Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	
7.1.12 . 2.1.1			A. BUILDING: _			
		HAL100006	B. WING		03/1	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	FOX ROAD .LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted a complaint investigation on 03/16/22 - 03/17/22 with an exit conference via telephone on 03/17/22.					
D 176	10A NCAC 13F .0601 Facilities	1 (a) Management Of	D 176			
		Management of Facilities ensus of Seven to Thirty				
	responsible for the to home and shall also be Division of Health Secounty department of and maintaining the rather co-administrator, share equal responsible for the operation of the	rvice Regulation and the social services for meeting ules of this Subchapter. If when there is one, shall bility with the administrator has home and for meeting ules of this Subchapter. It is not so refers to				
	This Rule is not met TYPE A1 VIOLATION					
	reviews, the Administ overall management, procedures of the fac	ns, interviews and record trator failed to ensure the operations, policies and ility were implemented, abstantial compliance with				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 50.2510.		C
		HAL100006	B. WING		03/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	·
TVAINE OF T	NOVIDER OR GOLT EIER		FOX ROAD	, Z.II GGBE	
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	LLE, NC 28714		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	
D 176	Continued From page	: 1	D 176		
	related to manageme	to meet and maintain rules nt of a facility with a capacity thirty residents, resident e, and Health Care			
	The findings are:				
	revealed: -There was a State of of Health and Human Service Regulation As document pinned to a Manager's officeThe named Administ not in the facility. Interview with the Fac 10:45am revealed: -The named Administ the wall in her office w	F North Carolina Department Services Division of Health sisted Living Administrator a bulletin board in the Facility rator on the document was cility Manager on 03/16/22 at rator on the document on was not the current			
	February 14, 2022. -The new Administrate facility although she had spoke to the Adr by telephone, but not -Upper management	had been hired the week of or had not been in the had informed her she would. ministrator about four times in person. had been attempting to hire lived closer to the facility			
	because the new AdmawayShe was responsible facility including personal Medication Aide (MA) (RCC), and Business -She would telephone	ninistrator lived four hours for doing "everything" at the			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. DUILDING: _		
		HAL100006	B. WING		C 03/17/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	270 LOVE	FOX ROAD		
JOUTHER	AN EIVING I OK SENIOK	BURNSVIL	LE, NC 28714		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 176	Continued From page	2	D 176		
	-She was not qualified as an Administrator or Administrator-in-Charge (AIC)She received some training from a previous Administrator for 4 or 5 days.				
	Interview with the Medication Aide Supervisor (MA) on 03/16/22 at 8:30am revealed:				
	-The Facility Manager was the "main" management for the facilityThe Facility Manager was the only person she would go to for any issues she encountered in the facility.				
		r told her there was an rked in a different city and for this facility			
		he Administrator and did not			
	-The Facility Manager needed more help because she was unable to do everything that needed to be accomplished in the facility.				
	facility about one day	Officer (COO) came to the per month.			
	Interview with the MA 3:50pm revealed:	Supervisor on 03/16/22 at			
	if she needed her ass				
	Administrator.	e telephone number for the			
		e Administrator's last name. ake two or three attempts to e Facility Manager.			
	-If she could not get in	n contact with the Facility just try and resolve the			
	Interview with the Coorevealed:	ok on 03/17/22 at 9:05am			
	-The owner and the C facility.	COO were in charge of the			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 BOILBING.		С
		HAL100006	B. WING		03/17/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	N LIVING FOR SENIORS	S OF RURNSVILLE N 270 LOVE	FOX ROAD		
	TO COLUMN TO THE	BURNSVIL	LE, NC 28714		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 176	Continued From page	e 3	D 176		
D 176	-She has never seen -The COO was in the about 3 to 4 hoursWhen she had issue them to the Facility M -She never communic -She never saw the A Interview with a perso 03/17/22 at 9:25am re -The Facility Manager the facilitySometimes it had be was "running" the fac -When he had issues them to the MA Super Manager sometimes of busyHe reported numeror Supervisor and the Fac verbally abused resid about and it continued -He spoke to the Adm this morning (03/17/2 Interview with the Fac 10:00am revealed: -She had not informed incidents of a staff ve because the Administ daily operations of the -The Administrator was could not help much of -She had not suspend Health Care Personne hours of knowledge of residents because sh (facility was cited on 0	the owner in the facility. facility once per month for s she would communicate lanager. cated with the Administrator. dministrator in the facility. onal care aide (PCA) on evealed: r was the one that managed en hard to determine who ility. he would communicate rvisor because the Facility was not in the facility or too us times to the MA acility Manager that a staff ents and nothing was done d for months. hinistrator for the first time 2) on the telephone. cility Manager on 03/17/22 at d the Administrator of the rbally abusing residents trator was not involved in the e facility. as not in the facility and with anything. ded the staff or completed a el Registry report within 24 of staff verbally abusing e had not known to do so 02/18/22 for not reporting	D 176		
	staff to HCPR due to	allegations of abuse). here was a policy and			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	ULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDING: _		COMPLI	=TED
						c	;
		HAL100006	B. WIN	NG		03/1	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STF	REET ADDRESS, C	CITY, STAT	re, zip code		
COUTUED	N I IVING FOR SENIORS	270	LOVE FOX RO	DAD			
SOUTHER	RN LIVING FOR SENIORS	BU	RNSVILLE, NC	28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	ID EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 176	6 Continued From page 4			76			
	procedure for disciplir -She did not know the responsible for discip -The Administrator ha guidance on anything -She would prefer to I Coordinator (RCC)She had not received position and was just -She taught herself he -She spoke with the coinformed her he would but nothing had been Telephone interview w 03/16/22 at 10:15am -She had been the AdweeksShe had not been in planning on being the she lived four hours a -She was responsible ensuring the residents the facility was up to s -She spoke to the Face	hary actions of staff. If Administrator was linary actions or not. Id not offered her any line the Resident Care If much training for this "thrown into it". If do what he could to help done. If the Administrator on revealed: If diministrator for about three the facility yet but was are in a few days because away. If for overseeing the facility, is were receiving care and					
	03/16/22 at 1:43pm re-She spoke to a surve Licensure Section (Adsurvey (02/18/22) and no longer the Adminis-She then spoke to the continue to be the	eyor with the Adult Care CLS) after the previous d had informed her she was strator. The facility Owner and agreed Administrator until the ermanent Administrator. The facility frequently					

Division of Health Service Regulation

STATE FORM 6899 H37C11 If continuation sheet 5 of 39

D 176 Continued From page 5 Attempted telephone interview with the Administrator on 03/16/22 at 3:43pm revealed her voice mailbox was full and therefore a message was unable to be left. Telephone interview with the Administrator on 03/16/22 at 6:49pm revealed: -She was unable to be in the facility daily because she lived four hours awayShe was natinistrator was hiredShe was not aware an incident of abuse by staff had taken placeShe was not aware the staff was still employed at the facility because there was a previous incident and the staff was supposed to be terminated. Telephone interview with the facility Owner on 03/16/22 at 7:00pm revealed: -There was an licensed Administrator for the facilityLocating an Administrator to work in the facility at that location was very difficultHe knew the Administrator was not working in the facilityHe was responsible to hire an Administrator for the facilityHe was responsible to hire an Administrator for the facilityHe was aware that he needed to find an Administrator/AIC to be physically in the building to provide overall management of the facility and care for the residents. Interview with the facility's contracted Nurse		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI		` ′	CONSTRUCTION		E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF BURNSVILLE N REGULATORY OR ISSUED BY PRECEDED BY PULL (K4) ID PRETIX TAG D 176 COntinued From page 5 Attempted telephone interview with the Administrator or 03/16/22 at 3:43pm revealed her voice mailbox was full and therefore a message was unable to be left. Telephone interview with the Administrator or 03/16/22 at 5:43pm revealed her voice mailbox was full and therefore a message was unable to be left. Telephone interview with the Administrator or 03/16/22 at 5:43pm revealed her voice mailbox was full and therefore a message was unable to be left. Telephone interview with the Administrator or 03/16/22 at 5:43pm revealed her voice mailbox was full and therefore a message was unable to be left. Telephone interview with the Administrator was hired. -She was not aware an incident of abuse by staff had taken place. -She was not aware the staff was still employed at the facility because there was a previous incident and the staff was supposed to be terminated. -There was an licensed Administrator for the facility. -Locating an Administrator to work in the facility at that location was very difficult. -He knew the Administrator to work in the facility at that location was very difficult. -He was exponsible to hire an Administrator for the facility. -He was avere that he needed to find an Administrator/AIC to be physically in the building to provide overall management of the facility and care for the residents. Interview with the facility's contracted Nurse					A. BUILDING: _			0
270 LOVE FOX ROAD BURNSVILLE 1			HAL100006		B. WING		0;	
CALL DEFICIENCY SUMMARY STATEMENT OF DEFICIENCES BURNSVILLE, NC 28714	NAME OF PI	ROVIDER OR SUPPLIER	S	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE TO THE APPROPRIATE DATE	SOUTHER	N LIVING FOR SENIORS	S OF BURNSVILLE N					
Attempted telephone interview with the Administrator on 03/16/22 at 3:43pm revealed her voice mailbox was full and therefore a message was unable to be left. Telephone interview with the Administrator on 03/16/22 at 6:49pm revealed: -She was unable to be in the facility daily because she lived four hours away. -She was a temporary Administrator until a permanent Administrator was hired. -She was not aware an incident of abuse by staff had taken place. -She was not aware the staff was still employed at the facility because there was a previous incident and the staff was supposed to be terminated. Telephone interview with the facility Owner on 03/16/22 at 7:00pm revealed: -There was an licensed Administrator for the facility. -Locating an Administrator to work in the facility at that location was very difficult. -He knew the Administrator was not working in the facility or had not been in the facility. -He was responsible to hire an Administrator for the facility. -He was aware that he needed to find an Administrator/AlC to be physically in the building to provide overall management of the facility and care for the residents. Interview with the facility's contracted Nurse	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
Consultant on 03/16/22 at 11:15am revealed: -She was hired by the facility in October, 2021 to audit all staff and resident records and provide additional training to get all records back in compliance, observe staff during resident care,	D 176	Attempted telephone Administrator on 03/1 voice mailbox was ful was unable to be left. Telephone interview v 03/16/22 at 6:49pm re-She was unable to be lived four hours a she was a temporary permanent Administration -She was not aware a had taken place. She was not aware to at the facility because incident and the staff terminated. Telephone interview v 03/16/22 at 7:00pm re-There was an license facility. Locating an Administration -Locating an Administration was very she knew the Administrate facility. He was aware that he hadministrator/AIC to be the facility. He was aware that he Administrator/AIC to be the facility. Interview with the face Consultant on 03/16/2-She was hired by the audit all staff and resigned additional training to get a distinguish and the staff and resigned additional training to get additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and resigned additional training to get a distinguish and the staff and t	interview with the 6/22 at 3:43pm revealed and therefore a message with the Administrator on evealed: e in the facility daily becausely administrator until a ator was hired. an incident of abuse by state the staff was still employed there was a previous was supposed to be with the facility Owner on evealed: ed Administrator for the atrator to work in the facility of difficult. Strator was not working in been in the facility. It o hire an Administrator for the eneeded to find an one physically in the building agement of the facility at a littly sontracted Nurse 22 at 11:15am revealed: ed facility in October, 2021 dent records and provide get all records back in	euse aff d y at or	D 176	DEFICIENT		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL100006		B. WING		03	C 3/17/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDF	RESS, CITY, STA	TE, ZIP CODE		-
SOUTHER	RN LIVING FOR SENIOR	S OF BURNSVILLE N	270 LOVE F BURNSVILL	OX ROAD LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION	I	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 176	administration, comp deficiencies cited durprovide staff resident -She returned to the the progress and the training on the same trained on in October-She had no contact an AdministratorIn October, 2021, af and interviews, she i and the Chief Operation of the issues she four training she needed -On 03/15/22, after the COO about all of the additional training that were mostly the in October 2021The staff informed hat the facility and every version of the previous were trained by the source trained by the source of the sum of the sum of the sum of the previous were trained by the source of the previous were trained by the source of the previous were not familiar with inadequate staffing, MAs, and this was not lack of oversite by an to make sure things of the previous provides and the previous were trained by the source of the previous were not familiar with inadequate staffing, MAs, and this was not lack of oversite by an to make sure things of the previous provides and the previous control of the previous staffing. As and the previous the previous staffing of the previous s	elete training related to a ring a previous survey, at rights training. facility on 03/15/22, to constaff required additional information as previous r, 2021. The phone or in person with the facility Manager of the facilit	and check I sly with ons nager ut all and of ted ng as ersite own aff sy in ff es, and o the ilding I staff ined	D 176			

Division of Health Service Regulation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
			A. BUILDING: _			_
		HAL100006	B. WING		03	C / 17/2022
NAME OF D	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	TE ZID CODE		
NAME OF I	NOVIDEN ON 3011 EIEN		OVE FOX ROAD	III., ZII GODE		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	NSVILLE, NC 28714			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE
D 176	Continued From page	2 7	D 176			
	facility failed to ensur or Administrator in Ch within 500 feet to ens protected from physic to Tag D0177, 10A No Management of Facil Census of Seven to T Violation)]. 2. Based on interview facility failed to ensur from verbal and phys (Staff B) yelling, cursi disrespect, communic abuse to residents (#	ral and verbal abuse. [Refer CAC 13F .0601(b) ities with a Capacity or Thirty Residents (Type A2 residents were protected itical abuse related to staffing, treating residents with cating threats and physical 4, #5, #6, and #7). [Refer to J.C 13F .0909 Resident				
	facility failed to complete Personnel Registry reknowledge related to cursed and threatene and displayed verbal resident (#7). [Refer to the complete Person Register 1]	rs and record reviews, the ete a Health Care eport within 24 hours of 1 staff member (Staff B) d residents (#4, #5, and #6) and physical abuse to Tag D0438, 10A NCAC re Personnel Registry (Type				
	compromised the car to include not having Administrator-in-Char in ongoing physical a staff threatening and them to fear retaliatio and preventing reside	ed to ensure overall erations of the facility which e and safety of all residents an Administrator or an ige within 500 feet resulting nd verbal abuse related to bullying residents, leading in by staff if they reported it ents from feeling safe to use the living room and failing to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
				B. WING		C	
		HAL100006		B. WING		03/1	7/2022
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	OF BURNSVILLE N		FOX ROAD LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 176	Continued From page	8		D 176			
	report within 24 hours These failures resulte constitutes an A1 Viol The facility failed to pi	rovide an acceptable plan nce with G.S. 131D-34 for	of				
	CORRECTION DATE VIOLATION SHALL N 2022	FOR THIS TYPE A1 IOT EXCEED APRIL 16,					
D 177	10A NCAC 13F .0601 Facilities With A Capa			D 177			
		Management Of Facilities ensus Of Seven To Thirty	6				
	or administrator-in-chresponsible for assuriare carried out in the at no time is a resider without a staff member in Paragraph (c) of this arrangements shall be with a capacity or cent (1) The administrator 500 feet of the home telecommunication with 20 An administrator-within 500 feet of the two-way telecommunitimes; or (3) When there is a ceach with a capacity of	shall be one administrator arge who is directly ng that all required duties home and for assuring that left alone in the home er. Except for the provision is Rule, one of the following used to manage a facility sus of 7 to 30 residents: It is in the home or within with a means of two-way the home at all times; in-charge is in the home at all the home with a means of ideation with the home at all cluster of licensed homes, of 7 to 12 residents, located the site, there shall be at	ns ng y or				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED		
		HAL100006		B. WING		03	C 8 /17/2022
	ROVIDER OR SUPPLIER		270 LOVE F	RESS, CITY, STA FOX ROAD LE, NC 28714	TE, ZIP CODE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION	JLL	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 177	basis in each of these shall be at least one administrator-in-charge each home with a metelecommunication wand directly responsi	er, either live-in or on a e homes. In addition, th administrator or ge who is within 500 fee	nere et of nes	D 177			
	facility failed to ensur or Administrator in Ch within 500 feet to ensur protected from physical The findings are: Review of the facility entrance into the facility entrance into the facility record revealed: -She was hired 10/14 Coordinator (RCC)There was document completed high school-There was document training related to Melate to Melat	and record reviews, the re there was an Administrate (AIC) in the home sure all residents were cal and verbal abuse. Is current census upon lity on 03/16/22 revealents in the facility. Manager's personnel with the Administration that she had receptication and the skills. The administration that she had geducation credits relation credits relation the same and the skills.	etrator e or ed are				

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STATE FORM 6899 H37C11 If continuation sheet 10 of 39

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
		HAL100006	B. WING		03/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
00117117	M I B/IMO FOR OFFICE	270 LOVE	FOX ROAD		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE I BURNSVI	LLE, NC 28714		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
D 177	Continued From page	e 10	D 177		
	10:45am and 1:33pm 10:00am revealed: -She had been the Fa 2021She was over the ag -She had previously because the new Administrator since the spoke to the new times by telephone, because the new Administrator that because the new Administrator that away.	ge of 21. Speen the RCC. Fator trained her for 4 or 5 For had been the ne week of February 14, For had not been in the mad informed her she would. We Administrator about four			
	facility including personal Medication Aide (MA) (RCC), and Business -She would telephone Social Services or the	onal care aide (PCA),), Resident Care Coordinator coffice Manager (BOM). e the local Department of e Chief Operating Officer			
	(COO) for guidance to Administrator was no help much with anyth -She was not an Adm	t in the facility and could not ing.			
	Administrator-in-Char any classes on mana setting.	rge (AIC) and had not taken gement in a healthcare			
	incidents of staff verb residents because the involved in the daily of -She had not reported	d the Administrator of the bally and physically abusing e Administrator was not operations of the facility. d the abuse allegations to el Registry (HCPR) within 24			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S	
				_			C
		HAL100006		B. WING		1	17/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	270 LOVE F				
			BURNSVIL	LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERICIENCY)	ILD BE	(X5) COMPLETE DATE
D 177	Continued From page	e 11		D 177			
	(facility was cited on 0 same staff to HCPR). -The Administrator ha guidance. -She would prefer to 1 Coordinator (RCC). -She had not received position and was just -She taught herself here. She spoke with the conformed her would donothing had been dor Interview with the Me	the description of the could be the Resident Care of much training for this "thrown into it". Her duties. The could to help one.	but				
	(MA) on 03/16/22 at 8 -The Facility Manage management for the f -The Facility Manage would go to for any is facilityThe Facility Manage Administrator that wo she used her license	3:30am revealed: r was the "main" facility. r was the only person s sues she encountered r told her there was an rked in a different city a	he in the				
	know her nameThe Facility Manage she was unable to do be accomplished in the	r needed more help bed everything that needed	cause d to				
	03/17/22 at 9:25am re -The Facility Manage the facilitySometimes it had be was "running" the fac -When he had issues	r was the one that man en hard to determine w	aged /ho				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
						С
		HAL100006	B. WING		03	/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	- ZIP CODE		
			VE FOX ROAD	., 0052		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	VILLE, NC 28714			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
D 177	Continued From page	e 12	D 177			
	busyHe had reported nur Supervisor and the F physically and verbal	ly abused residents and				
	months.	out and it continued for				
	-He spoke to the Administrator for the first this morning (03/17/22) on the telephone. Interview with the facility's contracted Nurse Consultant on 03/16/22 at 11:15am revealed: -She was hired by the facility in October 2021 to audit all staff and resident records and provide additional training to get all records back in					
	medication aides dur	_				
	deficiencies cited dur provide staff resident	-				
	the progress and the	acility on 03/15/22, to check staff required additional information as previously				
	trained on in October -She had no contact an Administrator.	, 2021. by phone or in person with				
	-In October, 2021, aft	er the audits, observations formed the Facility Manager				
		ions Officer (COO) about all nd and of the additional o complete				
	-On 03/15/22, after th	ne audits, observations and need the Facility Manager and				
	the COO about all of the additional training	the issues she found and of she needed to completed				
	in October 2021.	same issues and training as				
	at the facility and eve	ryone was doing there own s training or the new staff				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SUR\	
				A. BUILDING: _			
		1141 400000		B. WING		C	
		HAL100006				03/17/2	2022
NAME OF P	ROVIDER OR SUPPLIER	S	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	270 LOVE F				
		E	BURNSVILI	LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
D 177	Continued From page	e 13		D 177			
D 177	were trained by the st October 2021. -There was inconsisted were not familiar with inadequate staffing, late MAs, and this was not lack of oversite by and to make sure things were under the property of the make sure things were under the property of the make sure things were under the make sure things were under the min October 2021. Telephone interview who of the make sure the fact th	ent documentation, staff policies and procedures, ack of training for PCAs at being corrected due to a Administrator in the build were done correctly. D3/15/22, she observed stay, not the way she trained. With the Administrator on revealed: Idministrator for about three the facility yet but was are in a few days because the way. If or overseeing the facility is were receiving care and standards. Cility Manager many times ger kept the her up to day with the Administrator on evealed: Eyor with the Administrator on even experience of the Eyor with the Administrator on even experience of the Eyor with th	and the ding taff ed ee y, d s te				
	Attempted telephone Administrator on 03/1	interview with the 6/22 at 3:43pm revealed	her				

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	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI PLAN OF CORRECTION IDENTIFICATION NUMBER		D	FIPLE CONSTRUCTION NG:		(X3) DATE SURVEY COMPLETED C		
		HAL100006	B. WING		03	/17/2022		
	PROVIDER OR SUPPLIER	S OF BURNSVILLE N	STREET ADDRESS, CITY 270 LOVE FOX ROA BURNSVILLE, NC 2	D				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUI LSC IDENTIFYING INFORMATION	111	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE		
D 177	was unable to be left Telephone interview 03/16/22 at 6:49pm r -She was unable to be she lived four hours allowed four hours al	with the Administrator or revealed: Dee in the facility daily becaway. Strator until a permanent red. The staff was still employ the there was a previous of was supposed to be stinterview with the COO was unsuccessful. With the facility Owner or revealed: The facility since she was strator to work in the facility difficult. The needed to find an be physically in the build anagement of the facility s. A NCAC 13F .0909 Residents.	eause twith red on n acility s ity at ling and dent					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BUILDING			С
		HAL100006	B. WING		II	/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	LOVE FOX ROAD			
		BUR	NSVILLE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 177	Continued From page	e 15	D 177			
	physical and verbal a threatening and bullyi resulted in residents of and physically abused concerned for their own serious risk to health, residents and constitute. The facility failed to protection in accordant this violation on 03/17 CORRECTION DATE.	buse related to staff ng residents. This failure continually being verbally d, threatened, and wn safety which was a safety, and welfare of the utes a Type A2 Violation. rovide an acceptable plan of nce with G.S. 131D-34 for 7/22.				
D 338	10A NCAC 13F .0909	Resident Rights	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 TYPE A2 VIOLATION	_				
	facility failed to ensure from verbal and physi (Staff B) yelling, cursi	and record reviews the e residents were protected ical abuse related to staffing, treating residents with cating threats and physical 4, #5, #6, and #7).				
	The finding are:					
	Review of Staff B's pe was hired on 09/24/20	ersonnel file revealed Staff B O as a PCA.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	₹:	A. BUILDING: _		COMPLETED	
		HAL100006		B. WING		03/1	7/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
001171155	N I II/INO EOD OENIOD	0.05 DUDNOVII I 5 N	270 LOVE F	OX ROAD			
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	BURNSVIL	LE, NC 28714			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATION		PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
TAG	REGULATORY OR	ESC IDENTIF TING INFORMATION	N)	TAG	DEFICIENCY)	MAIL	5,112
D 338	Continued From page	. 16		D 338			
D 000				D 330			
		it #5's current FL2 dated					
	02/01/22 revealed:						
	-Diagnoses included						
	hypertension and per	•					
	-He was non-ambulat	iory.					
	Review of Resident#	5's Resident Register					
	revealed an admissio	_					
	Review of Resident #						
	02/15/22 revealed Re						
	I	r ambulation, bathing,					
	dressing, personal hy	giene and transfers.					
	Interview with Reside	ent #5 on 03/16/22 at 2:1	5pm				
	revealed:						
	-He lived at the facility	y since January 2022.					
	-On 03/16/22, around	6:30am, Staff B roughly	,				
		houlders from behind an					
	_	around and began cursir	-				
		of stealing another pers	on's				
	cigarettes.	-#D t- 111-t !! -f -:	L .				
	would be fired.	aff B to "let go" of him or	ne				
		d stated, to Resident #5,	"				
	_	o he would eat through a					
	straw.						
		desk to use the resident					
	phone to call for help	and Staff B took the pho	ne				
	from him stating that	Staff B did not give him					
	permission.						
		nad a class on 03/15/22 o					
		ts" and that Staff B could					
		to and that he did not ha	ive				
	"rights" unless staff B						
	-Staff B was controlling		ıaad				
		tened and physically abu	isea				
	him "just about on a c	rted the incident to the					
		on shift at the time but h	ne				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				/ BOILBO			0
		HAL100006		B. WING		00	C 3/17/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			270 LOVE F	OX ROAD			
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	BURNSVIL	LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page 17			D 338			
	tried that before and all the past he reported as Staff B was going and break his jaw to the nothing was done. He also reported oth other staff and was to phone. About 2 weeks ago, related to not receiving B threatened to put hot give Staff B his celeral away from him using steal the phone. About 2 weeks ago, stand up out of his with the community living another resident by hother the wheelchair while give him permission to the told Staff B that the behaviors and Staff B care of the cameras. His concern now was to law enforcement we staff B "took care" of the facility would do allow enforcement we staff B liked to pick of wheelchairs who were themselves. He felt Staff B was do threatened, unsafe an "sock of rocks" to definite with a personal facility with	nothing happened. ed threats from Staff B to put him in the hospit the Facility Manager and er issues with Staff B to old to record issues on the he recorded an incident ag his medications, and im in the hospital if he old light phone. B tried to take his cell pl threats and attempts to the saw another resident he saw another resident he saw another resident he saw another resident he cameras and the did n o get out of his wheelot he cameras would record is there was no way to per that was going on becauth cameras and no on anything about Staff B. On residents who were he harder to defend angerous and he felt and afraid and now carrie he harder to defend angerous and he felt and afraid and now carrie he harder to defend angerous and he felt had afraid and now carrie he harder to defend angerous and he felt had afraid and now carrie he harder to defend himself.	all ad o his o his d Staff did hone o nt oofa in d n into ot hair. ord his "took prove use le at in es a				
	that Staff B threatene	Resident #5 reported to d to put him in the hosp recorded a MA and wa	pital				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL100006		B. WING		0.	C 3/17/2022	
		TIALTOOOG				1 0.	3/11/2022	
NAME OF F	PROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE			
SOUTHE	RN LIVING FOR SENIOR	S OF BURNSVILLE N	270 LOVE F BURNSVILI	-OX ROAD LE, NC 28714				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU LISC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 338	trying to steal his phe-He reported the inci and they went to the was done to Staff BStaff B treated certareported to the Facili-Resident #5 now ca with him at all times Refer to the interview 03/16/22 at 3:25pm. Refer to the interview at 9:05am. Refer to the interview on 03/17/22 at 10:00 Refer to the interview on 03/17/22 at 10:00 Refer to the telephor Administrator on 03/ 2. Review of Resided 01/24/22 revealed: -Diagnoses included -He was ambulatory Review of Resident: revealed an admission Review of Resident: 02/01/22 revealed R with activities of daily Interview with Residerevealed: -On 03/16/22, aroun	one. ident to the MA Supervise Facility Manager and notes in residents worse after ity Manager. In word with the MA Supervisor In word with the Cook on 03/1 In word with the Cook on 03/1 In word with the Facility Manager. In word word word with the 17/22 at 10:54am. In the H6's current FL2 date it is schizoaffective disorder. It is chizoaffective di	othing r he ocks or on 7/22 side ger d er.	D 338				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					c	
		HAL100006	B. WING		03/17/2022	
		TIALTOUGU			03/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
COLITHE	N LIVING FOR SENIORS	270 LO	E FOX ROAD			
SOUTHER	IN LIVING FOR SENIORS	BURNS	VILLE, NC 28714	l Control of the Cont		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE	
				DEI ICIENCI)		
D 338	Continued From page	e 19	D 338			
	1	re a sandwich last night.				
	· ·	ed for a sandwich after the				
		se he was still hungry and				
		uld not have any more food.				
	_	off B gave him was because				
		Staff B "was in charge".				
	_	ow why other than because				
		Staff B began yelling and reatened to "knock him to				
	_					
	the floor", so he drop	nim often but that was the				
	first time he was threa					
		ne because there were other				
		ht they would handle it.				
		when Staff B was working,				
	-	ant to be kicked out of his				
	home.	rant to be kicked out of his				
	nomo.					
	Refer to the interview	with the MA Supervisor on				
	03/16/22 at 3:25pm.	ш				
	Refer to the interview	with the Cook on 03/17/22				
	at 9:05am.					
	Refer to the interview	with a personal care aide				
	(PCA) on 03/17/22 at					
	,					
	Refer to the interview	with the Facility Manager				
	on 03/17/22 at 10:00a	am.				
	Refer to the telephon	e interview with the				
	Administrator on 03/1	17/22 at 10:54am.				
		nt #7's current FL2 dated				
	02/22/22 revealed:					
		depression, anxiety, chronic				
	pulmonary disease, a	and muscle weakness.				
	-He was semi-ambula	atory.				
	-He required a wheel					

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL100006		B. WING		00	C 3/17/2022	
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDR	ESS, CITY, STA	ΓΕ, ZIP CODE	·		
00117115	N. I. IV/ING EGD OFNIGD	0 05 BUBNOW! 5 h	270 LOVE F	OX ROAD				
SOUTHER	RN LIVING FOR SENIOR	S OF BURNSVILLE I	BURNSVILL	E, NC 28714				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 338	338 Continued From page 20 Review of Resident #7's Resident Register revealed an admission date of 07/17/19.			D 338				
	assistance with toilet	esident #7 required limit ing, ambulation, bathing						
	dressing, personal hygiene and transfers. Interview with Resident #7 on 03/16/22 at 3:30pm revealed: -In the past 3 weeks, Staff B was mean to him and hurt himThe first incident within the past 3 weeks was when he tried to go down the hall to the living room in his wheelchair and Staff B yelled at him and then stopped him by coming up from behind him and lifting his front wheels to his wheel chair up off of the ground and tilting him back in his wheelchair.		m as g him hind chair					
	-He told Staff B to sto "did not" give him per room.	op and Staff B said that rmission to go to the livi needed permission to go	ng					
	the living room. -The second incident in the past 3 weeks was when Staff B prevented him from getting out of his wheelchair to sit on the sofa by forcing him back into his wheelchair by his shoulder when he stood up. -When Staff B forced him back down into the wheelchair, it hurt his shoulders.		of im en he					
	continued to work the B would come back a him bad because Sta scared of him.	r shift MA, but Staff B ere, and he was afraid S after he reported it and I aff B was mean and he w	nurt was					
	3:47pm revealed:	er resident on 03/16/22 and the saw Staff B stop Res						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL100006		B. WING		03	C /17/2022	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE	1 33		
SOUTHER	N LIVING FOR SENIORS	OF BURNSVILLE N	270 LOVE F		•			
SOUTHER	IN LIVING FOR SENIORS	OF BURNSVILLE I	BURNSVIL	LE, NC 28714				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 338	#7's wheelchair back, go because Staff B di-About 2 weeks ago the when Staff B stopped out of his wheelchair whele and other resident to the Facility Manage Staff B and Staff B still he was fearful all the staff B. Interview with a MA S 3:36pm revealed: -About 2 weeks ago a incident between Staff-She asked Resident with Staff BResident #7 told her pushing his shoulders back into his wheelch controlling himShe informed the Fact there was not enough terminated they would Refer to the interview 03/16/22 at 3:25pm. Refer to the interview at 9:05am. Refer to the interview (PCA) on 03/17/22 at	the phone by tilting Resand telling he he could not give him permiss here was also a second Resident #7 from getting for forcing Resident #7 hich hurt Resident #7. Its reported Staff B's also a but nothing was doned in worked at the facility time from retribution from the facility from	d no sion. d time ing back buse e to and om at tele // t7 is told was or on 7/22 side	D 338	DEL KOLENCE			
	on 03/17/22 at 10:00a		ger					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		l ` ′	CONSTRUCTION	(X3) DATE COMP	LETED
				_			С
		HAL100006		B. WING			17/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	OF BURNSVILLE N	270 LOVE I				
	T		BURNSVIL	LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 338	Continued From page	22		D 338			
	Administrator on 03/1	7/22 at 10:54am.					
	02/15/22 revealed: -Diagnoses included a depression.	t #4's current FL2 dated anxiety disorder and n-ambulatory and used					
	Review of Resident #4's care plan dated 02/22/22 revealed the resident needed extensive assistance with transfers.		22/22				
	revealed: -He ambulated with h of 2/18/22 to the front transferring to his bec -Staff B and the Facili office and Staff B and argueStaff B told him, he v -Staff B was yelling at -The Facility Manager back to his roomStaff B talks to most	ity Manager were at the the resident started to was an "old man and a l	ening front iar".				
	-During another incide chin forward to him an me"During another incide door and instructed his could fight but the result interview with a media 03/16/22 at 2:30pm re-She worked in the fa 7:00am.	evealed:	d hit Front /				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 5 6 1.25 10		С	
		HAL100006	B. WING		03/17/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N				
		BURNSVIL	LE, NC 28714			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	ETE
D 338	Continued From page	23	D 338			
	voices yelling and cur-She heard Staff B and cursing at each other. She heard Staff B sahave legs and walk, you can't, you are half a management. She heard the Facility sit down in her office. She heard the Facility sit down in her office. She thought Resider for fear of retribution for fear of retribution for fear of fea	rsing in the facility. Ind Resident #4 yelling and mear the front office. By to Resident #4 "at least I you are in a wheelchair and man". By Manager instruct Staff B to the facility Manager on 03/17/22 at the when Resident #4 came to staff could assist him into the staff would be a dothen staff would be down him. By Washington work and entered her the entered				
	-She was new to her or known to call and r management.	-				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL100006		B. WING		03/1	C 1 7/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	•	-
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	270 LOVE F BURNSVILL	OX ROAD .E, NC 28714			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 338	D 338 Continued From page 24 Refer to the interview with the Cook on 03/17/22 at 9:05am.			D 338			
			//22				
	Refer to the interview (PCA) on 03/17/22 at	v with a personal care aid t 9:25am.	de				
	Refer to the interview with the Facility Manager on 03/17/22 at 10:00am.		er				
	Refer to the telephone interview with the Administrator on 03/17/22 at 10:54am.						
	3:25pm revealed:	A Supervisor on 03/16/22 aints from residents that					
	Staff B had been verl threatened to physical	bally aggressive and ally harm them.					
	manager but no action knew of.	complaints to the facility on had been taken that s					
		e authority to terminate S residents to record any ephones.	Staff				
	-She informed the Ch in February 2022 tha	ief Operating Officer (C t Staff B should be havior and his response					
		manager had already					
	revealed:	ok on 03/17/22 at 9:05al					
	residents in the facilit -The residents knew	how to "push his buttons	s"				
	at the residents.	ld raise his voice and cu and the facility manager					
		ncidents so she had no r					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		HAL100006	B. WING		C 03/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N 270 LOVE	FOX ROAD		
30011121	AN EIVING FOR SENIORS	BURNSVIL	LE, NC 28714		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 338	Continued From page	25	D 338		
	-She knew it was not appropriate to speak to the residents in that manner, even if they "pushed his buttons"She received Resident Rights training on 03/15/22.				
	Interview with a personal care aide (PCA) on 03/17/22 at 9:25am revealed: -He witnessed Staff B verbally abuse residents 6 or 7 times in the past yearStaff B had "bragged" about verbally abusing the residentsHe reported these incidents to the MA Supervisor and to the facility manager but did not know what action had been takenThe residents were fearful of Staff BHe documented in the resident record about these incidents but the pages would "disappear"He received Resident Rights training on				
	Interview with the Facility Manager on 03/17/22 at 10:00am revealed: -Staff B was terminated more than one year earlier due to poor work performance and rehired due to the facility being short staffedThere was an allegation against Staff B of abuse in December 2021 and the local Department of Social Services initiated an investigation but she did not know the outcomeBoth residents and staff reported to her that Staff B continued to verbally abuse residentsShe would "just" question Staff B on the incidentsThe incidents of verbal abuse were usually just "little arguments" between Staff B and a residentShe did not know that she should have suspended Staff B and conducted an investigation, (facility was cited on 02/18/22 for not reporting Staff B to HCPR due to allegations				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		HAL100006	B. WING		03	C 3/17/2022
	PROVIDER OR SUPPLIER	S OF BURNSVILLE N	DDRESS, CITY, STATE E FOX ROAD ILLE, NC 28714	, ZIP CODE		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	of abuse)She had not reported because the Administ daily operations of the She did not know with the COOShe did not know if the procedure related to the Telephone interview of 03/17/22 at 10:54amShe was not aware of Staff B, (facility was of reporting staff to HCF abuse)Staff should have noted that the should have noted that the should have noted that the should have noted to the should have noted that the shou	d it to the Administrator trator was not involved in the e facility. The she did not reported it to there was a policy and employee disciplinary action. With the Administrator on revealed: The allegations of abuse by cited on 02/18/22 for not the allegations of abuse by cited on 02/18/22 for not the allegations of the allegations of the facility Manager had the proof of the allegations. The Facility Manager had the for for ensuring staff the cited and the shift of the allegations of the facility Manager had the form of the allegations. The form of the allegations of the facility Manager had the form of the allegations of the facility Manager had the form of the allegations. The form of the allegations of the facility Manager had the form of the facility Manager had the form of the facility of the facil	D 338			

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STATE FORM 6899 H37C11 If continuation sheet 27 of 39

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL100006		B. WING		C 03/17/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	270 LOVE I BURNSVIL	FOX ROAD LE, NC 28714		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
D 338	B and the need to car protect himself (Resid threatened physical has (Resident #6), yelling bullying (Resident #7 residents being verbabullied, and fearful of their safety which reshealth, safety and we constitutes a Type A2 The facility failed to protection in accordant this violation on 03/17 THE CORRECTION	fear of retaliation from Strry a sock full of rocks to dent #5), yelling and tearm for asking a quest, causing physical harr. This failure resulted in ally abused, threatened retaliation and concernulted in serious risk to elfare of the residents and Violation. Tovide an acceptable proce with G.S. 131D-34	to ion m, and in , n for the nd olan of for	D 338		
D 438	D 438 10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on interviews and record reviews, the facility failed to complete a Health Care Personnel Registry report within 24 hours of knowledge related to 1 staff member (Staff B) cursed and threatened residents (#4, #5, and #6) and displayed verbal and physical abuse to		D 438			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL100006	B. WING		0.3	C 8/17/2022
NAME OF D	DOVIDED OD CURRUED		ADDRESS SITY STATE	710.0005	1 00	71172022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE /E FOX ROAD	E, ZIP CODE		
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N	VILLE, NC 28714			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
D 438	Continued From page	e 28	D 438			
	resident (#7).					
	The findings are:					
	Review of Staff B's, F	Personal Care Aide (PCA),				
	personnel file reveale					
		e was Personal Care Aide.				
	-There was an HCPR dated 09/23/20 with no substantial findingsThere was no HCPR completed prior to exit on 03/18/22. Review of the facility's records revealed there was no 24-hour or 5-day report to HCPR.					
		time card reports dated ff B worked from 6:38pm 9/22.				
	Interview with a medi 03/16/22 at 2:30pm re -She worked in the fa	evealed:				
	7:00am.					
	-On the evening of 02 voices yelling and cui	2/18/22 she heard loud				
		nd Resident #4 yelling and				
	cursing at each other					
		ny to Resident #4 "at least I you are in a wheelchair and				
	can't, you are half a n					
		ty Manager instruct Staff B to				
	sit down in her office.	nt #4 would deny the incident				
	for fear of retribution	<u>-</u>				
	Interview with Reside revealed:	nt #4 on 03/17/22 at 2:15pm				
		is wheelchair on the evening				
		t office to get assistance				

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	r rieditir eerviee rtega					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					C	
		HAL100006	B. WING		03/17/2022	
		I HAL 100000			1 03/17	12022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
		270 LO	VE FOX ROAD			
SOUTHER	N LIVING FOR SENIORS	S OF BURNSVILLE I BURNS	VILLE, NC 28714			
240.15	CLIMMADV CT	TATEMENT OF DEFICIENCIES			ANI .	0.5
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
D 438	Continued From page	20	D 438			
D 430	Continued From page	e 29	D 430			
	transferring to his bed	d.				
	-Staff B and the Facil	ity Manager were at the front				
		tarted to argue with him.				
		ne was an "old man and a				
	liar".					
		nd cursing at the him.				
		r instructed him to go back				
	to his room.	included inition go back				
		st of the residents in the				
	•	aff knew about it because				
		all kilew about it because				
	they all heard it.	ant Ctaff D manificated his				
	_	ent Staff B positioned his				
		nd stated "go ahead and hit				
	me".					
		ent Staff B opened the front				
		he resident to go outside so				
	they could fight but th	ne resident did not go				
	outside.					
	-He felt that Staff B sl	hould not work in any				
	environment caring for	or residents.				
	Interview with the Fac	cility Manager on 03/16/22 at				
	10:45am and 1:33pm	n and on 03/17/22 at				
	10:00am revealed:					
	-She was not qualifie	d as an Administrator and				
	Administrator-in-Char	rge (AIC).				
		ed the Administrator of the				
		rbally and physically abusing				
		e Administrator was not				
		operations of the facility.				
	-	· · · · · · · · · · · · · · · · · · ·				
	-She had not reported the abuse allegations to Health Care Personnel Registry within 24 hours because she had not known to do so(facility was cited on 02/18/22 for not reporting Staff B to					
		. •				
	HCPR due to allegati	•				
		as not in the facility and				
	could not help much	with anything.				
	Interview with the Fac	cility Manager on 03/17/22 at				

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1:15pm revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL100006		B. WING			C 3/17/2022
	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	·	
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE N		LE, NC 28714			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 438	asked if staff could as-She informed Reside of minutes and then s room to assist him. -Staff B just came to when the Resident #4 and started yelling at -She attempted to ca just kept yelling at Sta-Staff B raised his voiresident. -She could not remer resident but she knew-This exchange went -She told Staff B to gray-She did not suspend because she did not supposed to do. -She was new to her or known to call and in management. Refer to the interview 03/16/22 at 3:25pm. Refer to the interview (PCA) on 03/17/22 at 10:003/17/22 at 10:0	ent #4 came to her doo sist him into bed. ent #4 it would be a constaff would be down to work and entered her of a came back to her office. Im Resident #4 down beaff B. Im Resident #4 down beaff B. In a came back to her office and cursed at the mber what Staff B said wit was verbally abusing on for 5 to 10 minutes to sit in her office. If or terminated Staff B know what to do or position and had not the proof of the incident to up with the MA Supervisor with the Cook on 03/1 with the Cook on 03/1 with the Facility Managem. The with the Facility Managem. The interview with the interview with the came card reports date interview with the card reports date.	uple his office ce out he to the /e. nought pper or on 17/22 aide ager	D 438			
	03/15/22 reveled Sta	ff B worked from 5:24p	m				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		HAL100006	B. WING		0:	C 3/17/2022
	ROVIDER OR SUPPLIER	OF BURNSVILLE N 270 LOV	DDRESS, CITY, STATE FOX ROAD ILLE, NC 28714	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 438	revealed: -He lived at the facility -On 03/16/22, around grabbed him by the st forcefully turned him a him and accused him cigarettesAnother staff told Sta Staff B would be fired -Staff B let him go and jaw" so he would eat -He went to the front phone to call for help from him stating that permissionStaff B told him, he he "how to treat resident "hit" him if he wanted "rights" unless staff B -He felt Staff B was conducted him "just about -He felt Staff B was done the felt Staff B was done the felt Staff B was done the felt Staff B was done with t	ont #5 on 03/16/22 at 2:15pm of since January 2022. 6:30am, Staff B roughly houlders from behind and around and began cursing at of stealing another person's of Stated, "I will break your through a straw. desk to use the resident and Staff B took the phone Staff B did not give him and a class on 03/15/22 on stand that Staff B could to and that he did not have said so. Ontrolling and a bully. If, threatened and physically ut on a daily basis". angerous and he felt and afraid and now carries a send himself. with the MA Supervisor on with the Cook on 03/17/22 with a personal care aide 9:25am. with the Facility Manager	D 438			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
							С
HAL100006			B. WING		03	/17/2022	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
001171155	NA LIVING FOR SENIORS	OF BURNOVILLE A	270 LOVE F	OX ROAD			
SOUTHER	RN LIVING FOR SENIORS	S OF BURNSVILLE F	BURNSVIL	LE, NC 28714			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 438	Continued From page 32			D 438			
	Refer to the telephone interview with the Administrator on 03/17/22 at 10:54am.						
	3. Interview with Resident #6 on 03/16/22 at 3:23pm revealed: -On 03/16/22, around 6:30am, Staff B was yelling and cursing at him because he wanted to know why he could not have a sandwich last night. -On 03/15/22, he asked for a sandwich after the evening meal because he was still hungry and staff B told him he could not have any more food. -The only answer Staff B gave him was because Staff B "said so" and Staff B "was in charge". -He just wanted to know why other than because Staff B "said so" and Staff B began yelling and cursing at him and threatened to "knock him to the floor", so he dropped it. Refer to the interview with the MA Supervisor on 03/16/22 at 3:25pm.		relling low the nd food. ause duse ause nd				
	Refer to the interview at 9:05am.	with the Cook on 03/1	7/22				
	Refer to the interview (PCA) on 03/17/22 at	with a personal care a 9:25am.	ide				
	Refer to the interview on 03/17/22 at 10:00a	with the Facility Manaq am.	ger				
	Refer to the telephone interview with the Administrator on 03/17/22 at 10:54am.						
	Administrator on 03/17/22 at 10:54am. 4. Interview with Resident #7 on 03/16/22 at 3:30pm revealed: -In the past 3 weeks, Staff B was mean to him and hurt himThe first incident within the past 3 weeks was when he tried to go down the hall to the living						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		HAL100006	B. WING		0:	C 3/17/2022
	PROVIDER OR SUPPLIER	S OF BURNSVILLE N	DDRESS, CITY, STATE E FOX ROAD //ILLE, NC 28714	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 438	room in his wheelcha and then stopped him him and lifting his fror up off of the ground a wheelchairHe told Staff B to sto "did not" give him per roomHe did not think he nother living roomThe second incident when Staff B preventh his wheelchair to sit to back into his wheelch stood upWhen Staff B forced wheelchair, it hurt his -He did inform the da works there, and he works there, and he works there, and he works there and he works the interview 03/16/22 at 3:25pm. Refer to the interview at 9:05am. Refer to the interview (PCA) on 03/17/22 at 10:00a	ir and Staff B yelled at him a by coming up from behind at wheels to his wheelchair and tilting him back in his up and Staff B said that he mission to go to the living seeded permission to go to in the past 3 weeks was ed him from getting out of on the sofa by forcing him pair by his shoulder when he him back down into the shoulders. If ye shift MA, but Staff B still was afraid Staff B would exported it and hurt him bad mean and he was scared of with the MA Supervisor on with the Cook on 03/17/22 If with a personal care aide 9:25am. If with the Facility Manager am.	D 438			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		1 ' '	(X3) DATE SURVEY COMPLETED	
		HAL100006	B. WING		03	C 8/17/2022
	ROVIDER OR SUPPLIER	S OF BURNSVILLE N 270 LO	ADDRESS, CITY, STATE VE FOX ROAD SVILLE, NC 28714	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 438	Staff B had been very threatened to physical She reported these of manager several time but no action had been action had been staffed. The facility manager manager fired Staff B staffed. She informed the Chin February 2022 that terminated for his bethe thought the facility terminated Staff B. Interview with the Correvealed: She heard Staff B be residents in the facility. The MA Supervisor abeen witness to the into report it. Interview with a personal personal staff B beard Staff E at least 6 or 7 times in Staff B "bragged" ab residents. He reported these in Supervisor and to the know what action had the believed the residents. Interview with the Faction of the staff B had been terminated these in Supervisor and to the know what action had shown what action had shown what action had shown what action had shown with the Faction of the staff B had been terminated these in Supervisor and to the known what action had shown what action had shown what action had shown with the Faction of the staff B had been terminated these in Supervisor and to the known what action had shown what action had shown what action had shown with the Faction of the staff B had been terminated these in the shown what action had shown with the Faction of the shown whether	aints from residents that cally aggressive and ally harm them. complaints to the facility as over the past three weeks an taken that she knew of informed her, if the facility the facility would be short as the facility would be short as the facility would be short as the facility would be an avior and his response was a manager had already already ok on 03/17/22 at 9:05am as the facility manager had not denoted by an avior and the facility manager had not denoted as the facility manager had not denoted as the past year. Out verbally abusing the cidents to the MA a facility manager but did not	D 438			
	due to the facility beir	ng short staffed. allegation against Staff B of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
			7 BOILBING.		C
		HAL100006	B. WING		03/17/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOUTHER	N LIVING FOR SENIORS	S OF BURNSVILLE N	FOX ROAD LE, NC 28714		
0/10/15	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 438	Continued From page	e 35	D 438		
D 438	abuse in December 2 Department of Social investigation but she Both residents and s Staff B continued to v She questioned Staff The incidents of verb "little arguments" betw She did not know that suspended Staff B an investigation, (facility not reporting Staff B to of abuse). She had not reported Administrator becaus involved in the daily o She did not know if the procedure related to of Telephone interview w 03/17/22 at 10:54am She was not aware of Staff B, (facility was or reporting staff to HCF abuse)Staff should have no She did not know if the received training on 2 and investigations or Attempted telephone MA on 03/17/22 at 10	Services had initiated an did not know the outcome. taff had reported to her that rerbally abuse residents. If B on the incidents. If B on the incidents. If B on the incidents ween Staff B and a resident. If she should have reduced an was cited on 02/18/22 for the HCPR due to allegations of the facility. If the incidents to the remaining the incidents to the remaining the incidents to the remaining the incidents to the COO and there was a policy and remployee disciplinary action. If the allegations of the allegations of the allegations of the incidents of the allegations of the incidents of the allegations of the allegations of the facility. If the allegations of the allegations of the Facility Manager had the Hallegation of the Facility Manager had the Hallegation of the Hallegations of the Facility Manager had the Hallegation of the Hallegations of the Hallegations of the Facility Manager had the Hallegation of the Hallegations of the Hallegations of the Hallegations of the Facility Manager had the Hallegations of the Hallegatio	D 438		
	03/17/22 at 10:40am				
	Attempted communic Staff B on 03/17/22 a	ation via text message with t 10:41am was			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			B. WING		С			
		HAL100006			03/17/2022	-		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA FOX ROAD	TE, ZIP CODE				
SOUTHERN LIVING FOR SENIORS OF BURNSVILLE BURNSVILLE, NC 28714								
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	Ē		
D 438	Continued From page 36		D 438					
	unsuccessful.							
	The facility failed to ensure allegations of verbal and physical abuse was reported to the HCPR resulting in Staff B continuing to work with residents and continued to yell, curse and threaten (Resident #4), yell, curse, threaten to break the jaw and put a resident in the hospital causing fear of retaliation from Staff B and for him, the need to carry a sock full of rocks to protect himself (Resident #5), yell and threaten physical harm for asking a question (Resident #6), yell, and caused physical harm by Staff B (Resident #7). This failure resulted in residents being verbally abused, threatened, bullied and fearful of retaliation and concern for their safety which resulted in serious neglect to the health, safety and welfare of the residents and constitutes a Type A1 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 for this violation on 03/17/22.							
		DATE FOR THIS TYPE A1 IOT EXCEED APRIL 16,						
D914	G.S. 131D-21(4) Dec	laration of Residents' Rights	D914					
	Every resident shall h	ration of Residents' Rights lave the following rights: al and physical abuse, ion.						
	This Rule is not met	as evidenced by:						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER	. ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, , ,	(X3) DATE SURVEY COMPLETED	
							С	
		HAL100006	B. WIN	IG		<u> </u>	3/17/2022	
	ROVIDER OR SUPPLIER	2	TREET ADDRESS, C		ZIP CODE			
SOUTHER	RN LIVING FOR SENIORS	B OF BURNSVILLE I	BURNSVILLE, NC	28714				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PRI	D EFIX AG	PROVIDER'S PLAN OF CORRECTION (X: (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X: COMP DA'			
D914	Continued From page 37		D914	1				
	reviews the facility fai free from abuse relate Administrator or Adm 500 feet of the facility management of the faincluding abuse, and hours of knowledge of Personnel Registry results. Based on observat reviews, the Administ overall management, procedures of the fact maintained, and in suthe rules and statutes related to manageme or census of seven to rights including abuse registry. [Refer to Tagestand or Administration of the fact o	inistrator-in-Charge within , not providing the overall acility, resident rights not completing within 24 f abuse a Health Care	rd es city					
	facility failed to ensur or Administrator in Ch within 500 feet to ens protected from physic to Tag D0177, 10A No Management of Facil Census of Seven to T Violation)]. 3. Based on interview facility failed to ensur from verbal and phys (Staff B) yelling, cursi disrespect, communical	al and verbal abuse. [Ref	ator r fer d					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		HAL100006	B. WING			C 17/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SOUTHERN LIVING FOR SENIORS OF BURNSVILLE 270 LOVE FOX ROAD BURNSVILLE, NC 28714								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
D914	Rights (Type A2 Viola 4. Based on interview facility failed to compl Personnel Registry re knowledge related to cursed and threatene and displayed verbal resident (#7). [Refer t	ition)]. rs and record reviews, the	D914					

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