upon entry into the community for signs and symptoms of COVID-19 (e.g., temperature checks and symptom questions) using the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 91	D 601		

electronic Coronavirus Visitor Screening tool during an active pandemic. Any employee exhibiting signs or symptoms should be denied entry.
-All staff must answer questionnaire and have temperatures taken upon arrival before beginning shift.
-The questionnaire was completed via an IPad.
-All staff and essential personnel must have a mask on when entering the facility.

1. Observations on 12/01/20 from 9:00am - 9:07am revealed:
-There was a nursing station located to the right upon entrance into the facility.
-There was a staff member sitting at the nursing station wearing a disposable face mask and a face shield.
-The Business Office Manager (BOM) was standing at the nursing station with a disposable face mask positioned below his nose.
-The BOM wore the disposable face mask below his nose during the screening process for 3 essential visitors.
-There were 3 residents sitting in chairs against the wall of the 200 hall directly across from the nursing station.
-The chairs were placed where the front seat corners were approximately 3 inches from the other and not socially distanced.
-One residents wore a disposable face mask below their chin.
-One residents wore a disposable face mask below their mouth.
-One resident wore a disposable face mask directly below their nose.
-One resident was standing against the nursing desk on 200 hall. The resident wore a disposable face mask below their chin.
-There was one resident sitting on a rollator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601 | D 601

Continued From page 92

across from the nursing station wearing a disposable face mask below their chin.
-The 5 residents were clearly visible from the nursing station.
-The BOM and staff member sitting at the nursing station did not prompt residents to social distance or reposition their face masks.
-The staff member sitting at the nursing station did not prompt the BOM to reposition the face mask.

Observations of the television room on 12/01/20 at 9:05am revealed:
-There were 6 residents in the television room.
-There were 2 residents without face masks.
-There were 4 residents who wore disposable face masks below their noses.
-There were no staff present to prompt the residents to reposition the face masks.

Observations on 12/01/20 from 9:07am - 9:23am revealed:
-There was a resident in a wheelchair in front of the kitchen doors who was not wearing a face mask.
-There was a kitchen staff in the kitchen who was not wearing a face mask.
-The kitchen staff walked out of sight then returned and applied a disposable face mask.
-There was a kitchen staff in the dining room wearing a disposable face mask below their nose.
-The kitchen staff in the dining room turned towards the essential visitors and repositioned their face mask to cover their nose and walked into the kitchen.
-Another staff member exited the kitchen wearing a disposable face mask below their nose.
-The BOM entered the dining room wearing a disposable face mask below his nose.
-The Resident Care Coordinator (RCC) entered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 93	D 601		

the dining room with the BOM.
-The RCC did not prompt the BOM to reposition his face mask.
-The BOM exited the dining room with the disposable face mask below his nose.
-The BOM stopped in the main hallway to the dining room to talk with another staff who was not a face mask.
-The BOM did not prompt the staff to retrieve a face mask.

Observation of a resident on 12/01/20 at 10:42am revealed:
-The resident was in the 100-hallway.
-The resident wore his mask under his chin.
-The resident went into the 100-hall living room area where two other residents were seated.
-One of the residents seated was not wearing a mask/face covering.

Observation of a Personal Care Aide (PCA) walking in the 100-hall at 10:44am revealed:
-The PCA did not prompt the resident to position his face mask over his nose and mouth until prompted by the surveyor.
-The PCA then proceeded into the living room and instructed the resident without a mask of the need for her to put on a face mask.

Interview with the PCA at 10:47am revealed:
-She had received infection control training "last month".
-Residents were supposed to wear their mask over their mouth and nose when outside their rooms.
-If she saw a resident without a mask/face covering over their nose and mouth she would send the resident to their room.
-A lot of the residents had to be reminded on wearing mask/face coverings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 94	D 601		

Interview with the Maintenance Director on 12/01/20 at 9:21am revealed:
-His last infection control class was two weeks ago.
-The Licensed Health Professional Support nurse taught the infection control class at the facility.
-He was taught all staff and residents were to always wear face masks to cover the nose and the chin when in the facility.
-The training included wearing gloves and a face shield if staff was in the resident's room.
-For a resident with a positive COVID-19 result, the staff would "suit up."
-Staff would wear proper personal protective equipment (PPE) which included wearing a gown, gloves, face shield.
-Also, staff would sanitize their hands.
-He wore the disposable face mask below his nose while in the kitchen so others could hear what he was saying.
-He would pull his face mask down to talk if others would say "huh" indicating they could not understand or hear him.
-The correct way to wear a mask was above your nose.
-He had pulled his masked to talk with others and knew he was not supposed to.
-Staff were to be screened with temperature and COVID-19 questions on each entrance to the facility.
-There was no designated staff to screen employees on entrance to the facility.
-Staff would perform self-screening on entrance to the facility.

Interview with the BOM on 12/01/20 at 9:26am revealed:
-He last had infection control training November 2020 via the computer training system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 95 -His last COVID-19 training was September 2020 taught by the LHPS nurse. -During the September 2020 training he was taught to wear the face mask to cover his nose and chin. -He would wear his face mask below the nose because his beard would pull it down and the mask did not fit well. -He knew not to wear a face mask like "himself." -Residents were to wear face masks to cover their nose and chin. -Staff were to prompt residents to wear face masks to cover their nose and chin when observed not wearing correctly. -The staff he was talking to in the main hallway was the facility transporter. -The transporter arrived at the facility at 7:00am today, 12/01/20. -He screened the transporter when she entered the facility this morning, 12/01/20. -He did not know if the transporter was wearing a face mask during the screening this morning, 12/01/20. -He did not notice the transporter did not have a face mask when talking to her in the main hallway this morning, 12/01/20. -He was "concerned" about staff and residents not wearing face masks correctly because any one could contract COVID-19 and expose all staff and residents in the facility. -He had not told anyone at the facility of his concern of staff and residents not wearing face masks correctly. -He was expected to prompt staff and residents to wear face masks and to wear them correctly. -He had not noticed today, 12/01/20, residents or staff not wearing face masks and residents or staff not wearing face masks correctly. -He had not noticed staff and residents not wearing face masks or not wearing face masks	D 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 96	D 601		

correctly because, "It was like a piece of trash in your yard. You just don't see it after a while".
-"Things you see over and over, and you do not notice."

Observations of the main foyer of the facility on 12/01/20 at 11:05am revealed:
-There was one resident in a wheelchair between the nursing station and television room who was wearing a face mask below their chin.
-There was one resident wearing a disposable face mask below their mouth, kneeling beside the resident in the wheelchair.
-There was one resident who wore a disposable face mask below their nose sitting in a chair between the 100 hall and main hall to the dining room.
-The Maintenance Director walked past the three residents without prompting them to correctly reposition their masks or to social distance.

Observations on 12/01/20 at 12:04pm revealed:
-There was a resident in the hallway located by the nursing station wearing a disposable face mask below their chin.
-The BOM prompted the resident to sit down.
-The BOM did not prompt the resident to reposition the face mask.

Interview with the Resident Care Coordinator (RCC) on 12/01/20 at 3:35pm revealed:
-The last infection control class was taught 1 week ago by the LHPS nurse.
-Staff were taught to wear face masks over the nose and under the chin.
-All staff were responsible to prompt staff and residents to wear masks over the nose and under then chin.
-She expected all staff to always wear face masks in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 97	D 601		

-She expected all staff to always wear face masks over the nose and under the chin.
-She did not round to ensure staff wore face masks.
-She did not round to ensure staff wore face masks over the nose and under the chin.
-She tried to round at breakfast, lunch, and dinner to ensure residents wore face masks over the nose and under the chin.

Interview with the Administrator on 12/01/20 at 1:13pm revealed:
-She expected all staff to wear face masks while working as precaution to prevent the transmission of COVID-19 to residents.
-She expected the residents to wear face masks when outside of their rooms as a precaution to prevent the transmission of COVID-19.
-She expected the staff and residents to follow social distancing of at least 6 feet apart per CDC guidelines.

Telephone interview with the Interim Director of Nursing from the local county health department on 12/04/20 at 8:51am revealed:
-The Administrator had previously called someone at the local health department on 11/02/20.
-She did not know who had talked with the facility Administrator from the local county health department on 11/02/20.
-She talked to the facility Administrator for the first time on yesterday (12/03/20) about management of COVID-19.
-She used the North Carolina Department of Health and Human Services Long Term Care guidelines regarding COVID-19 management.
-The local county health department recommended staff to wear personal protective equipment (mask/face coverings, gloves, gowns);

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 98	D 601		

staff who have tested positive for COVID-19 should be excluded; and staff and resident testing should be completed when needed.
-Residents should wear mask/face coverings when out in common areas if the resident did not have breathing difficulty.
-Social gatherings in common areas were not recommended.
-Social distancing of 6-feet apart was recommended.
-Staff screenings should include temperature checks and questionnaire regarding symptoms of COVID-19. If the staff failed the symptom questionnaire, the staff should be "excluded".
-Resident temperatures should be checked. The frequency of resident temperature checks would be determined by the facility.

Interview with the Division Vice President of Operations (DVPO) on 12/04/20 at 5:40pm revealed:
-She expected all residents to wear face masks when outside of their rooms.
-She expected all staff to properly wear face masks at all times while at work.

Interview with the Divisional Clinical Operations registered nurse on 12/04/20 at 5:45pm revealed:
-She expected the residents to wear masks while out of their rooms due to COVID-19.
-She expected the staff to properly wear masks over their nose and under their chin due to COVID-19.

2. Review of the facility's staff schedule and COVID-19 Screening Log dated from 11/18/20 to 12/01/20 revealed:
-There were columns for the submitted date/time, screened name, screened name, and screen type.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 99 -This was all staff which included management, medication aides, personal care aides, dietary, housekeeping, and maintenance. -Multiple staff did not sign in consistently each shift they worked at the facility. -The facility's staff COVID-19 screen log report was generated for 11/18/20 to 12/01/20 with a run time of 11:33am. -On 11/18/20, there were 1 out of 19 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/19/20, there was 1 out of 19 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/20/20, there were 4 out of 20 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/21/20, there were 4 out of 13 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/22/20, there were 3 out of 12 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/23/20, there were 3 out of 18 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/24/20, there were 2 out of 22 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/25/20, there were 6 out of 22 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/26/20, there were 3 out of 13 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/27/20, there were 3 out of 14 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 11/28/20, there were 3 out of 11 total staff members on duty who did not sign the COVID-19	D 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 100	D 601		

Screening Log at the beginning of shift.
-On 11/29/20, there were 3 out of 12 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift.
-On 11/30/20, there were 3 out of 18 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift.
-On 12/01/20, there were 3 out of 9 total staff members on duty working first shift who did not sign the COVID-19 Screening Log at the beginning of shift.

Interview with a personal care aide (PCA) on 12/04/20 at 2:53pm revealed:
-When she arrived a work, she would screen her own temperature and complete the COVID-19 questions on the tablet at the front entrance of the facility.
-The tablet or the electronic screening system had been in place for awhile, longer than 6 months.
-It was important to complete COVID-19 screening to protect the residents and herself from the transmission of COVID-19.
-The screening verified if she was running a temperature or if she had a sore throat.
-She completed the COVID-19 screening everytime she came to work.

Interview with a housekeeper on 12/04/20 at 3:00pm revealed:
-When she came to work she would check her own temperature and complete the COVID-19 questions on the electronic pad at the entrance of the facility.
-She felt it was important to complete COVID-19 screening to make sure she was not "sick" or running a temperature.
-She wanted to protect the residents, her coworkers, and herself from the transmission of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	**603 LOCKHAVEN COURT GOLDSBORO, NC 27530**

(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 601	Continued From page 101 COVID-19. -She completed the COVID-19 screening everytime she came to work. Interview with the Maintenance Director on 12/04/20 at 3:00pm revealed: -Staff were to be screened for COVID-19 each time they would leave the campus and re-enter the facility. -He was not screened for COVID-19 when he would leave the campus and re-enter the facility. -He did not remember what the COVID-19 policy was. Observation and interview with a PCA on 12/04/20 at 3:03pm revealed: -Staff were to be screened on each entrance to the facility even when staff left campus and returned. -The PCA pulled the face mask down below the chin during the interview. -The PCA was prompted to reposition the face mask. -The PCA was not aware she had pulled down the mask during the interview. -She pulled down the mask so she could talk better. -She was supposed to always wear the face mask over her nose and under her chin to prevent the spread of COVID-19. Interview with the Divisional Vice President of Operations (DVPO) on 12/04/20 at 5:40pm revealed she expected all staff to complete the COVID-19 screening which included a temperature check and COVID-19 screening everytime they entered and re-entered the building. Interview with the Divisional Clinical Operations	D 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 102	D 601		

registered nurse on 12/04/20 at 5:45pm revealed:
-The facility had COVID-19 training 3 times in 2020.
-The topics discussed were how to wear personal protective equipment, hand hygiene, no visitors, signs and symptoms of COVID-19, and the staff screening process.
-She expected the staff to complete the COVID-19 screening upon entrance to the facility.
-She expected the staff to complete the COVID-19 screening upon re-entrance to the facility.

3. Observation of the 200 hall on 12/01/21 at 11:00am revealed:
-There were two residents standing outside their room doors which were side by side.
-One of the residents proceeded to approach surveyor.
-The surveyor prompted the resident to maintain social distancing and the need for a face mask.
-There was 1 resident who walked in and out of his room across the hall who was not wearing a face mask.
-None of the residents were wearing face masks.
-There was no staff in the hallway.

Interview with one of the residents on 12/01/20 at 11:00am revealed:
-He left the facility to visit with family on 11/26/20.
-He had been on quarantine in his room for 5 days as of today, 12/01/20, since returning to the facility on 11/26/20.
-He was supposed to have had a COVID-19 test yesterday, 12/01/20, but had not been tested yet.
-He knew he was not supposed to exit his room due to quarantine.
-He was tired of staying in his room and would step into the hall at times.
-He would forget about social distancing and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 103	D 601		

need to wear a face mask.

Observation of the resident's room door and walls surrounding the door on 12/01/20 at 11:01am revealed there was no documentation or signs the resident was on quarantine.

Interview with the Resident Care Coordinator (RCC) on 12/01/20 at 3:35pm revealed:
-She or the Administrator would update the facility staff with the current positive COVID-19 residents at morning stand up with the facility staff which included all facility staff working.
-The second shift staff (3:00pm to 11:00pm) would communicate the current positive COVID-19 resident results during shift change report to the third shift (11:00pm to 7:00pm) staff.
-Based on the locality of the residents with COVID-19 positive results the medication aide (MA) already assigned to that hall (100 or 200) would would work with them.
-There was no staff assigned specifically to residents who were positive for COVID-19.
-A resident who was positive for COVID-19 would be quarantined to their room for 14 days, if the resident had no signs or symptoms of COVID-19 they would be allowed to come out of their room after the RCC spoke with the primary care provider.
-The tracking for resident's assigned quarantine period was not tracked, she went off "memory."
-An order could be entered into the facility's electronic medication administration record (eMAR) when a resident returned from the hospital or rehabilitation to track their quarantine timeframe.
-The facility staff should be tracking the resident's assigned quarantine period on the eMAR.
-She or the Administrator provided an explanation to residents of the importance of maintaining

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 104 quarantine. -The facility staff ensured residents maintained their quarantine when completing the 2-hr resident monitoring checks throughout their shift. -If the resident left the facility for approved leave the resident would have to sign a release agreeing to be on a mandatory 14-day quarantine, the resident would be tested for COVID-19 within 3 days upon their return to the facility, and the resident would remain on the mandatory 14-day quarantine until their COVID-19 test came back with a negative result. Interview with the Administrator on 12/01/20 at 1:13pm revealed: -The staff would be aware of the current residents with positive COVID-19 results or quarantined because it would be communicated during shift change report between staff and there would be a hook outside the resident's door with a gown, the staff would know when observing this. -A resident with a positive COVID-19 test result would stay in their room for 30 days. -The local health department did not recommend a re-test for a resident previously diagnosed with COVID-19 who remain asymptomatic after recovery, retesting was not recommended within 3 months after the initial date of COVID-19. Interview with the Administrator on 12/02/20 at 12:00pm revealed: -The resident who had left for approved leave for the Thanksgiving holiday would receive his COVID-19 test today, 12/02/20. -The COVID-19 test had been delayed upon his return to the facility because of the Thanksgiving holiday. ____________________ The facility failed to ensure recommendations and guidance established by the Centers for	D 601		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 601	Continued From page 105 Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and the local county health department (LHD) were maintained for the screening of staff and mask use by staff and residents resulting in increased risk of exposure, infection, and transmission of coronavirus (COVID-19) during the deadly pandemic. The facility's failure was detrimental to the residents' health, safety and welfare which constitutes a Type B Violation. _______________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/01/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 18, 2021.	D 601		
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observations, interviews, and records reviews, the facility failed to ensure residents were treated with respect and dignity. The findings are: Based on interviews, the facility failed to ensure	D911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
D911	Continued From page 106	D911		

residents were treated with respect, consideration, and dignity as related to the manner and tone in which staff speak to residents.[Refer to Tag D338, 10A NCAC 13F .0909 Resident Rights (Type B Violation)].

D912 G.S. 131D-21(2) Declaration of Residents' Rights — D912

G.S. 131D-21 Declaration of Residents' Rights
Every resident shall have the following rights:
2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings, other requirements, health care, personal care and supervision, and infection control and prevention program.

The findings are:

1. The facility failed to assure referral and follow up to meet the routine and acute healthcare needs for 2 of 7 (#1, #6) residents sampled including notification to the primary care provided and Nephrologist for a resident (#1) who bleed from a hemodialysis access requiring emergency care and a resident (#6) who was prescribed an anticoagulant and sustained an unwitnessed fall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 107 in the shower, resulting in a delay in evaluation and care. [Refer to Tag D273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)]. 2. Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and the local county health department (LHD) were implemented and maintained to provide protection of residents during the global pandemic of COVID-19 related to screening of staff, personal protective equipment (PPE)/masks, and infection control measures. [Refer to Tag D601, 10A NCAC 13F .1801 Infection Prevention and Control Program (Type B Violation)]. 3. Based on observations and interviews, the facility failed to maintain a heating system that maintained a temperature of 75 degrees Fahrenheit (F) and failed to ensure portable electric heaters were not used in two resident bedrooms (# 123 and #132) of the facility.[Refer to Tag D108, 10A NCAC 13F .0311(b)(2) Other Requirements (Type B Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	**603 LOCKHAVEN COURT GOLDSBORO, NC 27530**

(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 108	D914		

were provided with the necessary care and services to maintain their health as related to housekeeping and furnishings, personal care and supervision, health care, and implementation.

The findings are:

1. Based on observation, interviews, and record reviews, the facility failed to provide supervision of residents according to their assessed needs, care plan, and current symptoms for 2 of 7 (#1, #5) residents sampled including a resident with a diagnosis of dementia who required a visit to the emergency department for a bleeding hemodialysis access and later died from a second incident of bleeding from a hemodialysis access (#1) and who left the facility in a vehicle unsupervised (#5). [Refer to Tag D270, 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A1 Violation)].

2. The facility failed to respond immediately to in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures for 1 of 1 (#1) sampled residents who was bleeding from a hemodialysis access device. [Refer to Tag D271, 10A NCAC 13F .0901(c) Personal Care and Supervision (Type A1 Violation)].

3. Based on observations, interviews, and record reviews, the Administrator failed to ensure the management, total operations, and policies and procedures of the facility were implemented and maintained to preserve each residents' right to receive adequate and appropriate care and services and to be free of neglect and to provide substantial compliance with the rules and statutes governing adult care homes, all of which are the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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 109 responsibility of the Administrator related to resident rights, personal care and supervision, housekeeping and furnishings, infection prevention and control program, other requirements, and health care. [Refer to Tag D980, G.S. 131D-25 Implementation (Type A1 Violation)]. 4. Based on observations, record reviews, and interviews, the facility failed to ensure the environment was clean and free of hazards related to leaking toilets in 2 resident bathrooms which created a fall hazard, a floor mat in a resident bathroom which caused a resident (#6) to sustain a fall, chemicals accessible to residents, mold activity and urine odors in multiple residents' bathrooms, live and dead roach activity in 8 residents' rooms, the kitchen, and commons areas, and live and dead bed bug activity in 4 residents' rooms. [Refer to Tag D0079, 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type A2 Violation)]. 5. Based on observations, interviews, and record reviews, the facility failed to maintain a North Carolina Division of Environmental Health sanitation score of 85 or above at all times. [Refer to Tag D0077, 10A NCAC 13F .0306(a)(4) Housekeeping and Furnishings (Type A2 Violation)].	D914		
D980	G.S. § 131D-25 Implementation G.S. 131D-25 Implementation Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ____ B. WING ____	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
D980	Continued From page 110 training to staff to implement the declaration of residents' rights included in G.S. 131D-21. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to ensure the management, total operations, and policies and procedures of the facility were implemented and maintained to preserve each residents' right to receive adequate and appropriate care and services and to be free of neglect and to provide substantial compliance with the rules and statutes governing adult care homes, all of which are the responsibility of the Administrator related to resident rights, personal care and supervision, housekeeping and furnishings, infection prevention and control program, other requirements, and health care. The findings are: Review of the Administrator's personnel record revealed she was hired on 07/09/15. Review of essential functions of the Administrator's job description included: -She was responsible for the cleanliness and maintenance of the Community and grounds. -She was responsible for supervising, assigning significant overall duties and tasks and responsibly directing the work of all employees with full accountability for the performance of subordinates. Confidential interviews with staff revealed: -No one said anything to the staff when the staff pulled the mask/face covering down and the mask was not covering the staff's mouth and	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
D980	Continued From page 111	D980		

nose.
-The staff was sure none of the staff prompted residents sitting at the entrance without mask/face covering to wear a mask/face covering.
-The management at the facility was the Administrator and Resident Care Coordinator.
-The communication between staff and management was not great.
-The staff expected management to inform each shift about COVID testing results, but management did not inform each shift.
-It was "basically" up to all staff to track and determine if a resident stayed in quarantine for 14 days.
-There was no real system to track how long a resident remained quarantined.

Interview with the County Health Inspector on 12/04/20 at 2:16pm revealed:
-She had given encouragement, her recommendations about cleaning related to the kitchen and residents' rooms and pest treatments which were included in the comment addendums (site visit reports) that were sent to the Administrator.
-The Administrator had received education from the County Health Inspector on 11/10/20, 11/11/20, 11/16/20, 11/17/20, and 11/24/20.
-The Administrator would be agreeable to complete the County Health Inspector's recommendations but then there was no action.

Telephone interview with the Administrator on 12/04/20 at 4:16pm revealed the overall operations of the facility fell solely on her.

Interview with the DVPO on 12/04/20 at 5:45pm revealed she expected all residents to be care for, taken care of, free from any harm, and safe

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
D980	Continued From page 112	D980		

from hazards.

Non-compliance was identified at violation level in the following rule areas:

1. The facility failed to respond immediately to in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures for 1 of 1 (#1) sampled residents who was bleeding from a dialysis access device. [Refer to Tag D271, 10A NCAC 13F. 0901(c) Personal Care and Supervision (Type A1 Violation)].

2. Based on observations, record reviews, and interviews, the facility failed to ensure the environment was clean and free of hazards related to leaking toilets in 2 resident bathrooms which created a fall hazard, a floor mat in a resident bathroom which caused a resident (#6) to sustain a fall, chemicals accessible to residents, mold activity and urine odors in multiple residents' bathrooms, live and dead roach activity in 8 residents' rooms, the kitchen, and commons areas, and live and dead bed bug activity in 4 residents' rooms. [Refer to Tag D0079, 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type A2 Violation)].

3. Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NC DHHS) and the local county health department (LHD) were implemented and maintained to provide protection of residents during the global pandemic of COVID-19 related to screening of staff, personal protective

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
D980	Continued From page 113	D980		

equipment (PPE)/masks, and infection control measures. [Refer to Tag D601, 10A NCAC 13F. 1801 Infection Prevention and Control Program (Type B Violation)].

4. Based on interviews, the facility failed to ensure residents were treated with respect, consideration, and dignity as related to the manner and tone in which staff speak to residents. [Refer to Tag D338, 10A NCAC 13F. 0909 Resident Rights (Type B Violation)].

5. The facility failed to assure referral and follow up to meet the routine and acute healthcare needs for 2 of 7 (#1, #6) residents sampled including notification to the primary care provided and Nephrologist for a resident (#1) who bleed from a dialysis access requiring emergency care and a resident (#6) who was prescribed an anticoagulant and sustained an unwitnessed fall in the shower, resulting in a delay in evaluation and care. [Refer to Tag D273, 10A NCAC 13F. 0902(b) Health Care (Type B Violation)].

6. Based on observation, interviews, and record reviews, the facility failed to provide supervision of residents according to their assessed needs, care plan, and current symptoms for 2 of 7 (#1, #5) residents sampled including a resident with a diagnosis of dementia who required a visit to the emergency department for a bleeding hemodialysis access and later died from a second incident of bleeding from a hemodialysis access (#1) and who left the facility in a vehicle unsupervised (#5). [Refer to Tag D270, 10A NCAC 13F. 0901(b) Personal Care and Supervision (Type A1 Violation)].

7. Based on observations, interviews, and record reviews, the facility failed to maintain a North

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ___ B. WING ___	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
D980	Continued From page 114	D980		

Carolina Division of Environmental Health sanitation score of 85 or above at all times. [Refer to Tag D0077, 10A NCAC 13F. 0306(a)(4) Housekeeping and Furnishings (Type A2 Violation)].

8. Based on observations and interviews, the facility failed to maintain a heating system that maintained a temperature of 75 degrees Fahrenheit (F) and failed to ensure portable electric heaters were not used in two resident bedrooms (# 123 and #132) of the facility. [Refer to Tag D108, 10A NCAC 13F. 0311(b)(2) Other Requirements (Type B Violation)].

____

The Administrator failed to ensure the overall operations of the facility to maintain substantial compliance with the rule and statutes governing adult care homes. The Administrator failed to ensure the guidelines and recommendations established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were maintained for the screening of staff, visitors, and residents to protect the residents from infection and transmission of Coronavirus (COVID-19) during the global pandemic; the facility's established protocol was followed after a resident who was prescribed anticoagulants had an unwitnessed fall resulting in a delay in physician notification, medical evaluation and care; immediate response by staff during an emergency resulting in the resident being found by emergency medical services with active bleeding from a dialysis shunt without staff intervention; supervision and/or implementation of safety interventions for resident with a diagnosis of dementia after an incident in which she had bleeding from a hemodialysis access who later died from a second bleeding incident from her

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096047	A. BUILDING: ______ B. WING ______	12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET COURT OF GOLDSBORO	603 LOCKHAVEN COURT GOLDSBORO, NC 27530

(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
D980	Continued From page 115 dialysis access; the environment was maintained in a clean and orderly manner free from hazards resulting in the environment having a strong odor of urine, mold growth in resident bathrooms, fall hazards to include use of floor mats, chemicals being accessible to the residents, use of portable heaters, active bed bug and roach activity in multiple resident rooms, common areas, and the kitchen, and a North Carolina Department of Environmental Health sanitation score 77. The Administrator's failure resulted in serious neglect of the residents which constitutes a Type A1 Violation. ___________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/04/20 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED 01/03/21.	D980		