	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP IDENTIFICATION			CONSTRUCTION	(X3) DATE SU COMPLE	
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		HAL035024		B. WING			3/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRANKLIN	I MANOR ASSISTED LIV	ING CENTER	100 SUNSE YOUNGSVI	T DR LLE, NC 2759	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 000}	Initial Comments			{D 000}			
	The Adult Care Licesure Section conducted a follow-up survey on December 6, 2021 to December 8, 2021.						
{D 270}	10A NCAC 13F .0901 Supervision	(b) Personal Care	e and	{D 270}			
	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: FOLLOWUP TO A TYPE A2 VIOLATION  Based on these findings, the previous type A2 Violation was not abated.						
	Based on observation reviews, the facility fa supervision and imple anti-anxiety medication residents (#3) based symptoms, who exhibite behaviors and wander rooms, resulting in dispresidents.	iled to provide adderment an order for on for 1 of 5 samp on the resident's collect verbal and agreed into other resi	equate r an led current ggressive dents'				
	The findings are:						
	Review of Resident # 09/30/21 revealed: -Diagnoses included of fibrillation and chronic -He was constantly diabusive.	vascular dementia c kidney disease.	a, atrial				

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

(X6) DATE TITLE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, ,	SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
FRANKLI	N MANOR ASSISTED LIV	ING CENTER	100 SUNSE YOUNGSV	: I DR ILLE, NC 2759	96		
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	-He was ambulatory a -He exhibited aggress personal careThere was an order of tablet as needed (p agitation/aggression)Resident #3 resided (SCU).  Review of Resident # revealed: -He needed supervisi groomingHe needed limited as dressing.	for alprazolam 0.5 mg rn) (to treat in the special care un 3's care plan dated 09 on with eating and	g., take nit 9/30/21				
	dressingHe was independent with toileting and ambulationThe resident was verbally abusive, resisted care, wandered, going in and out of other residents' rooms and was aggressive when redirected by staffThe resident was receiving mental health services and was prescribed medication for dementia behaviors.						
	Observation of Reside 8:46am revealed the and lying across his but Interview with a person 8:47am on 12/06/21 resident #3 had just up most of the night. Resident #3 had den had been aggressive and residents during the sidents of the sidents.	resident was fully clot ped asleep. onal care aide (PCA) a revealed: fallen asleep; he had nentia with behaviors and argumentative w	thed at I been and				
	Observation of Residence 3:50pm revealed he a	attempted to enter an					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
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		HAL035024	B. WING		12	/08/2021
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IIIAIIIL	IN MANOR AGGIOTED EIV	YOUNG	GSVILLE, NC 27596			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 270}	Continued From page	2	{D 270}			
	desk and asked for the eat at lunch.  -He turned around to in the common area.  -When he turned back angry and demanded.  Review of Resident #  -On 10/13/21 at 2:00p punching a female resident stated her room, and when shegan to punch her in the female resident w sit at the nurses' desk to return to her room.  -On 10/14/21 at 5:00p resident and was place minutes for 3 days.  -On 10/28/21 at 6:00p aggressive when tryin out of his room; Resident #3 and her room.  -On 10/30/21 at 6:00p aggressive to another wrist; the medication Resident #3 a prescrihim, but the resident hitting her in the stom kicking her; the MA ca with the resident.  -On 11/01/21 at 3:00p	up the hall to the nurses' he slice of cake he did not look at the residents seated k around, he appeared his slice of cake now.  3's progress notes revealed: om, Resident #3 was sident in the chest; the d Resident #3 walked into she asked him to leave, he in the chest several times; as very scared and asked to a because she was terrified om, Resident #3 hit another ced on checks every 30  om, Resident #3 was ing to get another resident dent #3 tried to fight with the other resident; staff talked the relaxed and went to his om, Resident #3 was in resident #4				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU			CONSTRUCTION	(X3) DATE SI	
AND PLAN (	OF CORRECTION	IDENTIFICATIO	ON NUMBER.	A. BUILDING: _		COMPLE	ובט
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		HAL03502	24	3:		12/0	8/2021
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			YOUNGSV	LLE, NC 2759	96		
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{D 270}	Continued From page	e 3		{D 270}			
{D 270}	the rooms, he becam fight staffOn 11/03/21 at 3:00p physically violent tow to pull the resident ou grabbing another resident in ar trying to assist Resides staff was kicked by R -On 11/04/21 at 3:00p hitting, kicking and fighad a female resident would not let her go; medication to calm hi -On 11/06/21 at 8:30p another resident's rospouse; staff explainer resident was not his sfight the resident and staff separated ResidentOn 11/07/21 at 8:00p told several times and spouse; Resident #3 resident was not his se fight the resident and staff separated ResidentOn 11/07/21 at 8:00p told several times and spouse; Resident #3 resident when told at Resident #3 spit his non 11/11/21 at 4:30p another resident to the very agitated and was medication that was ron 11/12/21 at 1:00p very agitated, grabbir language at residents administered a PRN ron 11/15/21 at 11:30 resident, trying to pull	e angry and violom, Resident #3 ards another resident when she resident #3 out of the esident #3. om, Resident #3 other resident #3 of the was given a pm. om, Resident #3 on, told her she ed to Resident #3 on, Resident #3 other resident #3 and the form, Resident #3 other resident was refused to fight another resident was nother resident #3 of resident #3 and staff; Resident #3 and Resident #3 and staff; Resident #3 and Resident #3 and staff; Resident #3 and staff; Resident #3 and Resident #3 and Resident #3 and staff; Resident #3 and Resident #3 and staff; Resident #3 and Resident #4 and Resid	was being sident, trying shair and refused to go ed with room; when room, the had been dents; he old and orn went into was his 3 the female at #3 tried to be the room; demale had been as not his other this spouse; the trash. pushed the trash pu	{D 270}			
	and saying she was hassist the resident in	nis spouse; staff the wheelchair a	tried to and Resident				
	#3 began swinging (h	is arms), trying	to fight staff;				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		HAL035024	B. WING		12/08/2021
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{D 270}	Continued From page	<del>2</del> 4	{D 270}		
	-On 11/25/21 at 10:30 very aggressive while another resident from thought the other resi Resident #3 was getti on a female resident's Resident #3 was adm -On 12/05/21 at 11:59 6:30 am, Resident #3 spitting, kicking doors was administered prn -There was no docum Provider (MHP) was r incidentsThere was no docum interventions implement the exception of incre days on 10/14/21; the documentation the sta	ing out of his clothes to put is black pants and shirt; ininistered a prn medication. Opm and 12/06/21 at was very combative, and residents; Resident #3 medication at 6:35am. Inentation the Mental Health motified about these mentation of any ented after the incidents with assed supervision for three are was also no aff administered the prn incident when the resident			
	Review of Resident #3's October 2021 medication administration records (MAR) revealed: -There was an entry for alprozolam 0.5 mg, take				
	1 tablet prn for agitatic	on/aggression.			
	administered for agita	ition/aggression on r 10/30/21 when Resident			
	#3 demonstrated beh				
	revealed:	documented as			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL035024	B. WING		R 12/08/2021
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{D 270}	Continued From page	e 5	{D 270}		
		1/04/21, or 11/07/21 when			
	Interview with a PCA revealed:	on 12/08/21 at 7:50am			
	-He started working w weeks ago.	vith Resident #3 about four			
	•	nentia with behaviors and			
		ed, aggressive and used foul			
		nts in the hallways, the			
	common areas and re				
	_	any female was his spouse would become confused and			
		er residents by swinging his			
	arms and kicking.	i residents by swinging his			
	_	oen in the hallways, common			
		nd other residents' rooms.			
	-Staff would take other	er residents back to their			
	•	to deescalate Resident #3.			
		n eye on"( physically see or			
	,	to determine if he was			
	becoming agitated.	e all residents every 2 hours.			
		d an incident he would			
		ored every 2 hours for			
	supervision.	•			
		ed to sit outside Resident			
	#3's room door today	(12/08/21) for 1:1			
	monitoring to keep Re				
	_	log sheet to document			
		he first time he had been			
	asked to document monitoring of Resident #3.  -He was not aware of any interventions in place				
		•			
	incidents with other re	evention of his behavioral esidents.			
	Interview with a seco	nd PCA on 12/08/21 at			
	10:05am revealed:				
	-Resident #3 had a vi have an outburst with	olent streak where he would residents.			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPFIDENTIFICATION		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				A. BOILDING.	<del></del>	
		HAL035024		B. WING		R 12/08/2021
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{D 270}	Continued From page	<b>e</b> 6		{D 270}		
{U 210}	-Resident #3 would he curse when he had a -Resident #3 thought facility were his spousers arm or hand his spouse's nameWhen Resident #3 he to redirect himThe staff would remote #3 for the other resident waring an outburst or towards the residents -Resident #3 would laresidentThere was one femal his spouseResident #3 saw a fethe living room with he Resident #3 pushed -The female resident anyone; she was only with her walker.  Interview with a MA or revealed: -She was familiar with -Resident #3 had been standard with the sident #4 had been standard with the sident #4 had been standard w	it, kick, throw thing noutburst. the female resider se. valk up to a female and say "come or ad an outburst the ove residents from ents' safety when less showing aggressis. ay in bed with a fer alle resident who locumale resident amer walker. see you talking to the the resident to the was not speaking y walking in the living at 12/08/21 at 9:40 the Resident #3. en at the facility for	resident, " and say staff tried Resident ne was on male oked like bulating in hat man". stoon to ng room	{D 210}		
	than 6 months (02/24 stayed the same since	e admission.				
	-He was constantly lo	-	se who			
	was not at the facility					
	-If he could not find h agitated, curse and s					
	residentsStaff sometimes cou	ld redirect Resider	nt #3 by			
	giving him snacks.					
	-On 11/11/21, Reside and pushed her back		resident			

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		HAL035024	B. WING		R 12/08/2021
		TIAL SOUR			12/00/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
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{D 270}	Continued From page	÷ 7	{D 270}		
	down to the floor unh -If a resident was in the checked on every 2 h -If a resident was in the checked on every 30 -There were log sheet every 30 minutes and another a resident had monitor the resident amonitoring sheets or staffThe Resident Care Ewhen a resident was every 2 hoursShe did not know who were keptShe had not seen an until this morning (12) -The facility must hav	ne common room, they were rours. neir room, they were minutes. ts for checks every hour, I every 15 minutes. an incident, staff were to and document on the go on 1:1 supervision from Director (RCD) determined to be monitored more than there the monitoring forms			
	Interview with a second 2:44pm revealed: -Resident #3 could be -On 10/31/21, Resident wrist and staff had -Routine monitoring wevery 2 hours.  Interview with a third and 3:33pm revealed -Resident #3 would g find his spouseResident #3 would a thinking they were his -Resident #3 would reresident #4 would reresident #4 would reresident #4 would resident #4 would res	e aggressive with residents. ent #3 grabbed a resident by d to redirect him. vas checking on residents  MA on 12/06/21 at 3:22pm : et upset when he could not pproach female residents, s spouse.			

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intervene.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP			CONSTRUCTION	(X3) DATE SI	
AND PLAN	OF CORRECTION	IDENTIFICATION	NINUMBER.	A. BUILDING: _		COMPLE	ובט
		HAL035024	ı	B. WING		12/0	8/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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I KANKLII	1 MANOR ASSISTED EIV	ING CENTER	YOUNGSV	LLE, NC 2759	96		
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{D 270}	Continued From page	e 8		{D 270}			
{D 270}	Continued From page Resident #3 would c when he would get up The MA saw Resider seated on the couch it Resident #3 attempte to lie down on the cou- The MA removed the situation. Resident #3 became at the MA. The MA would call R could speak to her. Resident #3 would c his spouse.  Interview with a fourth revealed: Resident #3 would b residents and the star When Resident #3 g and verbally curse. Resident #3 thought his spouse. There was one femal cuddle. When the staff would at times with hitting, k She would administer every morning so he	urse at the other incoset. Int #3 and a femalin the living room and to get the femalinch with him. It is female resident angry and starte desident #3's spouralm down after spour MA on 12/06/21 and he would the female resident that he dintervene, he would all intervene, he would all angression or cursing and any angression or cursing.	e resident and le resident from the d cursing use so he beaking to at 3:38 ard the hit, kick ents were e liked to bulld react desident #3	{D 270}			
	-The alprazolam was	not a scheduled i					
	but an as needed medicationShe had spoken with the PCP regarding changing Alprazolam to a scheduled medication,						
	but the PCP wanted i						
	medicationThe staff had to chec minutes.	ck on Resident #3	3 every 30				
	Telephone interview v 12:32pm revealed:	with a fifth MA on	12/08/21 at				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X	K2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	Α.	BUILDING: _		COMPLI	ETED
						R	.
		HAL035024	В.	. WING			8/2021
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			UNGSVILLI				
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{D 270}	Continued From page	e 9	{[	D 270}			
{D 270}	-Resident #3 would we residents' bedroomsThe staff had to consaway from all female thought they were his -She would redirect hothering other residents the mostOn 11/06/21 Resider residents's room and roomIt took two PCAs to residents's room and roomIt took two PCAs to resident #3 went baroom; she and two ottagainIf Resident #3 was met him calm down; he "holler" at himIf he was having a bawas to leave him alor -On 11/15/21 there was resident #3 grabbed wrist and was trying to wheelchairResident #3 would geparated from the festarted to bother them -Most of the time Resevenings and needed sure he did not go introomsHe also would wanderesidents; the staff had other residents when eye on himResident #3 required	rander into the female stantly keep Resident #3 residents because he spouse. im whenever he was ents; he bothered female int #3 went into a female she wanted him out of her redirect Resident #3 and male resident's room. ick into the female resident's her PCAs had to get him out had or upset, the staff had to end day, the best thing to do ne. as an incident when a female resident by her o pull her out of her et upset when he was emale residents once he in. sident #3 was up in the it to be watched to make o the female residents' er around and bother the ind to separate him from the he wandered to keep an id extra supervision; staff had it extra supervision; staff	s ut	D 270}			
	was to leave him alor -On 11/15/21 there was Resident #3 grabbed wrist and was trying to wheelchairResident #3 would g separated from the fe started to bother then -Most of the time Rese evenings and needed sure he did not go inter roomsHe also would wande residents; the staff ha other residents when eye on himResident #3 required	as an incident when a female resident by her o pull her out of her et upset when he was emale residents once he n. sident #3 was up in the it to be watched to make o the female residents' er around and bother the id to separate him from the he wandered to keep an id extra supervision; staff had it to him to keep him away					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION I		1 .	CONSTRUCTION		E SURVEY PLETED
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		HAL035024		B. WING		12	R 2/ <b>08/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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FRANKLII	N MANOR ASSISTED LIV	ING CENTER		ILLE, NC 2759	6		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENC	CIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
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{D 270}	Continued From page	e 10		{D 270}			
	Telephone interview vat 2:56pm revealed: -On 10/30/21 Resider when a female resider-Resident #3 jumped by her wrist and woul-She separated Resident and then mothe rest of her shiftResident #3 called the spouse's nameThe staff redirected levent into other resider-During a shift change he was aggressive to	ont #3 was asleep in the tried to wake hir up and grabbed the donot let go. It is and the fen nitored the female the female resident when he wand ents' rooms.	n a chair m up. e resident nale resident by his ered or was told				
	-Resident #3's behav discussed at shift cha	iors would be share anges and one-hou	ed and				
	were done as interve -She felt that Resider monitored more often would monitor him ev	nt #3 needed to be than every hour s	o she				
	Interview with the RC revealed: -Resident #3 went from 30-minute checks to a She was not sure which startedShe knew Resident is from 10/01/21 until 12 and 12 an	om 2-hour checks to 15-minute checks. hen the 30-minute of #3 was on 30-minute 2/07/21. ks started on 12/07 lent #3's safety che ise in aggressive be the incidents for Ro /21 or 12/06/21. being notified or sig 1/10/13/21, 10/30/2	checks te checks /21. ecks ehavior. esident #3 gning the 1 or				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE SU COMPLET	
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(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 270}	Continued From page	e 11		{D 270}			
	-The facility would incomplete the confirmation sheet would not record or the behavioral incident as the behavioral incider 10/13/21, 10/30/21 ar she would notify me as the behavioral epistone as the behavioral epistone would be in Resident record or the fax sent the confirmation sheet Resident #3's record. All incident reports we the day the incident of she would receive a happened during her she was not in the face	crease safety checks to vioral incidents. cted after each behavior amental health if a visit related to behaviors. if the MHP was notified its of Resident #3 date and 11/11/21. Intal health on the same sode. The sode in the earth health being notificated to mental health along the would be placed in the each in the e	was I after d e day ied his with CC				
	12:40pm revealed: -He was not aware of aggression being dor Resident #3His office was called requesting an acute wheing combative and residentsResident #3 needed to be closely supervisabusive behaviors.; hall timesHe was not aware of	to be controlled; he ne sed for the prevention of e needed 1:1 supervisi any facility measures Resident #3's aggressi	e and o was eded of on at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND LEAN	21 CONNECTION	DENTI IOATION NOMBELL.	A. BUILDING: _		CONTLLIED	
		HAL035024	B. WING		R 12/08/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
EDANIZI	I MANOD ACCIETED I IV	INC CENTER 100 SUNS	SET DR			
FRANKLII	N MANOR ASSISTED LIV	YOUNGS	VILLE, NC 2759	96		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{D 270}	Continued From page	e 12	{D 270}			
, ,						
	residents.					
	(POA) on 12/08/21 at -The POA was aware aggressive with other settle down and woul -The POA asked about had not been given a -The POA had been or requesting assistance behaviors and wande -The previous Adminimonths ago to notify other placement for Fibehaviors with other 1-The previous Adminimoscharge/transfer arr -The POA spoke with after the previous Adminimoscharge the date) to the provious Adminimoscharge transfer arr -The POA spoke with after the previous Adminimoscharge the date) to the provious Adminimoscharge the previous Ad	Resident #3 had been residents; he was hard to d argue. ut the other residents but ny information. called multiple times by staff to to assist in calming his uring. strator called her about 2 her they were looking for desident #3 because of his residents. strator left before rangements were made. The current Administrator ministrator left (did not o schedule a meeting 3 discharge, but she was not				
	Interview with the Adr 3:39pm revealed:	ministrator on 12/08/21 at				
	-Resident #3 had den	nentia with behaviors and				
	staff.	with other residents and				
	•	strator was in the process of				
		#3 before he left, but the nue because the resident				
		any behavioral incidences.				
	_	d not want to discharge				
	Resident #3.	J				
		ed being more confused,				
		tative, resistive to care,				
	verbally abusive, and staff.	hit and kicked residents and				
		ent #3 was placed in the "hot				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL035024		B. WING		1:	R 2/08/2021	
ROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY, STAT	E, ZIP CODE			
I MANOR ACCIOTER I	WING GENTER	100 SUNS	SET DR				
N MANOR ASSISTED LI	VING CENTER	YOUNGS	VILLE, NC 2759	6			
(EACH DEFICIEN	CY MUST BE PRECEDED E	BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
box", being monitored days after incidents; interventions put into -On 10/28/21, Resid the "hot box" and be interventions such a reminiscing when the incidentsIncidents of verbal a with Resident #3 cor-Behavioral intervenincidents occurred aggression of ResidentsStaff did not communin keeping her up to behaviorsResident #3 needed his behaviors before -Resident #3 was playesterday (12/07/21).	ed every 30 minutes there were no more or place. ent #3 was again plathavioral assessments sharing family pictive resident calmed do abuse and aggressive intinued. It is the place and against other which will be a strong put into place a did not stop the physical ent #3 against other which will be a strong put incident #4 did more supervision to an incident happendaced on 1:1 supervisions, interviews and response the place of the	aced in t ures and own after veness after the cical ld have #3's to control ed. sion	{D 270}				
supervision and imp alprozolam for Resid being aggressive, ar abusive, hitting and wandering into other resulted in a residen and kicked in the leg having her wrist twis being pushed to the neglect by not provide	lement an order for dent #3 who had a higumentative, verball kicking residents and residents' rooms what being punched in the grand foot, another resident, and a third residence. This failure residing supervision according to the supervision accord	istory of ly d hich he chest esident dent sulted in ording to					
	ROVIDER OR SUPPLIER  SUMMARY S (EACH DEFICIEN REGULATORY OF  Continued From page box", being monitore days after incidents; interventions put into -On 10/28/21, Resid the "hot box" and be interventions such a reminiscing when the the incidents of verbal a with Resident #3 cor -Behavioral interven incidents occurred of aggression of Resid residentsStaff did not common in keeping her up to behaviorsResident #3 needed his behaviors before -Resident #3 was play yesterday (12/07/21  Based on observation reviews it was determinerviewable.  The facility neglecte supervision and imp alprozolam for Resid being aggressive, and abusive, hitting and wandering into other resulted in a resident and kicked in the leg having her wrist twis being pushed to the neglect by not provide	ROVIDER OR SUPPLIER  I MANOR ASSISTED LIVING CENTER  SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED OR REGULATORY OR LSC IDENTIFYING INFORMANCY, being monitored every 30 minutes days after incidents; there were no more interventions put into place.  -On 10/28/21, Resident #3 was again plate "hot box" and behavioral assessment interventions such as sharing family pictive reminiscing when the resident calmed dot the incidentsIncidents of verbal abuse and aggression with Resident #3 continuedBehavioral interventions put into place a incidents occurred did not stop the physic aggression of Resident #3 against other residentsStaff did not communicate as they shou in keeping her up to date with Resident #3 behaviorsResident #3 needed more supervision his behaviors before an incident happen-Resident #3 was placed on 1:1 supervisivesterday (12/07/21).  Based on observations, interviews and reviews it was determined Resident #3 vinterviewable.  The facility neglected to provide adequate supervision and implement an order for alprozolam for Resident #3 who had a hibeing aggressive, argumentative, verbal abusive, hitting and kicking residents and wandering into other residents' rooms where we have a purched in the leg and foot, another resident purched in the leg and fo	HAL035024  ROVIDER OR SUPPLIER  I MANOR ASSISTED LIVING CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13  box", being monitored every 30 minutes for 3 days after incidents; there were no more interventions put into place.  -On 10/28/21, Resident #3 was again placed in the "hot box" and behavioral assessment interventions such as sharing family pictures and reminiscing when the resident calmed down after the incidents.  -Incidents of verbal abuse and aggressiveness with Resident #3 continued.  -Behavioral interventions put into place after the incidents occurred did not stop the physical aggression of Resident #3 against other residents.  -Staff did not communicate as they should have in keeping her up to date with Resident #3's behaviors.  -Resident #3 needed more supervision to control his behaviors before an incident happened.  -Resident #3 was placed on 1:1 supervision yesterday (12/07/21).  Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.  The facility neglected to provide adequate	ROVIDER OR SUPPLIER  I MANOR ASSISTED LIVING CENTER  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13  box", being monitored every 30 minutes for 3 days after incidents; there were no more interventions put into place.  -On 10/28/21, Resident #3 was again placed in the "hot box" and behavioral assessment interventions such as sharing family pictures and reminiscing when the resident calmed down after the incidents of verbal abuse and aggressiveness with Resident #3 continued.  -Behavioral interventions put into place after the incidents occurred did not stop the physical aggression of Resident #3 against other residents.  -Staff did not communicate as they should have in keeping her up to date with Resident #3's behaviors.  -Resident #3 needed more supervision to control his behaviors before an incident happened.  -Resident #3 was placed on 1:1 supervision yesterday (12/07/21).  Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable.  The facility neglected to provide adequate supervision and implement an order for alprozolam for Resident #3 who had a history of being aggressive, argumentative, verbally abusive, hitting and kicking residents and wandering into other residents' rooms which resulted in a resident being punched in the chest and kicked in the leg and foot, another resident having her wrist twisted, and a third resident being pushed to the floor. This failure resulted in neglect by not providing supervision according to	ROVIDER OR SUPPLIER  THAL035024  THAL03502	A BUILDING:	

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	ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XD) PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCT		(X3) DATE SURVEY COMPLETED				
		HAL035024		B. WING		R	8/2021
		11AL033024				1 12/0	0/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	100 SUNSE YOUNGSV	ET DR ILLE, NC 2759	96		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
{D 270}	Continued From page	e 14		{D 270}			
	Type A2 Violation.						
	Type Az Violation.						
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 12/07/21	for				
	Refer to tag D338, 10 Resident Rights [Type						
D 273	10A NCAC 13F .0902	2(b) Health Care		D 273			
		P. Health Care Assure referral and foll And acute health care no					
	reviews, the facility fa health provider (MHP residents (#3) who ex	ns, interviews, and rec liled to notify the menta ) for 1 of 5 sampled	al				
	The findings are:	The findings are:					
	09/30/21 with attache signed by the primary revealed: -Diagnoses included fibrillation and chronic -He was constantly diabusiveHe was ambulatory a	vascular dementia, atr c kidney disease. soriented and verbally	nd ial				
	Review of Resident #	3's care plan dated 09	/30/21				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL035024		B. WING		1:	R 2/08/2021
NAME OF P	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		W. (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	100 SUNS	ET DR			
FRANKLI	N MANOR ASSISTED L	IVING CENTER	YOUNGS	/ILLE, NC 2759	6		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED B R LSC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	Continued From page 15					
	dressingHe was independer ambulationThe resident was vowandered, going in a rooms and was aggistaffThe resident was re-	assistance for bathing at with toileting and erbally abusive, resist and out of other resid ressive when redirect ecciving mental healt escribed medication	sted care, dents' ted by				
	3:05pm revealed: -Resident #3 walked desk and asked for the eat at lunchHe turned around to in the common areaWhen he turned ba	dent #3 on 12/07/21  If up the hall to the nuthe slice of cake he do look at the resident ock around, he appead this slice of cake no	irses' lid not s seated red				
	-On 10/13/21 at 2:00 punching a female resident state her room, and when began to punch her the female resident sit at the nurses' desto return to her room -On 10/14/21 at 5:00 resident and was plaminutes for 3 daysOn 10/28/21 at 6:00 aggressive when try	#3's progress notes of Dpm, Resident #3 was esident in the chest; ed Resident #3 walke she asked him to lead in the chest several to was very scared and sk because she was on. Dpm, Resident #3 hit aced on checks every Dpm, Resident #3 waing to get another resident #3 tried to fight	the ed into eave, he times; asked to terrified another y 30 s sident				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(AZ) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		D WING		R	
	HAL035024	B. WING		12/08/2021	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRANKLIN MANOR ASSISTED LIVING	CENTER 100 SUNSE	T DR			
FRANKLIN MANOR ASSISTED LIVING	YOUNGSV	ILLE, NC 2759	96		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273 Continued From page 16	6	D 273			
staff and grabbed the off to Resident #3 and he re room.  -On 10/30/21 at 6:00pm, aggressive to another re wrist; the medication aid Resident #3 a prescribed him, but the resident was hitting her in the stomack kicking her; the MA calle with the resident.  -On 11/01/21 at 3:00pm, to go into other residents beds; when staff tried to the rooms, he became a fight staff.  -On 11/03/21 at 3:00pm, physically violent toward to pull the resident out of grabbing another resider with him; Resident #3 was another resident in anoth trying to assist Resident staff was kicked by Resident in would not let her go.  -On 11/04/21 at 3:00pm, another resident's room, spouse; staff explained the resident was not his sponsident.  -On 11/07/21 at 8:00pm, told several times another spouse; Resident #3 triesident #3 t	her resident; staff talked elaxed and went to his  Resident #3 was esident by twisting her le (MA) tried to administer d prn medication to calm is aggressive with the MA, he and continuously and a family member to talk in Resident #3 continued is rooms and get in their assist Resident #3 out of angry and violent, trying to a family member to talk in Resident #3 was being its another resident, trying if their wheelchair and in when she refused to go as found in bed with her resident's room; when #3 out of the room, the dent #3.  Resident #3 had been ing other residents; he a physical hold and  Resident #3 went into it to Resident #3 the female buse; Resident #3 tried to fused to leave the room; it #3 and the female in Resident #3 had been in the resident was not his	D 2/3			

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Division of	<u>of Health Service Regu</u>	ılatıon			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C		E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBE	A. BUILDING:		COMPLETED
					R
		HAL035024	B. WING		12/08/2021
		117 (2000)			1 12/00/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STA	ATE, ZIP CODE	
FRANKI IN	N MANOR ASSISTED LIV	/ING CENTER	100 SUNSET DR		
i italiiteli	TIMATION ADDIOTED EN	ANO OLIVIER	YOUNGSVILLE, NC 275	96	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	•	CY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIC		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGULATORT ORT	LOCIDEIVIII TIING INI ONWATIC	ON) TAG	DEFICIENCY)	MATE 5/112
D 273	Continued From page	e 17	D 273		
	-On 11/11/21 at 4·30r	om, Resident #3 pushed			
	another resident to th	· · · · · · · · · · · · · · · · · · ·			
		pm, Resident #3 had bee	en		
		ng residents and using fo			
	language at residents				
		Dam, Resident #3 pulled	on a		
		I her out of her wheelch			
		nis spouse; staff tried to			
	assist the resident in the wheelchair and Resident				
		nis arms), trying to fight s			
	• • • • • • • • • • • • • • • • • • • •	Opm, Resident #3 becan			
		e staff was trying to remo			
		n his room; Resident #3			
		ident was his spouse;			
		ting out of his clothes to	put		
	_	s black pants and shirt.	·		
	-On 12/05/21 at 11:59	9pm and 12/06/21 at			
	6:30am, Resident #3				
	spitting, kicking doors	s and residents.			
	-There was no docum	nentation the Mental Hea	alth		
	Provider (MHP) was i	notified about these			
	incidents.				
	Interview with a PCA	on 12/08/21 at 7:50am			
	revealed:				
	=	vith Resident #3 about fo	our		
	weeks ago.				
		nentia with behaviors an			
	_	ed, aggressive and used	d foul		
		nts in the hallways, the			
	common areas and re				
	•	any female was his spo			
		would become confused			
		er residents by swinging	his		
	arms and kicking.				
		pen in the hallways, com			
	-	nd other residents' room			
		er residents back to their			
	rooms in order to try	to deescalate Resident ±	#3 l		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
	HAL035024	B. WING		12	R / <b>08/2021</b>	
NAME OF PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STATE	E, ZIP CODE			
FRANKLIN MANOR ASSISTED LIV	ING CENTER	UNSET DR				
	YOUN	IGSVILLE, NC 27596	<b>1</b>			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 273 Continued From page	e 18	D 273				
Interview with a secon 10:05am revealed: -Resident #3 had a vinave an outburst with-Resident #3 would he curse when he had a -Resident #3 thought facility were his spouse-Resident #3 would wigrab her arm or hand his spouse's nameThe staff would remout #3 for the other resident having an outburst or towards the residents -Resident #3 would la residentThere was one femal his spouseResident #3 saw a fethe living room with heresident #3 pushed -The female resident anyone; she was only with her walker.  Interview with a MA or revealed: -She was familiar with -Resident #3 had beethan 6 months (02/24 stayed the same since -He was constantly lowards not at the facility -If he could not find he agitated, curse and since residents.	ind PCA on 12/08/21 at solent streak where he would a residents. it, kick, throw things and/or in outburst. the female residents in the sec. If you have a female resident, and say "come on" and say ove residents from Resident ents' safety when he was a showing aggression is any in bed with a female elle resident who looked like emale resident ambulating in er walker. He was not speaking to you talking to that man". The resident to the floor, was not speaking to you walking in the living room on 12/08/21 at 9:40am in Resident #3. If you had not have a different who looked like entally and the facility for more walking in the sole in at the facility for more walking for his spouse who had the spouse who had the sole in the spouse who walking for his spouse who					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
				A. BUILDING: _			
				B. WING			R
		HAL035024		B. WING		12	2/08/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
EDANKIII	N MANOR ASSISTED LIV	ING CENTED	100 SUNSE	T DR			
FRANKLII	N WANOR ASSISTED LIV	ING CENTER	YOUNGSV	LLE, NC 2759	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	: 19		D 273			
	and pushed her back	balance herself but slid	ent				
	and 3:33pm revealed -Resident #3 would grind his spouseResident #3 would a thinking they were his -Resident #3 would reresident's hand and transident #3 would grinterveneResident #3 would grintervene.	pproach female resident spouse. Each for the female by to get them to go with the them and when the staff where the at the other resider to set. In #3 and a female resident the living room and do get the female resident.	not ts, him. rould nts				
	on 12/08/21 at 2:35pr -She could not recall from 10/13/21, 10/30/ -She could not recall incident reports dated 12/06/21She recalled the incident #3 pushed a -The facility would incident Health P contacted after each I -She would call or fax needed for a resident -She could not recall	the incidents for Reside 21 or 12/06/21. being notified or signing 10/13/21, 10/30/21 or dent on 11/11/21 where a female resident. rease safety checks to vioral incidents. rovider (MHP) was behavioral incident. mental health if a visit related to behaviors. If the MHP was notified ats of Resident #3 dated	nt #3 the was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL035024		B. WING		R 12/0	8/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
EDANIZI II	NAMOD ACCICTED I IV	INC CENTED	100 SUNSE	T DR			
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	YOUNGSVI	LLE, NC 2759	96		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 273	Continued From page	e 20		D 273			
	as the behavioral epis -Documentation of mound be in Resident	ental health being notifi #3's progress notes in to mental health along	ed his				
	12:40pm revealed: -He was not aware of aggression being don Resident #3His office was called requesting an acute wheing combative and residentsResident #3 needed to be closely supervisabusive behaviors.; hall timesHe was not aware of into place to prevent and abusive behavior residents.	to be controlled; he nemed for the prevention of the prevention of the needed 1:1 supervision any facility measures processed and facility measures processed from harming other	e and o was eded f on at out				
	3:39pm revealed: -Resident #3 had den could be aggressive vitaffThe previous Adminit discharging Resident process did not continues not having as ma-The Administrator did Resident #3Resident #3 continue aggressive, argument	ministrator on 12/08/21 mentia with behaviors a with other residents and strator was in the proce #3 before he left, but th hue because the reside any behavioral incidence d not want to discharge ed being more confuse tative, resistive to care, hit and kicked resident	nd dess of he ent ess.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL035024	B. WING		12/08/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRANKLIN	N MANOR ASSISTED LIV	ING CENTER 100 SUNSE YOUNGSV	T DR LLE, NC 2759	6		
(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 273	Continued From page	e 21	D 273			
	staffIncidents of verbal al with Resident #3 contBehavioral intervent incidents occurred di aggression of Reside residentsStaff did not communin keeping her up to obehaviors.  Based on observation reviews it was determinterviewable.	buse and aggressiveness tinued. ions put into place after the d not stop the physical nt #3 against other nicate as they should have late with Resident #3's				
{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: FOLLOW-UP TO A TYPE B VIOLATION  Non-compliance continues with increased severity resulting in residents placed at substantial risk that death or serious physical		{D 338}			
	substantial risk that death or serious physical harm, abuse, neglect or exploitation will occur.  THIS IS A TYPE A2 VIOLATION  Based on observations, interviews and record reviews the facility failed to ensure 3 of 3 sampled residents (#1, #5 and #6) in the Special Care Unit (SCU) were protected from physical harm and fear of physical abuse from another resident (#3) who resided in the SCU.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035024		B. WING		12	R / <b>08/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	18.2000	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	<u> </u>	
			100 SUNSE		,		
FRANKLI	N MANOR ASSISTED LIV	/ING CENTER	YOUNGSV	ILLE, NC 2759	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEN Y MUST BE PRECEDED LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 338}	O 338} Continued From page 22			{D 338}			
	The findings are:						
	1. Review of Resident 09/30/21 revealed:						
	-Diagnoses included vascular dementia, atrial fibrillation and chronic kidney diseaseHe was constantly disoriented and verbally abusiveHe was ambulatory and wanderedHe exhibited aggressive behaviors and resisted personal careHis level of care was a SCU.						
			resisted				
	Review of Resident # 10/13/21 at 2:00pm re		dated				
	-Resident #3 was pur the chest.		sident in				
	-The female resident into her room, when s	she asked him to le	eave, he				
	began to punch her in	was very scared a	nd asked				
	to sit at the nurses' do terrified to return to h		/as				
	Review of Resident # 10/30/21 at 6:00pm		dated				
	-Resident #3 was ago by twisting her wrist.	_					
	-The medication aide Resident #3 a prescri medication to calm hi	ibed as needed (pr	n)				
	aggressive with the Nand continuously kick	MA, hitting her in th	e stomach				
	-The MA called a fam resident.	nily member to talk	with the				
	Review of an incident 5:00pm revealed: -Resident #3 pushed	•					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL035024		B. WING		12	R 2/ <b>08/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ED ANIZI II	U MANOR ACCIOTER I II	WNO OFNITED	100 SUNS	ET DR			
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	YOUNGSV	ILLE, NC 2759	96		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENG Y MUST BE PRECEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 338}	{D 338} Continued From page 23			{D 338}			
	floor on 11/11/21.  -The incident was wit  -The Resident Care ( notified on 11/11/21 a  -Resident #3's Power notified on 11/11/21 a  -The medication aide spouse on 11/11/21.  Review of Resident # 12/05/21 at 11:59pm revealed Resident #3 spitting, kicking doors was administered prin	Coordinator (RCC) at 5:05pm. To of Attorney (POA) at 5:15pm. (MA) notified Resingler (MA) at 5:15pm.  #3's progress notes and 12/06/21 at 6:3 was very combative and residents; Re	was dent #3's s for 30am ve, sident #3				
	Refer to telephone in aide (MA) on 12/08/2 Refer to telephone in	1 at 12:32pm.					
	(MA) on 12/08/21 at 2		ianon ando				
	Refer to interview wit Coordinator (RCC) or						
	Refer to interview wit Nurse (RN) on Corpo on 12/08/21 at 11:45a	rate Registered Nu	•				
	Refer to interview wit 12/08/21 at 3:40pm a		on				
	2. Review of Residen 10/19/21 revealed: -Diagnoses included essential hypertensio disease (GERD) with depressive disorder. -She was intermittent -Her level of care was	frontal temporal de n, Gastro-esophag esophagitis and m ly disoriented.	ementia, leal reflux				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
					l R	
		HAL035024	B. WING		1	8/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRANKLII	N MANOR ASSISTED LIV	ING CENTER 100 SUNSE				
	0.000000		ILLE, NC 2759			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 338}	Continued From page	24	{D 338}			
	Observation of Reside 4:30pm revealed: -She resided in the Sell- -Her room was locate furthest from the nurs	CU. d at the end of the hallway,				
	revealed: -Resident #3 had kick 3 days agoShe did not want ReagainShe was in her room and kicked herShe did not receive a kickedShe kept her door loodshe was afraid Resid room againShe told the staff she	dent #3 would enter her e was afraid of Resident #3 . dministrator was, but she				
	10/13/21 at 5:00pm re-Resident #6 stated s Resident #3 had walk asked him to leave, h chest several timesShe was afraid to go requested to sit with t the nurses' station be resident would hurt he Review of Resident # 11/10/21 revealed: -Resident #6 became resident (Resident #3	he was very afraid because red into her room after she e began to punch her in the back into her room and he medication aide (MA) at cause she was afraid the er again.  6's progress note dated very upset when another				

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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	
		HAL035024	B. WING	B. WING		
NAME OF	PROVIDER OR SUPPLIER	SI	REET ADDRESS, CITY, S	TATE, ZIP CODE		
FRANKL	IN MANOR ASSISTED LIV	ING CENTER	00 SUNSET DR DUNGSVILLE, NC 27	596		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 338	-She locked the door the door to block it.  Review of Resident # 12/06/21 revealed: -The resident's condit the MA had called the -She had no injuries,  Telephone interview was Attorney (POA) on 12 -He had been contacts someone at the facilit been hit by another resident had -He was contacted yeanother resident had -He did not know if Rekicked by the same resident and returnResident #6 did not I not sent out to the ho incidentsHe was not aware of involving Resident #6 -He did not know if Reanother resident; she afraid of anyone at the Telephone interview was 12:32pm revealed: -On 11/06/21, Reside #6's room and Reside roomIt took two PCAs to rake him out of Residene of the PCAs had one of the PCAs had	and moved a chair agains 6's progress note dated tion remained the same are resident's family. bruises or skin tears.  with Resident #6's Power of 2/07/21 at 3:32pm revealed ted by telephone from ty because Resident #6 hat esident. esterday (12/06/21) becaus kicked Resident #6. esident #6 had been hit are esident. It #6 was hit in the chest by she hit the resident in have any injuries and was spital after any of the fany other incidents and another resident. esident #6 was afraid of had not told him she was	of dd			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION	NUMBER.	A. BUILDING: _		COWIFLE	ILED
		HAL035024		B. WING		R 12/08/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
== A NUC II			100 SUNSE	T DR			
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	YOUNGSVI	LLE, NC 2759	96		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 338}	Continued From page	e 26		{D 338}			
{D 330}	-Resident #3 said Reshe constantly called the constantly called the spouse's nameLater during her shift went back into Reside two PCA's had to get resident #6 said she back in her room anythimResident #6 was quit most of the timeShe went to check of second time Resident #6 had a chair to block the doract resident #6 un open it and had to more seen Resident #6 would resident #3 grabbed wrist and was trying to wheelchairThe staff removed the been sleeping in her win the common area a way"On 12/06/21 Resider and was "acting up" to About 6:00am he ward one of his as needed and she took him to he to rest.	sident #6 was his she female residents on 11/06/21 Resident #6's room and shim out again. It did not want Resident #6 after the and stayed in he and stayed in he are sident #6 after the are the chair with the are sident #6 wo stop and leave her as an incident where a female resident where the chair with the control of the contro	s by his lent #3 she and dent #3 feared r room the er room d moved e tried to ne door. the air ould r alone. n by her r who had elevision of his ht long itated. re him itation m down	{D 330}			
	Interview with the Res (RCC) on 12/08/21 at -She did not know of #6 blocked the door to -There should have b	: 10:10am revealed an incident where F o her room.	: Resident				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL035024		B. WING		12	R 2/08/2021
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FRANKLI	N MANOR ASSISTED LI	VING CENTER	100 SUNS	SET DR VILLE, NC 2759	is a		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENC CY MUST BE PRECEDED E LSC IDENTIFYING INFORI	IES BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 338}	Continued From page completed for the interview with the Act 4:19pm revealed; -She was not aware room door to preven after an incidentResident #6 never sheing scared of Resident #6 had date enough to tell some of the so	Resident #6 had blo t Resident #3 from e said anything to her a ident #3. ys where she was lu one she was scared. hterview with a media 21 at 12:32pm. hterview with a media 2:56pm.  th the Resident Care on 12/08/21 at 2:35pi th the Corporate Reg orate Registered Nur iam.  th the Administrator and 4:15pm. ht #5's current FL-2 of dementia, Alzheime disorder. disoriented. level of care was Spi #5's progress note d well and was given	ecked her entering it about about acid acation aide em. gistered rse (RN) on dated er's, and ecial ated	{D 338}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SUI COMPLET		
				_		R	
		HAL035024	ļ	B. WING		12/08	/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ED ANIZI II		"NO OFNITED	100 SUNSE	T DR			
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	YOUNGSV	ILLE, NC 2759	96		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEI Y MUST BE PRECEDEI LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
{D 338}	Continued From page	e 28		{D 338}			
	-Another resident wa	s sitting with her a	and the				
	other resident had tw	-					
	Telephone interview v	with Resident #5's	s Power of				
	Attorney (POA) on 12						
	-He had observed bruising on Resident #5's arm once but could not recall when.						
	once but could not re -He was told the prim		n (DCD)				
	was going to look at I						
	to the facility; he neve						
	from the facility about						
	-He was told he was being notified so he would not be alarmed when he saw the bruises on						
	Resident #5.	ne saw the bruise	es on				
	-He recalled the bruis	ses were on both	of her wrist:				
	he thought the bruise						
	resident grabbed Res her.	sident #5 and had	bruised				
	-He was not told who grabbed Resident #5		that				
	-He did not visit with he never saw the bru		at time, so				
	-Resident #5 had an						
	sometime in August 2						
	resident was given a one on one supervisi	•	•				
	-He was never told w		-				
	assumed the residen promised.		•				
	-Staff have told him F	Resident #5 was e	asy to care				
	for because she was compliant.		•				
	Telephone interview on 12/08/21 at 2:56pi		aide (MA)				
	-On 10/3021 Resider		n a chair				
	when Resident #5 trie						
	-Resident #3 jumped		he resident				
	by her wrist and woul -She separated Resid		lent #5 and				
	-one separated Resid	ueni #3 and Resid	1011 #3 and	1			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		E SURVEY PLETED
		HAL035024	B. WING		12	R 2/08/2021
	ROVIDER OR SUPPLIER  N MANOR ASSISTED LIV	ING CENTER 100 SU	TADDRESS, CITY, STATE JNSET DR GSVILLE, NC 27596	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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 338}	then monitored the fe shift.  -Resident #5 did not I skin tears and no con recalled.  -She did not recall ad medication to Reside  Based on observation reviews it was determined in the street of the short of the shift of the s	male resident the rest of her have redness, bruising or hiplaint of pain that she ministering any pain int #5.  In, interviews and record hined Resident #5 was not derview with a medication 1 at 12:32pm.  Iterview with a mediation aide 2:56pm.  In the Resident Care in 12/08/21 at 2:35pm.  In the Corporate Registered rate Registered Nurse (RN) in the Administrator on ind 4:15pm.  In the Administrator on ind 4:15pm.  In the Hi's current FL-2 dated in Alzheimer's disease, senile in a diabetes type 2, diety disorder. disoriented. Evel of care was Special	{D 338}			

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	<b>′</b>
			_		R	
		HAL035024	B. WING		12/08/202	21
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRANKI II	N MANOR ASSISTED LIV	ING CENTER 100 SUNSI	ET DR			
		YOUNGSV	ILLE, NC 2759	06		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COM	(X5) MPLETE DATE
{D 338}	Continued From page	e 30	{D 338}			
	floor, onto her buttock -No injuries were note monitored. -Resident #1's Power	ushed Resident #1 to the ks. ed and Resident #1 would be r of Attorney (POA) and er (PCP) were notified of				
	5:00pm revealed: -Resident #1 was pus resident on 11/11/21There were no injurie -The incident occurre -The incident was wit -The Resident Care Contified on 11/11/21 a -Resident #3's POA w 5:15pmResident #1's PCP w 5:30pmThe POA did not was Emergency Department injures.	es noted. d in the commons area. nessed by staff. Coordinator (RCC) was it 5:05pm. vas notified on 11/11/21 at vas notified on 11/11/21 at int to send Resident #1 to the ent (ED) since there were no				
	revealed:	this PCP visit dated 11/16/21 shed to the floor by another ed.				
	12:26pm revealed: -Resident #1 was am -Resident #3 spoke to Director did not under	ivity Director on 12/08/21 at bulating in the living room. ber, but the Activity retand what was said. at the male resident but did				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVE COMPLETED	
					R	
		HAL035024	B. WING		12/08/20	)21
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
FRANKLII	N MANOR ASSISTED LIV	ING CENTER YOUNGS	ET DR 'ILLE, NC 2759	ac.		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	d I	(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 APPROPF DEFICIENCY)	BE C	(X5) DMPLETE DATE
{D 338}	Continued From page	e 31	{D 338}			
	#1 fell between a cha -The Activity Director medications aide (MA	reported the incident to the N.				
	revealed: -Resident #1 ambulat -Resident #3 spoke to pushed herResident #1 fell onto -Resident #1 did not I being pushed to the f -The MA called Resid want the resident sen since there were no it -Resident #1's POA of against the male resident injuredResident #3 got upso spouse.	nave any injuries related to loor. lent #1's POA, who did not t to the emergency room				
	Attempted interview v 12/07/21 at 9:25am w Refer to telephone in	terview with a medication				
	Refer to telephone int (MA) on 12/08/21 at 2	terview with a mediation aide				
	Refer to interview with Coordinator (RCC) or	h the Resident Care n 12/08/21 at 2:35pm.				
		h the Corporate Registered rate Registered Nurse (RN)				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MRED:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL035024		B. WING		R 12/08/20	)21
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	TE. ZIP CODE		
			100 SUNSET		,		
FRANKLI	N MANOR ASSISTED LI	VING CENTER	YOUNGSVIL		6		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE C	(X5) OMPLETE DATE
{D 338}	Based on observation reviews it was determined interview on 12/08/21 at 12:32. The staff had to consumate a staff had to ware out of his room because him away from -Resident #3 would residents' rooms. She would redirect bothering other residents the most. She had seen Resident #3 was had to let him calmotto "holler" at himResident #3 did not staff approached him approach him one at -When Residents would other residents #3 other residents would not staff approached him approach him one at -When Resident #3 other residents would not staff approached him approach him one at -When Residents would not staff approached him approached him approached him one at -When Residents would not staff approached him approached him one at -When Residents would not staff approached him appro	th the Administrator of and 4:15pm.  Ins, interviews, and remined Resident #1 ware with a medication aide pm revealed: Instantly keep Resident eresidents because he services spouse. In the other residents. In wander into the female the other residents. In wander into the female the other into the female that it is a time, was having a bad day doe moved away from dextra supervision to	cord is not  e (MA)  t #3 e e was cting to  e hale in the she staff nyone n one id to the n him.	{D 338}	DEFICIENCY)		
	by himself around the he bothered them are spouse's name; she and he was too aggrand-Resident #3 would the spouse's would the spouse.	nfortable leaving Resi- e female residents be- nd called them by his- did not trust his deme- ressive with them. get upset when he wa emale residents once	eanor				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  100 SUNSET DR  YOUNGSVILLE, NC 27596  PROVIDER'S PLAN OF CORRECTION (EACH DEPCICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 338)  Continued From page 33  started to bother them.  -There was one female resident who moved away from him whenever he came near her and she said she was scared of him and another resident would lock her door at night because she was afraid of him.  -Most of the time Resident #3 was up in the evenings and had to be watched to make sure he did not go into the female residents' rooms.  Telephone interview with a medication aide (MA) on 12/08/21 at 2:56pm revealed: -Resident #3 called the female residents by his spouse's nameThe staff redirected Resident #3 when he wandered or went into other residents who were afraid of another residents who were afraid of another residents who were afraid of another residents.  -The RCC was not aware of any residents locking their doors or placing chairs in from of their doors		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  100 SUNSET DR  YOUNGSVILLE, NC 27596    CALL   ID   PREPRIX   EACH IDENTICATION SHOULD BE   COMPLETE   COMP					_		l R	
CAJ   ID PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D			HAL035024		B. WING		1	/2021
CALID   SUMMARY STATEMENT OF DEFICIENCIES   TAG   SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	RESS CITY STA	TE ZIP CODE		
Summary stratement of Deficiencies   Youngsville, NC 27596					, ,	,		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 338)  Continued From page 33 (D 338)  started to bother them.  -There was one female resident who moved away from him whenever he came near her and she said she was scared of him and another resident would lock her door at night because she was afraid of him.  -Most of the time Resident #3 was up in the evenings and had to be watched to make sure he did not go into the female residents' rooms.  Telephone interview with a medication aide (MA) on 12/08/21 at 2:56pm revealed:  -Resident #3 called the female residents by his spouse's name.  -The staff redirected Resident #3 when he wandered or went into other residents' rooms.  Interview with the Resident Care Coordinator (RCC) on 12/08/21 at 2:35pm revealed:  -The RCC was not aware of any residents who were afraid of another resident.  -The RCC was not aware of any residents locking	FRANKLI	N MANOR ASSISTED LIV	ING CENTER			96		
started to bother them.  -There was one female resident who moved away from him whenever he came near her and she said she was scared of him and another resident would lock her door at night because she was afraid of him.  -Most of the time Resident #3 was up in the evenings and had to be watched to make sure he did not go into the female residents' rooms.  Telephone interview with a medication aide (MA) on 12/08/21 at 2:56pm revealed: -Resident #3 called the female residents by his spouse's nameThe staff redirected Resident #3 when he wandered or went into other residents' rooms.  Interview with the Resident Care Coordinator (RCC) on 12/08/21 at 2:35pm revealed: -The RCC was not aware of any residents who were afraid of another residentThe RCC was not aware of any residents locking	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY F		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	COMPLETE
-There was one female resident who moved away from him whenever he came near her and she said she was scared of him and another resident would lock her door at night because she was afraid of him.  -Most of the time Resident #3 was up in the evenings and had to be watched to make sure he did not go into the female residents' rooms.  Telephone interview with a medication aide (MA) on 12/08/21 at 2:56pm revealed: -Resident #3 called the female residents by his spouse's nameThe staff redirected Resident #3 when he wandered or went into other residents' rooms.  Interview with the Resident Care Coordinator (RCC) on 12/08/21 at 2:35pm revealed: -The RCC was not aware of any residents who were afraid of another residentThe RCC was not aware of any residents locking	{D 338}	Continued From page	: 33		{D 338}			
in order to keep a male resident out of their room.  -No staff had reported to her that a resident was afraid or locking the door.  -During a shift change on 12/06/21 she was told he was aggressive towards Resident #6.  -He could become aggressive towards staff and residents; it depended on what he got set in his mind.  -When he "targets" someone then it was harder to redirect him; when he was being redirected, he would try to protect himself while staff were trying to protect the other residents from him.  -Behaviors would be shared at shift changes and one-hour checks were done as interventions.  -She felt Resident #3 needed to be monitored more often than every hour so she would monitor		started to bother them -There was one fema from him whenever he said she was scared of would lock her door a afraid of himMost of the time Res evenings and had to be did not go into the fem Telephone interview of on 12/08/21 at 2:56pr -Resident #3 called the spouse's nameThe staff redirected for wandered or went into Interview with the Res (RCC) on 12/08/21 at -The RCC was not an were afraid of another -The RCC was not an were afraid of another -The RCC was not an were afraid or locking the deliance afraid or locking the deliance -During a shift change he was aggressive to -He could become ag residents; it depended mindWhen he "targets" so to redirect him; when would try to protect hi to protect the other re -Behaviors would be so one-hour checks were -She felt Resident #3	le resident who moved e came near her and so of him and another resident #3 was up in the pe watched to make sunale residents' rooms.  With a medication aide in revealed: The female residents by the period of the residents' room sident Care Coordinate 2:35pm revealed: The resident #3 when he period of any residents ware of any residents ware of any residents ware of any residents ware of any residents for their le resident out of their le resident out of their le resident wards Resident #6. The gressive towards staffed on what he got set in the was being redirected muself while staff were sidents from him.  The shared at shift changes and one as interventions needed to be monitored.	the dident as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL035024		B. WING			R 2/08/2021
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			100 SUNS		,		
FRANKL	N MANOR ASSISTED LIV	/ING CENTER		/ILLE, NC 2759	96		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIEN Y MUST BE PRECEDED LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 338}	Continued From page	e 34		{D 338}			
	-She felt like Resider supervision than any his aggressive behav on him".  -Behavior intervention each time he acted or -Behavior intervention included redirecting hoffering a snack.  -She tried to keep hir residents when he bethe other residents; hypotect the other residents; hypotect the other residents when he bethe other residents; hypotect the other residents; hypotect the other residents was in Care Plans.  -The MAs could call themselves.  -The only time she has health provider after was in the facility for spoken to the mental changing an as need to a scheduled medic the provider said no.  -Resident #3 did not felt there was no reas health provider when aggressive to other resident #3 was see the mental health provider because the mental health provider because happened on 12/06/2.  -There had been an if #3 and a female resident #3 had kicked.	nt #3 needed more of the other reside vior; he always need ns were put into play ut.  In sonce he was again with the televist of an incident was what a scheduled visit; shealth provider about the resident of the would become esidents.  I'damage residents was action for Resident would become esidents.  I'damage residents would be come esidents.  I'damage residents would become esidents.	ded "eyes ace after gravated ion or he other to protect as to s because the providers mental hen he she had rout agitation #3 and " so she mental I Nurse 2/08/21 by he mental hat had desident where				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '	CONSTRUCTION	(X3) DATE	SURVEY	
AND LEAN OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COIVII	LLILD	
	HAL035024	B. WING			R 12/08/2021	
NAME OF PROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE			
EDANIZI IN MANOD ACCICTED I IV	(INC CENTER 100 S	SUNSET DR				
FRANKLIN MANOR ASSISTED LIV	YOU	NGSVILLE, NC 2759	06			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
{D 338} Continued From page	e 35	{D 338}				
-Resident #3 had oth interventions had not were requesting the variety providerInterventions had be incident with Resider -She did not want to because of his behave he could be placedThe previous Adminiplacement into anoth was not successfulPrevious interventionalso another reason a discharged in August -Resident #3 had beer esident's room while -There had been resibetween Resident #3 there were no injuriest treatment at an emer reportableWhen there was an residents the staff we Administrator or the F-She felt the facility of further behaviors between the staff we Administrator or the F-She felt the facility of further behaviors between the staff we administrator with the Administrator with	er incidents and other been successful so they visit from the mental health en put into place after each at #3. discharge Resident #3 viors she did not know where distrator had tried to find er facility for Resident #3 but as were successful and were Resident #3 was not altered to resident was in her bed. dent to resident altercations and other residents but as that required first aide or gency room and were not altercation between two ere instructed to call the RCC. did all they could to prevent ween Resident #3 and other and one sitter beginning ration was adjusted when the er saw him on 12/07/21.  ministrator on 12/08/21 at revealed: attern of looking for his e interventions that were in					

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	FOF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				_		R
		HAL035024		B. WING		12/08/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
EDANIZIU	N MANOD ACCICTED I IV	INC CENTED	100 SUNSE	T DR		
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	YOUNGSV	LLE, NC 2759	96	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMA	ULL	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 36		{D 338}			
	-Redirecting Resident he became agitated; sfrom the situation or reshe thought they had distractions and puttire. The facility was ultimates residents after years and their rooms.  -She did not want restor in a safe place when safe place	staff would also removemove the other resided improved on providing them in place. In the state of the state	ve him ents. ing he ent #3 y were abuse t e to			
	angry and agitated wi in Resident #3 hitting chest multiple times; wrist of another femal and pushed a third fel ground when they wo them to do which also residents to fear Resiresidents of substantineglect which constitu	tal harm and fear of phe #3 who resided in the CU) and diagnosed with a count to confuse female use and would become the female residents reasonable and twisted the resident (#5) and killer esident (#1) to the female resident (#1) to the female dent #3. This failure pal risk of physical harmates a Type A2 Violational plan of protection in	th e e sulting ) in the ne cked the anted  placed m and on.			
	accordance with G.S. this violation.	131D-34 on 12/07/21	for			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				B. WING		R	
		HAL035024		B. WIIVO		12/0	8/2021
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	100 SUNSI YOUNGSV	ET DR ILLE, NC 2759	96		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B LSC IDENTIFYING INFORI	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 338}	Continued From page 37			{D 338}			
	CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JANUARY 7, 2022.						
{D 358}	10A NCAC 13F .1004 Administration	4(a) Medication		{D 358}			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.		the tions, eatments citioner cord; and				
	This Rule is not met Based on observation reviews, the facility fa medications as order residents (#1) includir used to treat hypergly yeast infection, pain a secretions.	ns, interviews, and r nilled to administer ed for 1 of 5 sample ng errors with medic ycemia, rash, consti	ed cations				
	The findings are:						
	1. Review of Residen 09/30/21 revealed dia Alzheimer's disease, hypoglycemia, diabet hypertension and any	agnoses included senile dementia, es mellitus type 2,	ated				
	a. Review of Residen (PCP) orders dated 0 -There was an order Hold if fingerstick block	9/30/21 revealed: for Lantus 10 units o	daily.				

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		'	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL035024		B. WING		R 12/08/2021
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
FRANKL	IN MANOR ASSISTED LIV	ING CENTER	100 SUNS YOUNGS\	ET DR /ILLE, NC 2759	96	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{D 358	Continued From page 140. Give half a dose 160.  -There was an order the physician's orders date. There was an order the meals and at bedtimes. Review of Resident # administration record revealed:  -There was an entry for Hold if blood sugar is dose if FSBS is between the was administered dait to 11/30/21.  Review of Resident # revealed:  -There was documen was administered dait to 11/30/21.  Review of Resident # revealed:  -There was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold in the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold if blood sugar is dose if FSBS is between the was an entry for Hold in the was	if FSBS is between for FSBS four times of the state of th	er signed ed: daily. effore  er 2021 daily. e half a daily. 0 units 1/01/21 daily. e half a daily. 0 units 2/01/21 daily. e half a daily. 0 units 2/01/21	{D 358}		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVI	
			71. BOILBING.		R	
		HAL035024	B. WING		12/08/20	021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
FRANKI II	N MANOR ASSISTED LIV	ING CENTER 100 SUNS				
TOTAL	T MARKOT AGGIOTED EIV	YOUNGSV	/ILLE, NC 2759			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE C	(X5) OMPLETE DATE
{D 358}	Continued From page 39					
	1:32pm.					
		e interviews with a nurse tracted hospice provider on and 3:00pm.				
	Refer to the telephone interview with the facility's contracted pharmacist on 12/06/21 at 3:50pm					
Refer to the interview with the medication (MA) on 12/06/21 at 12:05pm.						
		s with the Resident Care n 12/07/21 at 9:30am and				
	Refer to the interview at 9:35am.	with the RCC on 12/08/21				
	Refer to the interview Nurse on 12/07/21 at	with the facility's Regional 11:20am.				
	Refer to the interview 12/07/21 at 4:21pm.	with the Administrator on				
	(PCP) orders dated 0	t #1's Primary Care Provider 9/30/21 revealed there was 100000 units/1gm apply a day.				
	physician's orders da	r1's Hospice Provider signed ted 11/10/21 revealed there tatin 100000 units/1gm apply a day as needed.				
	revealed: -There was an entry f	(MAR) for November 2021				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
		HAL035024	B. WING		R <b>12/08/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
FRANKLII	N MANOR ASSISTED LIV	ING CENTER 100 SUNS	ET DR ILLE, NC 2759	ac.		
(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	(X5) COMPLETE DATE
{D 358}	units/1gm was admin 8:00am and 8:00pm for Review of Resident # revealed: -There was an entry for units/1gm apply topic apply t	tation that Nystatin 100000 istered twice a day at from 11/01/21 to 11/30/21.  It's MAR for December 2021  For Nystatin 100000 ally to rash twice a day. Itation that Nystatin 100000 istered twice a day at 12/01/21 to 12/08/21.  With the PCP on 12/06/21 at essful.  With the medical assistant ary care provider's office on 12/07/21 at iterview with the Clinical is office on 12/07/21 at iterviews with a nurse tracted hospice provider on and 3:00pm.  The interview with the facility's it on 12/06/21 at 3:50pm  With the medication aide	{D 358}	DEFICIENCY)		
	Refer to the interview at 9:35am.	with the RCC on 12/08/21				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI, IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL035024	B. WING		12	R 2/ <b>08/2021</b>
	PROVIDER OR SUPPLIER  N MANOR ASSISTED LIV	ING CENTER	TREET ADDRESS, CITY, STATE 00 SUNSET DR OUNGSVILLE, NC 27596			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Refer to the interview Nurse on 12/07/21 at Refer to the interview 12/07/21 at 4:21pm.  c. Review of Residen orders dated 11/10/2 order for Senna 8.6m needed.  Review of Resident # administration record and December 2021 for Senna 8.6mg-50m Observation of Resid on 12/07/21 11:43am Senna 8.6mg-50mg at Attempted interview v12:20pm was unsucce Refer to the interview at Resident #1's prim 12/07/21 at 8:59am.  Refer to telephone in Manager at the PCP's 1:32pm.  Refer to the telephon from the facility's con 12/07/21 at 10:39am  Refer to the telephon contracted pharmacis	with the facility's Regional 11:20am.  with the Administrator on the #1's Hospice Provider I revealed there was an g-50mg one daily as with the Market and gone daily as needed.  ent #1's medication on has revealed there was no entered and gone daily as needed.  ent #1's medication on has revealed there was no available for administration with the PCP on 12/06/21 essful.  with the medical assistant ary care provider's office of the terview with the Clinical soffice on 12/07/21 at the interviews with a nurse tracted hospice provider of and 3:00pm.  The interview with the facility of the interview with the intervie	nd n. at on			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE COMF	SURVEY
						R
		HAL035024	B. WING		<b>I</b>	/08/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
FRANKLII	N MANOR ASSISTED LIV	ING CENTER 100 SUNS				
			VILLE, NC 2759			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page 42					
		s with the Resident Care n 12/07/21 at 9:30am and				
	Refer to the interview at 9:35am.	with the RCC on 12/08/21				
	Refer to the interview Nurse on 12/07/21 at	with the facility's Regional 11:20am.				
	Refer to the interview 12/07/21 at 4:21pm.	with the Administrator on				
	orders dated 11/10/2	t #1's Hospice Provider 1 revealed there was an 2% topical cream to skin ce a day.				
	and December 2021	(MAR) for November 2021 revealed there was no entry ical cream to skin folds of				
		ent #1's medication on hand am revealed there was no I cream available for				
	Attempted interview v 12:20pm was unsucc	vith the PCP on 12/06/21 at essful.				
		with the medical assistant ary care provider's office on				
		terview with the Clinical s office on 12/07/21 at				

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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	
		HAL035024		B. WING		12	R 2/ <b>08/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FRANKLI	N MANOR ASSISTED LI	VING CENTER	100 SUNS	SET DR VILLE, NC 2759	96		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCII CY MUST BE PRECEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Refer to the telephone interviews with a nurse from the facility's contracted hospice provider on 12/07/21 at 10:39am and 3:00pm.  Refer to the interviews with the Resident Care Coordinator (RCC) on 12/07/21 at 9:30am and 11:20am.			{D 358}			
	Refer to the telephone interview with the facility's contracted pharmacist on 12/06/21 at 3:50pm						
	Refer to the interview with the medication aide (MA) on 12/06/21 at 12:05pm.		aide				
	Refer to the interview at 9:35am.	v with the RCC on 12	2/08/21				
	Refer to the interview Nurse on 12/07/21 a	v with the facility's Re t 11:20am.	egional				
	Refer to the interview with the Administrator on 12/07/21 at 4:21pm.						
	orders dated 11/10/2 order for morphine c	nt #1's Hospice Provi 11 revealed there was oncentrate 0.25ml, 5mg every 4 hours as	s an				
	and December 2021	d (MAR) for November revealed there was retrate 0.25ml, 100mg/	no entry				
		dent #1's medication n revealed there was g available for					

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		1101 025024	B. WING		R
NAME OF D		HAL035024		TF 7ID CODE	12/08/2021
	ROVIDER OR SUPPLIER	100 SUN	ODRESS, CITY, STA SET DR	ILE, ZIP CODE	
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	VILLE, NC 2759	96	
(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 358}	Continued From page 44		{D 358}		
	Attempted interview with the PCP on 12/06/21 at 12:20pm was unsuccessful.				
		with the medical assistant ary care provider's office on			
		erview with the Clinical s office on 12/07/21 at			
		e interviews with a nurse racted hospice provider on and 3:00pm.			
		e interview with the facility's t on 12/06/21 at 3:50pm			
	Refer to the interview (MA) on 12/06/21 at 1	with the medication aide 2:05pm.			
		s with the Resident Care n 12/07/21 at 9:30am and			
	Refer to the interview at 9:35am.	with the RCC on 12/08/21			
	Refer to the interview Nurse on 12/07/21 at	with the facility's Regional 11:20am.			
	Refer to the interview 12/07/21 at 4:21pm.	with the Administrator on			
		#1's Hospice Provider revealed there was an ng every 6 hours as			

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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		
		HAL035024		B. WING		R 12/08/2021
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
FRANKLI	N MANOR ASSISTED LIV	ING CENTER	100 SUNS YOUNGSV	ET DR 'ILLE, NC 2759	96	
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{D 358}	Review of Resident # administration record and December 2021 for Levin 0.125mg ev Observation of Resid on 12/07/21 at 11:43a Levin 0.125mg availad Attempted interview of 12:20pm was unsucced Refer to the interview at Resident #1's prim 12/07/21 at 8:59am.  Refer to telephone in Manager at the PCP' 1:32pm.  Refer to the telephone from the facility's con 12/07/21 at 10:39am Refer to the interview (MA) on 12/06/21 at 10:20am.  Refer to the interview (MA) on 12/06/21 at 10:20am.  Refer to the interview at 9:35am.  Refer to the interview at 9:35am.  Refer to the interview at 9:35am.	e1's medication (MAR) for Novemb revealed there was ery 6 hours as need ent #1's medication am revealed there w able for administration with the PCP on 12/ essful.  with the medical as ary care provider's terview with the Clir s office on 12/07/21 e interviews with a r tracted hospice proviand 3:00pm. e interview with the st on 12/06/21 at 3:5 with the medication 12:05pm. es with the Resident of 12/07/21 at 9:30an with the RCC on 12	no entry ded.  on hand vas no on.  06/21 at  ssistant office on  nical at  nurse vider on  facility's 50pm  n aide  Care m and	{D 358}		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE			CONSTRUCTION	(X3) DATE SUR\	
AND FLAN	OF CORRECTION	IDENTIFICATION NO	VIDEN.	A. BUILDING: _		COMPLETE	ال.
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FRANKLII	N WANOK ASSISTED LIV	ING CENTER	YOUNGSV	LLE, NC 2759	96		
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{D 358}	Continued From page	÷ 46		{D 358}			
,	Refer to the interview 12/07/21 at 4:21pm.		or on				
	Telephone interview of at Resident #1's prim 12/07/21 at 8:59am re-When a resident was family decided wheth along with hospice or providerResident #1's PCP awere both servicing F-Resident #1 would for providers.  Telephone interview of the PCP's office on 1:1-The family had the o	ary care provider (PC evealed: s accepted into hospicer to keep their PCP go entirely with the hand the hospice provided existent #1. bllow orders from both with the Clinical Mana 2/07/21 at 1:32pm resption to continue with	ce, the working nospice der				
	PCP once the resider -Resident #1 was bei the hospice provider. -The hospice nurse s PCP for review, then orders were needed.	ng followed by the Ponder	cP and				
	Telephone interview of facility's contracted he at 10:39am and 3:00p. The PCP and the ho collaboration to care in All medication orders provider should by following should be readily available. Resident orders were facility was responsible faxing the orders to the pharmacy.  The only time the face would fax orders to the	ospice provider on 12 om revealed: spice provider work in for the resident. It is written by the hospical lowed and the medical ilable if needed. It is for notifying the PC in facility's contracted hospicality's contracte	n ce ation The CP and d				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
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		HAL035024		B. WING		12	R :/ <b>08/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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FRANKLI	N MANOR ASSISTED LIV	ING CENTER	YOUNGSV	ILLE, NC 2759	6		
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{D 358}	Continued From page 47			{D 358}			
•	pharmacy was when for refill of a medication -The nurse should be	a prescription was n on.					
	Telephone interview of pharmacist on 12/06/2-The facility would far pharmacy.  The PCP would send script at times.  The pharmacy did not dated 11/10/21 for References	21 at 3:50pm reveals c new orders to the d new orders by elector receive hospice or	ed: etronic				
	Interview with the medication aide on 12/06/21 at 12:05pm revealed: -The MA's or the RCC will retrieve new orders from the faxThe new orders are faxed to the pharmacy to be filled.		ders				
	Interview with the Rec (RCC) on 12/07/21 at revealed: -When a resident on PCP and the hospice follow orders from bo -The PCP signed the ordersThe hospice provide and the facility staff wo new ordersThe facility staff wou orders by the hospice the PCPIf the PCP wrote a new orders from the worders from the were faxed to the facility and retristed them then fax to the provious from the provided that	t 9:30am and 11:20a hospice was followed provider, the facility th providers. FL2 and the standing rs orders would be for yould notify the PCP and notify the PCP of the provider by faxing of ew order, the facility ice provider. facility's contracted fility. eve the faxed orders	d by the would ag ollowed, of the the new or calling staff				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUP			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVINCE OR OURS					12/06/2	2021
NAME OF PROVIDER OR SUPPL	ĸ	100 SUNSE	RESS, CITY, STA T DR	TE, ZIP CODE		
FRANKLIN MANOR ASSIST	ED LIVING CENTER		ILLE, NC 2759	96		
PREFIX (EACH DE	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	(X5) COMPLETE DATE
{D 358} Continued From	page 48		{D 358}			
-The hospice in orders for Resistant Provided in Resider to the pharmace. She did not respect to the pharmace. She did not respect to the pharmace. She always defaxed.  Interview with the standard provided in Resider to the pharmace. She always defaxed.  Interview with the standard provided in the hospice in orders with the standard provided in the result of the pharmace. The facility shanew orders with the standard provided in the result of the pharmace in th	rse had not discussed ent #1 with the RCC. If fax all hospice orders was aware of them.  e RCC on 12/08/21 at the whow the hospice orders are the error without be a server these orders from the error without be an initialed all order the error without be a server these orders from the error without be an initialed all order the error without the PCP or an initial the error with the error without the error	9:35am  ders were eing faxed  the fax. rs she  urse on s should be or the new orders nicating all P of all rider.  07/21 at  rovider are e or RCC armacy ould be ders were	{U 358}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL035024	B. WING		R <b>12/08/2021</b>
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FRANKLII	WANOK ASSISTED LIV	YOUNGS	/ILLE, NC 2759	96	
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D 394	Continued From page	e 49	D 394		
D 394	10A NCAC 13F .1008 Substance	3 (c) (d) Controlled	D 394		
	10A NCAC 13F .1008	3 Controlled Substance			
	discontinued or no los shall be returned to the of the expiration or discontrolled substance resident. The facility resident's name; the form of the controlled returned. There shall the pharmacy of the recontrolled substances (d) If the pharmacy we controlled substance, administrator's design controlled substance expiration or disconting substance or following the destruction shall pharmacist, dispensition of a licensed pharmacist, dispensition of a licensed pharmacist, and practitioner. The design that no person care away the controlled substances resident's name; the form of the controlled destroyed; the metho signature of the administrator's design administrator's design and controlled destroyed administrator's design administrator's design and controlled substances resident's name; the destroyed; the metho signature of the administrator's design administrator's design and controlled substances resident's name; the destroyed; the metho signature of the administrator's design administrator's design and controlled substances resident's name; the destroyed; the metho signature of the administrator's design administrator's design and controlled substances resident's name; the destroyed; the metho signature of the administrator's design and controlled substances resident's name; the destroyed administrator's design administrator's design and controlled substances resident's name; the destroyed administrator's design and controlled substances resident's name; the destroyed administrator's design and controlled substances resident's name; the destroyed administrator's design and controlled substances resident's name; the destroyed and controlled substances resident and controlled	or following the death of the shall document the name, strength and dosage substance; and the amount also be documentation by eccipt or return of the s.  will not accept the return of a the administrator or the nee shall destroy the within 90 days of the nuation of the controlled g the death of the resident. be witnessed by a licensed or gractitioner, or designee cist or dispensing truction shall be conducted in use, administer, sell or give substance. Records of a destroyed shall include the name, strength and dosage substance; the amount dof destruction; and, the nistrator or the nee and the signature of the dispensing practitioner or seed pharmacist or			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		i ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
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ED A NIZI II	N MANOR AGGICTER I III	100 9	SUNSET DR			
FRANKLI	N MANOR ASSISTED LIV	YOU	NGSVILLE, NC 27596	<b>3</b>		
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D 394	D 394 Continued From page 50		D 394			
	interviews, the facility controlled substance the pharmacy to be d	as evidenced by: ns, record reviews, and of ailed to ensure an expired (Morphine) was returned to lestroyed or disposed of sidents sampled (Resident				
	The findings are:					
	Review of Resident #1's current FL-2 dated 09/30/21 revealed: -Diagnoses included Alzheimer's Disease, senile dementia, hypoglycemia, diabetes mellitus type 2, hypertension and anxiety disorderThere was no order for morphine (used for pain) 0.25mls sublingually every 4 hours as needed for shortness of breath or pain.					
	Review of the hospitarevealed an order to 0.25mls.	al discharge dated 06/04/21 discontinue morphine				
	Observation of Resident #1's medications on hand on 12/06/21 revealed 20 syringes of Morphine 0.25mls remained that were originally dispensed on 01/31/21.					
		ns, interviews, and record nined Resident #1 was not				
	Telephone interview	with the pharmacist at the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			SURVEY LETED		
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		HAL035024		B. WING			R <b>08/2021</b>
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D 394	Continued From page	e 51		D 394			
	facility's contract pharmacy on 12/06/21 at 4:04pm revealed:  -There was no order for the morphine 0.25mls.  -The morphine 0.25mls was discontinued on the hospital discharge dated 06/04/21.  -All discontinued medications need to be sent back to the pharmacy.  -The pharmacy's delivery driver would pick up the discontinued medication and return it to the pharmacy to be destroyed.  Interview with the medication aide (MA) on 12/08/21 at 10:33pm revealed:  -All discontinued medications were sent back to the pharmacy to be destroyed.  -She would pull the discontinued medication once the order was written by the Primary Care Provider (PCP).  -She completed the "return to pharmacy" form.  -The pharmacy's driver would scan the completed "return to pharmacy" form and take the discontinued medication.						
	Interview with the Res (RCC) on 12/08/21 at -All discontinued med the pharmacy to be drong the MA would pull the once the order was writer and the machine MA completed the form.  -The controlled substance as a sealed bag.  -The pharmacy's driver are true or the medication carts RCC and the License twice a week.	10:43am revealed lications were sent estroyed. The discontinued me written by the PCP. The "return to pharm ance would be placed by the placed of the control of the profession. The profession is were monitored by the discontinuation of the profession in the profession is were monitored by the profession in the profes	the completed with the completed the completed the completed the complete c				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL035024		B. WING		R <b>12/08/2021</b>
	ROVIDER OR SUPPLIER  N MANOR ASSISTED LIV	ING CENTER	100 SUNSE	RESS, CITY, STA T DR LLE, NC 2759		
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D 394	were on the cart for a -The MA should remo- medications the day to discontinued.  Interview with the LHI 10:46pm revealed: -She audited the medication and discontinued.  She compared the Michael cart to ensure that all for administration.  Interview with the Administration.  Interview with the Administration carts twiceThe RCC and LHPS medication carts twiceThe last cart audit with the l	ns and discontinued o ensure that all medical dministration. ove the discontinued the medication was  PS nurse on 12/08/21 al lication carts on 11/24/2 ued medications.  IAR to the medication in medications were avail ministrator on 12/08/21 nurse will audit the e a week. as completed on 12/02/ lications should be returned	at 21 for 1 the lable at 21	D 394		
D 611	Control Program (tem 10A NCAC 13F .1801 PREVENTION AND ( (b) The facility shall a and procedures are e consistent with the federal CDC publ hereby incorporated by subsequent	I INFECTION CONTROL PROGRAM ssure the following policestablished and implementations which	cies ented are	D 611		

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NAME OF PROVIDER OR SUPPLIER  FRANKLIN MANOR ASSISTED LIVING CENTER  100 SUNSET DR 70 CASCH REPORT OF DEPTICENCIES  CASCH REPORT OF MAST SEPECESD BY FULL PREDIX CASCH REPORT OF DEPTIFYMON REPORTANCIAL  D 611  Continued From page 53  that are accessible at no charge online at https://www.odc.gov/infectioncontrol, and addresses the following: (1) Standard and transmission-based precautions, for which guidence can be found on the CDC website at https://www.odc.gov/infectioncontrol/basics, including: (6) environmental cleaning and disinfection; (7) reprocessing and disinfection of reusable resident medical equipment; (9) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airbome precautions; droplet precautions, and airbome precautions: (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease outbreak in accordance with Rule 1-802 of this Section; (3) Resident care when there is suspected or confirmed communicable disease active and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is the residents, when the mode of transmission is the residents when the mode of transmission is the resident when the week high the mode of transmission is the resident when the mode of transmission is the resident when the week high the mode of transmission is the residents when the mode of transmission is the resident when the mode of transmission is the resident when the week high the mode of transmission is the resident when the mode of transmission is the resident when the mode of transmission is the resident when the week high the mode of transmission is the resident when the mode of transmission is the resident when the mode of transmissi	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
Translation			HAL035024			
CALL	NAME OF P	ROVIDER OR SUPPLIER	STI	REET ADDRESS, CITY, STA	ATE, ZIP CODE	
CAU   D   RELEASE   RESULTATORY STATEMENT OF DEFICIENCES   PREFIX   RESULTATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   RESULTATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   RESULTATORY OR LSC IDENTIFYING INFORMATION)   D 611    10 11   Continued From page 53   D 611    that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following; (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics, including; (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease cubreak in accordance with Rule . 1802 of this Section; (3) Resident care when there is usupected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen; (4) Procedures for screening visitors to the facility	FRANKLI	N MANOR ASSISTED LIV	/ING CENTER		96	
that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following:  (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics, including:  (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease cubreak in accordance with Rule . 1802 of this Section; (3) Resident care when there is suspected or confirmed communicable disease outbreak in accordance with rule . 1802 of this Section; (3) Resident care when there is a suspected or confirmed communicable disease outbreak in accordance with Rule . 1802 of this Section; (3) Resident care when there is not price to the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen; (4) Procedures for screening visitors to the facility	PREFIX	4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE COMPLETE
signs	D 611	that are accessible a https://www.cdc.gov/addresses the followi (1) Standard and trar precautions, for which the CDC website at https://www.cdc.gov/including:  (A) respiratory hygier (B) environmental clessible (C) reprocessing and resident medical equical (D) hand hygiene;  (E) accessibility and protective equipment (F) types of transmission when each type is incontact precautions, airborne precautions, airborne precautions, airborne precautions.  (2) When and how to department when the confirmed reportable communical condition, or communaccordance with Rule (3) Resident care who confirmed communical including, when indicated including, when indicated including, and transmission, use of by the residents. Source face coverings for restransmission is throus (4) Procedures for so and criteria for restrictions.	t no charge online at infectioncontrol, and ing: hismission-based higuidance can be found or infectioncontrol/basics, he and cough etiquette; aning and disinfection; disinfection of reusable ipment; proper use of personal (PPE); and sion-based precautions and dicated, including droplet precautions, and is report to the local health are is a suspected or hicable disease case or nicable disease outbreak in a 1802 of this Section; en there is suspected or able disease in the facility, ated, isolation of infected stopping group activities and based on the mode of source control as tolerated a control includes the use of gh a respiratory pathogen; areening visitors to the facility recently sitters to the facility sitters	n d	DEFICIENCY)	

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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D 611	Continued From page	e 54	D 611			
D 611	of illness, as well as pregarding screening at (5) Procedures for soc criteria for restricting illness from working; (6) Procedures and staffing issues and erneeds of the residents durin outbreak; (7) The annual review IPCP to be consistent guidance on infection control; at (8) a process for upday procedures to reflect recommendations by CDC, local health deport Carolina Department Services (NCDHHS) during a procedured by the United North Carolina or a procedured by the States This Rule is not met Based on record review facility failed to ensur guidance established Control (CDC), and the Department of Health DHHS) were implement of provide protection to special Care Unit (Staglobal coronavirus (Coronavirus (Cor	costing signage for visitors and restriction procedures; reening facility staff and staff who exhibit signs of trategies for addressing as a communicable disease of and update of the facility 's to with published CDC and ating policies and guidelines and the partment, and North of Health and Human coublic health emergency as and States and that applies to ublic health emergency as and of North Carolina.  as evidenced by: ews and interviews, the erecommendations and by the Centers for Disease	D 611			
	The findings are:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL035024	B. WING	B. WING		
					12	/08/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
FRANKLI	N MANOR ASSISTED LIV	ING CENTER	00 SUNSET DR OUNGSVILLE, NC 275	206		
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D 611	Continued From page	e 55	D 611			
	Prevention (CDC) Into and Control Recomm SARS-CoV-2 (COVID Homes and Long-Ter 09/10/21 revealed state control when they are facility where they confacemask should not mouth.  Review of the North Chealth and Human Seprevention and spreafacilities revealed all facemask while in the	D-19) spread in Nursing m Care Facilities dated aff should wear source in areas of the healthcaruld encounter residents a be worn under the nose of Carolina Department of ervices (NCDHHS) for d of COVID-19 in LTC facility staff should wear as a facility.	e nd or			
	Observation of the Special Care Unit (SCU) on 12/06/21 from 8:45am to 3:29pm revealed:  -At 8:45am the Resident Care Director (RCD) was meeting with the survey team with her facemask under her chin, her nose and mouth were not covered.  -There were two personal care aides (PCAs) with facemask under their noses; they were interacting with residents.  -The RCD moved her facemask under her nose and pulled it away from her mouth to talk.  -There was an information screen in the resident dining room that displayed instructions for the proper wearing of facemask including covering nose and mouth.  -The housekeeper moved his facemask under his chin while he spoke to another staff.  -A medication aide (MA) had her facemask below her nose when observed at 11:11am and 3:29pm.  -A PCA moved her facemask to the side of her face while she spoke exposing her mouth and her		vith ting e ent his ow om.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		_		R		
		HAL035024		B. WING		12/08/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	100 SUNSE	T DR LLE, NC 2759	96	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENC		ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 611	Continued From page	56		D 611		
	Observation of a med 3:05pm revealed: -She was seated at a residents playing bing-Her facemask covered of coveredShe did not social distresidents seated at the Observation of the Ac 3:05pm revealed: -She was playing bing-Her facemask covered of covered.  Observation of a facility of the facemask below her composed of the Ac 3:07pm revealed she room while residents of facemask below her composed of the Ac 3:07pm revealed she room while residents of facemask below her composed of the Ac 3:07pm revealed she room while residents of facemask below her composed of the Ac 3:07pm revealed the Ac 3:07pm revealed she was in refacemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask under his composed of the Ac 3:05pm revealed she with her facemask und	dining room table a to. ed her mouth. Her r stance from the three e same table.  tivity Director on 12 go with the resident ed her mouth. Her r  ty staff on 12/06/21 walked through the were playing bingo whin.  CD and another facin revealed coffice and walked hing room, both with their chin.  con 12/07/21 at 7:3 sident living area w hin.  cond PCA on 12/07/2 was in resident livin der her chin.  CU on 12/07/21 from revealed: hask on under her conserved.	assisting assisting assessisting assessistin			
		nask on under her d				

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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			
							R	
		HAL035024		B. WING			12/08/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	100 SUNSE	T DR				
			YOUNGSV	ILLE, NC 2759	06			
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 611	Continued From page	e 57		D 611				
	Observation of a facility staff on 12/07/21 at 11:15am revealed she wore her facemask under her chin.							
	Observation of four facility staff in the resident's dining room on 12/07/21 at 3:41pm revealed: -Three facility staff were seated at the dining room tableOne facility staff was standing at the dining room tableOne of the seated staff had his facemask under his chin.							
	-The same staff assisted a resident in sitting in a chair at the same dining room table as the staff, with his facemask still below his chinThere was no social distancing.							
	Observation of the sa 4:30pm revealed she her nose with only he	had her facemask b						
	Interview with a PCA on 12/06/21 at 11:15am revealed:  -The facility required the staff to wear KN95 facemask while in the facility.  -The facemask was supposed to cover her nose and mouth.  -The only place staff could remove their facemask was in the breakroom while eating.  -The staff had been required to continuously wear their facemask for about three months.							
	Interview with a MA on 12/06/21 at 3:55pm revealed: -Management required the staff to wear the KN95 facemask while workingThe staff had been wearing facemask since one of the staff tested positive about three months agoShe was supposed to wear the facemask above							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			SURVEY PLETED			
				B. WING_			R	
		HAL035024		D. WING		12	2/08/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
FRANKLI	N MANOR ASSISTED LIV	ING CENTER	100 SUNSE					
		_	YOUNGSV	ILLE, NC 2759	06			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 611	Continued From page	÷ 58		D 611				
	her nose, but it was hot and hard to breath in, so she pulled it down below her nose but kept her mouth covered.							
	Interview with the Resident Care Coordinator on 12/07/21 at 3:32pm revealed:  -All Staff were required to wear a facemask while in the facility.  -Facemask were required to be worn above the nose.  -Facemask were not allowed to be lowered at any time; not even to speak.  -She was surprised to hear staff had been observed with their facemask below their noses and chins and that they were pulling them away from their face to talk.  -She would always have reminded the staff to keep their facemask on their face when speaking or cover their nose, but she never saw staff							
	-He office was in the SCU, so she walked around frequently and did not observe staff improperly wearing their facemaskStaff knew how to properly wear their facemask because they were trained to wear them when they were hired and there were signs posted around the facility to remind them; also, the facemask were provided for the staff to wear.  Interview with the Administrator on 12/06/21 at 2:48pm revealed she made sure to wear her facemask when she was in the resident areas and around the residents.  Interview with the Administrator on 12/07/21 at							
	Interview with the Administrator on 12/07/21 at 4:25pm revealed: -All staff were instructed to wear their facemask at all timesThe staff did not have problems wearing their facemask.							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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HAL035024		B. WING		12/08/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
FRANKLIN MANOR ASSISTED LIVING	CENTER 100 SUNSE YOUNGSVII	T DR LLE, NC 2759	6	
PREFIX (EACH DEFICIENCY MUS	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 611 Continued From page 59  -The only time staff could was when they left the buit. The staff would wear their were anywhere in the facit. The facemask was worn covered the mouth and note. The staff had been in-ser regarding wearing their father facemask and wear it. Observation of the Reside on 12/06/21 at 8:45am revent with the survey team with chin, her nose and mouth. Observation of the Adminit 8:45am revealed she was survey team without a mather observation of the Adminit between 9:20am to 2:45pt the room with the survey the amask.  Observation of a medication of a medication of the Adminit residents playing bingo. Her mask covered her medicated at the same observation of the Activity 3:05pm revealed: -She did not social distance residents seated at the same observation of the Activity 3:05pm revealed: -She was playing bingo weller mask covered her medicated.	ididing. ir facemask when they idity. correctly when it ose. rviced multiple times acemask correctly. aff that they must wear it correctly.  ent Care Director (RCD) vealed she was meeting her mask under her a were not covered.  istrator on 12/06/21 at a meeting with the ask.  istrator on 12/06/21 om revealed she entered team four times without  ion aide on 12/06/21 at ang room table assisting abouth. Her nose was not ce from the three ame table.  y Director on 12/06/21 at with the residents.	D 611		

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_ ` · ·		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER	h	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL035024	B. WING		12	R <b>2/08/2021</b>	
		VING CENTER 1	STREET ADDRESS, CITY, STATE 100 SUNSET DR YOUNGSVILLE, NC 27596	•			
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	(X5) COMPLETE DATE		
D 611	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		aff ne s om s				
	4:30pm revealed she nose with only her m	ame MA on 12/07/21 at had her mask below her outh covered. Iministrator on 12/07/21 at					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: _	(X3) DATE SURVEY COMPLETED				
		HAL035024		B. WING		R 12/08/2021			
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  100 SUNSET DR YOUNGSVILLE, NC 27596								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE			
D 611	Continued From page 4:25pm revealed: -All staff were instruct timesThe staff did not have maskThe only time staff cowhen they left the buiThe staff would wear anywhere in the facilitiesThe mask was worn the mouth and noseThe staff had been in regarding wearing the Management remind their mask and wear in	e problems wearing buld remove their malding. Their mask when the ty. Correctly when it compared to the ty. The serviced multiple for mask correctly. The staff that they multiple to the ty.	g their nask was ney were overed times	D 611					
{D912}	G.S. 131D-21(2) Declar Every resident shall h 2. To receive care an adequate, appropriate relevant federal and s regulations.  This Rule is not met a Based on observation reviews, the facility ne residents received ca adequate, appropriate relevant federal and s regulations related to The findings are:  Based on observation reviews the facility facilit	ration of Residents' have the following rist and services which are e, and in compliance state laws and rules as evidenced by: as, interviews and re eglected to ensure a re and services whice and in compliance state laws and rules state laws and rules supervision.	Rights ghts: re e with and ecord all ich were e with and	{D912}					
	reviews, the facility fa supervision and imple	iled to provide ade	quate						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUP IDENTIFICATION				MULTIPLE CONSTRUCTION UILDING:		(X3) DATE SURVEY COMPLETED		
							R	
		HAL035024		B. WING		12	/08/2021	
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, STA	TE, ZIP CODE			
FRANKLII	N MANOR ASSISTED LIV	ING CENTER	100 SUNSI YOUNGSV	ET DR ILLE, NC 2759	96			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	E ACTION SHOULD BE COMPLE D TO THE APPROPRIATE DATE		
{D912}	Continued From page anti-anxiety medication residents (#3) based symptoms, who exhibite behaviors and wander rooms, resulting in distribution residents. Refer to Tay .0901(b) Personal Cay (Unabated Type A2 V	on for 1 of 5 sample on the resident's cu pited verbal and ago ered into other resid stress and injuries t g 273 10A NCAC 13 are and Supervision	urrent gressive ents' o other 3F	{D912}				
{D914}	G.S. 131D-21(4) Dec G.S. 131D-21 Declar Every resident shall h 4. To be free of mentaneglect, and exploitat	ration of Residents' nave the following ri al and physical abu	Rights ghts:	{D914}				
	This Rule is not met Based on observation reviews, the facility fawere free of mental at to resident rights.  The findings are:  Based on observation reviews the facility fair residents (#1, #5 and (SCU) were protected fear of physical abuse who resided in the SC NCAC 13F .0909 Res Violation).]	ns, interviews, and relied to ensure resident of the physical abuse and relied to ensure 3 of 3 #6) in the Special (alternative from another resident. [Refer to Tag 33]	ecord B sampled Care Unit n and dent (#3) 38 10A					

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