PRINTED: 02/19/2019 FORM APPROVED OMB NO. 0938-0391

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|--------------------|---|---|--|-------------------------------|--|
| | | 345434 | B. WING | | | | 09/ 2018 | |
| | ROVIDER OR SUPPLIER | | | 303 | REET ADDRESS, CITY, STATE, ZIP CODE EAST CARVER STREET RHAM, NC 27704 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 550 SS=D | CFR(s): 483.10(a)(1)(a) §483.10(a) Resident The resident has a rig self-determination, ar access to persons an outside the facility, inc this section. §483.10(a)(1) A facility with respect and dign resident in a manner promotes maintenancher quality of life, rece individuality. The facil promote the rights of §483.10(a)(2) The faci access to quality care severity of condition, must establish and m practices regarding tr provision of services residents regardless of §483.10(b) Exercise of The resident has the rights as a resident of or resident of the Unit §483.10(b)(1) The fac resident can exercise interference, coercior from the facility. §483.10(b)(2) The res free of interference, or reprisal from the facili rights and to be supple | Rights. The phase of the provide equal experience and the resident. Right to a dignified existence, and communication with and discrete services inside and cluding those specified in the provide each and in an environment that the error enhancement of his or or or enhancement of his or or payment source. A facility aintain identical policies and ansfer, discharge, and the under the State plan for all of payment source. Of Rights. right to exercise his or her of the facility and as a citizen | | 550 | TITI E | | (X6) DATE | |

02/09/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 550 | subpart. This REQUIREMENT by: Based on resident at facility failed to ensur with dignity and respe four residents review interactions (Resident Findings included: Resident #81 was ad diagnoses that includ dementia, diabetes in with psychotic feature (MDS) dated 12/12/1 resident was cognitiv extensive assistance and personal hygiene In a general interview Resident #81 was as her with respect and The resident was una questions and her resident was una questions and her resident was una function and her resident | rights as required under this I is not met as evidenced Ind staff interviews, the re that a resident was treated ect during care for one of ed for staff-resident at #81). Imitted 09/05/17 with led non-Alzheimer's nellitus, and bipolar disease res. The Minimum Data Set resident disease reside | F | 550 | | | |

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| because "we don't her to the resident 'care, Resident #81 I raised her voice. He responded verbally and there was "som them. In the interview, Nur left the room he cout told her "you can't fault that she's upscommented that Reout on me." Nurse #acceptable behavior it was her last day a further contact betw Resident #81. According to Nurse about 30 minutes last shift. He stated that assess the resident the resident 's daug facility social worker between the staff me were no other witnes the three individuals. In an interview on 02 Worker #1 stated the incident. He indicated an investigation imm been reported to him. | get along." He accompanied is room. During incontinence became agitated and she stated that Nurse Aide #5 to Resident #81 's behavior is back and forth" between see #10 shared that after they inseled Nurse Aide #5 and be yelling at her, it 's not her et." Nurse Aide #5 sident #81 "can 't be taking it 10 reinforced that it was "not to reinforced that it was "not to reinforced that it was not to reinforced that he returned to the room to and speak to her. He notified that the next day and told the about what had happened ember and resident. There is sees to the incident other than involved. 2/09/18 at 3:30 p.m., Social at he did not recall this at that he would have started nediately had the incident in. | F | 550 | | | | |
| to her. | iat the incident was reported | | | | | | |
| | CORRECTION ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER) Continued From page because "we don't her to the resident's care, Resident #81 heresponded verbally from them. In the interview, Nurleft the room he cout told her "you can't fault that she's ups commented that Resout on me." Nurse # acceptable behavior it was her last day affurther contact between the staff me were no other witnes the resident 's daug facility social worker between the staff me were no other witnes the three individuals In an interview on 02 Worker #1 stated that investigation imm been reported to him In an interview on 02 Worker #2 denied the | ASSISTANCE OF SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 because "we don't get along." He accompanied her to the resident's room. During incontinence care, Resident #81 became agitated and she raised her voice. He stated that Nurse Aide #5 responded verbally to Resident #81's behavior and there was "some back and forth" between them. In the interview, Nurse #10 shared that after they left the room he counseled Nurse Aide #5 and told her "you can't be yelling at her, it's not her fault that she's upset." Nurse Aide #5 commented that Resident #81 "can't be taking it out on me." Nurse #10 reinforced that it was "not acceptable behavior." Nurse Aide #5 told him that it was her last day at work anyway. There was no further contact between Nurse Aide #5 and Resident #81. According to Nurse #10, the aide left the unit about 30 minutes later without finishing her final shift. He stated that he returned to the room to assess the resident and speak to her. He notified the resident's daughter the next day and told the facility social worker about what had happened between the staff member and resident. There were no other witnesses to the incident other than the three individuals involved. In an interview on 02/09/18 at 3:30 p.m., Social Worker #1 stated that he did not recall this incident. He indicated that he would have started an investigation immediately had the incident been reported to him. In an interview on 02/09/18 at 3:55 p.m., Social Worker #2 denied that the incident was reported | ROVIDER OR SUPPLIER LIVING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 because "we don't get along." He accompanied her to the resident's room. During incontinence care, Resident #81 became agitated and she raised her voice. He stated that Nurse Aide #5 responded verbally to Resident #81's behavior and there was "some back and forth" between them. In the interview, Nurse #10 shared that after they left the room he counseled Nurse Aide #5 and told her "you can't be yelling at her, it's not her fault that she's upset." 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In an interview on 02/09/18 at 3:55 p.m., Social Worker #2 denied that the incident was reported | ROVIDER OR SUPPLIER JUNING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 because "we don' t get along." He accompanied her to the resident' s room. During incontinence care, Resident #31 became agitated and she raised her voice. He stated that Nurse Aide #5 responded verbally to Resident #81 "s behavior and there was "some back and forth" between them. In the interview, Nurse #10 shared that after they left the room he counseled Nurse Aide #5 and told her "you can' t be yelling at her, it's not her fault that she's upset." Nurse Aide #5 and told her "you can' t to yelling at her, it's not her fault that she supset." Nurse Aide #5 and told her "you can' t Nurse Aide #5 told him that it was her last day at work anyway. There was no further contact between Nurse Aide #5 and Resident #81. Can' t to be taking it out on me." Nurse #10, the aide left the unit about 30 minutes later without finishing her final shift. He stated that he returned to the room to assess the resident and speak to her. He notified the resident''s daughter the next day and told the facility social worker about what had happened between the staff member and resident. There were no other withesses to the incident other than the three individuals involved. In an interview on 02/09/18 at 3:30 p.m., Social Worker #3 tested that he did not recall this incident. He indicated that he incident been reported to him. In an interview on 02/09/18 at 3:55 p.m., Social Worker #2 denied that the incident was reported. | A BUILDING OCCUPANCE OF SUPPLIER 345434 336434 3376455 A BUILDING SIREET ADDRESS, CITY, STATE, ZIP CODE 337655 CAPTON MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 2 Decause "we don't get along." He accompanied her to the resident's room. During incontinence care, Resident #81 became agitated and she raised her voice. He stated that Nurse Aide #5 responded verbally to Resident #81 's behavior and there was "some back and forth" between them. In the interview, Nurse #10 shared that after they left the room he counseled Nurse Aide #5 and told her "you can't be yelling at her, it's not her fault that she's upset." Nurse Aide #5 and commented that Resident #81 "can't be taking it out on me." Nurse #10 reinforced that it was 'not acceptable behavior." Nurse Aide #5 and resident you can be above a some part of the resident you can't be velling at her, it's not her fault that she's upset." Nurse Aide #5 and told her "you can't be velling at her, it's not her fault that she's upset." Nurse Aide #5 and told her "you can't be veiling at her, it's not her fault that she's upset." Nurse Aide #5 and told her "you can't be veiling at her, it's not her fault that she's upset." Nurse Aide #5 and told her she should be a suppersion of the resident of the res | | |

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| | | 345434 | B. WING | | | 02/09/2018 | |
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| F 641 SS=D | Director of Nursing (Director of Nursing (Director of Nursing) (Director of Nursing) (Director of Nurse #5 no longer wowas unable to provide She was not aware of Nurse #10. She state been reported to here removed the aide from would have obtained parties involved, ever was no longer employ indicated she would have to the state and held amanagers to plan the follow-up would have what effect this incided. The DON shared here members interacted with the was both respect resident 's dignity. Accuracy of Assessm CFR(s): 483.20(g) §483.20(g) Accuracy The assessment must resident's status. This REQUIREMENT by: Based on staff interviolation facility failed to accurate residents reviewed foliving (ADL) (Res.170 Findings included: | 209/18 at 4:01 p.m., the 20N) confirmed that Nurse rived at the facility and she as a contact number for her. If the incident described by dight that if the incident had she would have immediately in the resident 's room. She written statements from all in if one of the staff members yed at the facility. She have faxed a 24-hour report as meeting with other investigation. Part of the been a determination of the had on Resident #81. expectation that staff with residents in a manner ifful and mindful of the ents of Assessments. It accurately reflect the ris not met as evidenced wiew and record review, the ately assess one of 4 or decline in activities of daily if the call record revealed Resident 2/28/2017, with diagnoses of | | 641 | | | |

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| F 641 | 1/4/18 noted Resignated and independent ransfer, walking, or hygiene and bathin Daily Living. During an interview MDS Nurse indicated from the aides not tasks sheets. Review of the Decay ADL tasks revealed extensive assistant walking, dressing a limited assistance of the indicated Resignated independent with ADU in the indicated she was sheets when hired how to fill out the ADW was sheet accurated and abilities of each During an interview Nurse reviewed the December 2017 and MDS assessment and interview Administrator indicated Improvement Plan | Jum Data Set (MDS) dated dent # 170 was cognitively dent with bed mobility, liressing, eating, toileting, ag after set up for Activities of w on 02/09/18 at 11:30 AM the red the discrepancy could be coding correctly on the ADL. Jumple Property on the ADL dent # 170 required ce with bed mobility, transfer, and bathing. She required with toileting and hygiene. Jumple Property on the ADL dent # 170 was never and the property of the property of the task of the demonstrated correctly and the property of the ADL is set of the property of the ADL is set of the property of the ADS is gely based on the care needs | F 64* | | |

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| F 641 | Continued From page | | F | 641 | | | | |
| | stated they would ad the MDS. | d to the PIP for accuracy of | | | | | | |
| F 679 SS=E | l | st/Needs Each Resident | F | 679 | | | | |
| | the comprehensive a and the preferences program to support reactivities, both facility individual activities at designed to meet the physical, mental, and each resident, encou and interaction in the This REQUIREMENT by: Based on observation record reviews, the faresidents with cognitic activities on a dementativities on a dementativities on a dementativities calendativities cale | cility must provide, based on issessment and care plan of each resident, an ongoing esidents in their choice of 7-sponsored group and independent activities, a interests of and support the dispychosocial well-being of traging both independence is community. This not met as evidenced ons, staff interviews and actility failed to engage 6 of 6 over impairments in on-going intia care unit (Residents 27, #44, # and #7). It ar on the secured unit on led the following activities 718 8:30 AM coffee & news, etch 10:30 AM, snack social, music, 3:30 PM dominos and eyball. On 2/6/18 8:30 AM AM aroma therapy, 10:30 nusic, 2:30 PM walking club, 1:30 PM in room visits. On e & news, 9:30 AM seat room visits, 2:30 PM let 's and pokeno. On 2/8/18 8:30 | | | | | | |

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| F 679 | group discussion ab During an observation scheduled activity with dining room. There with individuals that Resident #95 was significant interaction, Resident dining room sleep, resident rooms ramb property, Resident #without any stimulate encouragement from participate in the group room to encourage I and Resident #7 in reclosets and drawers | on on 2/5/18 at 10:30 AM, the as a snack social in the large was one activity staff involved needed limited assistance. Heep at the table with no staff at #157 sitting in corner of no interaction, Resident #227 oms, Resident #228 in other oling through personal was no in staff for the resident to oup activity, no staff went into the participation in activities noom rambling through | F | 579 | | |
| | scheduled activity wactivity staff and 5 re while 9 other resider tables with no other awake in bed without encourage resident the activity, Resident residents, inappropriat table staring into Resident #95 sleep. During an observation residents doing the light residents doing the light room with the activiting in staring into activities for these in | as dominos. There was one esidents playing the game nts sitting around different activities. Resident #44 at any stimulation staff did not to attend or participation in t #7 grabbing at other lately, Resident #156 sitting space no staff interaction and | | | | |

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| F 679 | During an observation residents seated in the television station dining room with no sleeping in the chair #6 present but had residents. Resident#sleep, Resident#22 Resident #228 in an 1. Resident #156 was diagnoses included deficits and dementi (MDS) dated 1/24/18 | g around on floor in room and at table. on on 2/8/18 at 8:30 AM, 13 he dining room with news on a There was 1 aide in the interaction and 5 residents or on the table. Nurse Aide in interaction with the 4156 sleep, Resident #95 to bent over in chair sleep and other resident 's room. Its admitted on 12/27/17/. The cognition communication a The Minimum Data Set 3, indicated 156 's cognition MDS coded Resident #156 | F6 | 79 | | |
| | 1/2/18, revealed Resincluded exercise/wabooks, spiritual/religgardening/yard work keeping up with the Review of the Nover and January 2018 mrecords were incons Resident #156 's ac There was no summular quarterly activity part that indicted Reside participation in the are Review of the care participed mas resident problem as resident problem. | mber 2017, December 2017 nonthly activity participation istent of what activities tivity interest or participation. eary in the record or on the ticipation form dated 1/24/18, ant #156 's level of | | | | |

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| F 679 | included the resider in cognitive stimulat desired. The approace ongoing family involuding family to attend sperintroduce resident to background, interesinteraction, invite reresident needs assifunctions, provide we resident of any charactivities and thank activity function. During an observation Resident #156 was snack activity sleep any contact. There are resident to engage and the resident during the resident during the resident and let. During an activity of #156 sitting in the destaff in/out of room provided. The televinesident taken to an activity. Resident moves no other activity. During an observation Resident #156 in the very little to no staff in the very little to no staff. | d cognitive deficits. The goal of the would maintain involvement of the would activities and encourage/facilitate of the sident to scheduled activities, stance/escort to activity with activities calendar, notifyinges to the calendar of resident for attendance at the would be would | F 679 | | | |

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| F 679 | Activity Director incomplete trained on homoexpectation was for activity staff with activities. During an observat Resident #156 sat encourage the resident was incompleted in the property of the property o | iff. on 2/7/18 at 11:01 AM, the licated the nurse aides had w to assist with activities. The resident there unit completed. ion on 2/7/18 at 11:30 AM, in a corner and staff did not dent to participate in any of the stated the expectation was for the unit to assist with and check resident location to dere not in other resident rooms in activities. The activity insible for ensuring resident accurately coded on minimum amary of the resident 's level of mented in the record. ion on 2/8/18 at 8:30 AM, civity. Resident #156 was with the television playing. In the dining area. on 2/8/18 at 8:45 AM, NA #8 wities were generally run by the 8 reported being unaware of esponsibility was with doing of had a day and evening | F 679 | | | |
| | activities person. T done as one big grand when we were | he activities were normally oup in the main dining room free from other task we would ngs with the residents. | | | | |

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| F 679 | Continued From page | ge 10 | F 67 | 79 | | | |
| | indicated that she h direct instructions of activities to the residence of the provided stated she had not a stated she had not provide or activities of interest indicated she was a stated sh | at to do with the activities. al training or when to fill in with chedule was not always are to lack of unit staff and to help the activities staff. on on 2/8/18 at 3:30 PM, was jingo. Resident #156 in p, staff did not attempt to to in activity. The resident was interview on 2/9/18 at 10:45 are cords per quarter. Review aled several checked boxes a clear picture of participation are staff. The Activity Director inaware she needed ident's level of participation in y thing she completed was the | | | | | |

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| F 679 | Continued From page 11 was shortage of staff some of the 1:1 may not get | | F 6 | 779 | | |
| | | nts on the participation record | | | | |
| | diagnoses included cognition communic Data Set (MDS) dat Resident #95 ' s cog | s admitted on 3/8/16. The Alzheimer 's dementia and cation deficit. The Minimum ted 1/18/18, indicated gnition was impaired. The nt #95 needed assistance | | | | |
| | | ty assessment form dated lesident #95 interest included alking and nails. | | | | |
| | and January 2018 r records were incons Resident #95's act There was no summ quarterly activity pa | mber 2017, December 2017 monthly activity participation sistent of what activities tivity interest or participation. mary in the record or on the rticipation form dated 1/11/18, ent #95's level of participation tterest. | | | | |
| | the problem as the staff for meeting em and social needs re disease related to disease related two activities of choice 3 approaches include resident while proving family involvement. attend special even encourage resident resident to schedule | plan dated 1/25/18, identified resident was dependent on notional, intellectual, physical, lated to cognitive deficits and dementia. The goal would uld attend/participate in 3-5 times weekly. The d all staff to converse with ding care. Encourage ongoing Invite the resident 's family to ts, activities, meals, invite and to attend activities, invite ed activities, provide a s that is of interest and | | | | |

| NAME OF P | ROVIDER OR SUPPLIER | 345434 | D WING | | |
|--------------------------|--|--|---------------------|---|--------------------|
| NAME OF P | ROVIDER OR SUPPLIER | | B. WING | | C 02/09/2018 |
| CARVER | CARVER LIVING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | 1 02/00/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | OULD BE COMPLETION |
| F 679 | choice, self-express activity calendar to resident for at During an observation Resident #95 was signack activity sleeping any contact. There were resident to engage resident to engage resident during the aresident during the aresident and let here. During an activity or #95 sitting in the din Staff in/out of room were provided. The televisting residents taken to an activity. Resident #95 was in the activity. There During an observation Resident #95 was in sitting, very little to residents jumble at a stimulation and intersident for at the stimulation and intersident for at the sident #95 was in sitting, very little to residents jumble at a stimulation and intersident for at the sident #95 was in sitting, very little to residents jumble at a stimulation and intersident. | ent by encouraging/allowing ion and responsibility, provide resident each month and tendance at activity function. On 02/05/18 02:37 PM, itting in the 10:30 AM, social ng and staff did not initiate was no attempt to awaken the resident in the activity. On on 2/5/18 at 4:30 PM, in a corner of the dining room nitiate any contact with the activity. Staff overlooked the sleep. In 2/6/18 at 2:30 PM, Resident ing room with no activity. with no direct activity sion playing and five other nother room to do a baking 15 was not offered or engaged a was no other activity offered. On on 2/7/18 at 9:30 AM, in the exercise activity just no staff interaction. Several at table with minimal | F 63 | | |
| | Activity Director indiction been trained on how expectation was for activity staff with act assignments were continuous activity. | cated the nurse aides had to assist with activities. The the nurse aides to assist the ivities after there unit | | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | PLE CONSTRUCTION | | DATE SURVEY COMPLETED |
|--------------------------|---|---|---------------------|---|----------|----------------------------|
| | | 345434 | B. WING | | | C 02/09/2018 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | I | 02/09/2018 |
| (X4) ID PREFIX TAG | (EACH DEFICIE | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| F 679 | | nge 13 t the table and staff did not dent to participate in any of the | F 67 | 79 | | |
| | Director of Nursing all staff assigned to activities. Monitor a ensure residents w and actively engag director was respondassessments were data set and a sumparticipation docum. During an observation coffee and news active table and the testing all staffs. | on 2/7/18 at 11:46 AM, the stated the expectation was for the unit to assist with and check resident location to ere not in other resident rooms in activities. The activity asible for ensuring resident accurately coded on minimum amary of the resident 's level of mented in the record. | | | | |
| | stated that the activativities staff. NA what her role and r the activities since activities person. T done as one big grand when we were | on 2/8/18 at 8:45 AM, NA #8 writies were generally run by the #8 reported being unaware of esponsibility was with doing they had a day and evening he activities were normally oup in the main dining room free from the other task we few things with the residents. | | | | |
| | indicated that she had rect instructions of activities to the resulting an interview stated she had not instructions to assist play it by ear on who indicated that she had not instructions to assist play it by ear on who indicated that she had not instructions to assist play it by ear on who indicated that she had not instructions to assist play it by ear on who indicated that she had not instructions to the had not instruction to assist the had not instruction to assist the had not instruction to the had not instruction to assist the had not instruction to the had not instruction | on 2/8/18 at 11:42 AM, NA#6 and not been provided with any on how to interact and provide idents on the secured unit. on 2/8/18 at 12:39 PM, NA#9 been provided with st with activities. Basically we nat to do with the activities. | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIF | PLE CONSTRUCTION 3 | | LETED | |
|--|---|---|---------------------|---|--------|----------------------------|
| | | 345434 | B. WING | | 02/ | 09/2018 |
| | ROVIDER OR SUPPLIER | 1 | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | | 50/2510 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 679 | followed or done due aides were not able aides were not able some provided activity we corner of room sleep engage the resident left to sleep. During a follow-up in AM, the Activity Dire activity participation of the records reveal that did not provide a or activities of interesindicated she was undocument the reside the record. The only quarterly participation During an interview of Activity Assistant statengage as many resten the provided schedulaides help as much a staff on the unit, ass may not be available was shortage of staff done. She document as much as she could 3. Resident #228 was diagnoses included of communication deficit (MDS) dated 11/129, cognition was impair | thedule was not always to lack of unit staff and to help the activities staff. In on 2/8/18 at 3:30 PM, as jingo. Resident #95 in to, staff did not attempt to in activity. The resident was a terview on 2/9/18 at 10:45 atterview on 2/9/18 at 10:45 atterview of a clear picture of participation at the Activity Director naware she needed to not 's level of participation in thing she completed was the norecord form. In 2/9/18 at 11:45 AM, the ted that she attempts to idents as possible and follow le. She further stated that the as possible, but due to limited istance with the large group at the some of the 1:1 may not get to on the participation record id. In admitted on 4/14/17. The dementia, and cognition in the Minimum Data Set /17, indicated Resident #228 | F 67 | 79 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345434 | B. WING | | C 02/09/2018 |
| | ROVIDER OR SUPPLIER | | 3 | TREET ADDRESS, CITY, STATE, ZIP CODE 03 EAST CARVER STREET DURHAM, NC 27704 | 7 02/00/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE COMPLETION |
| F 679 | Resident #228 's in spiritual, outdoors, sevents. Review of the Nove and January 2018 records were income Resident #228 's a There was no summer quarterly activity pathat indicted Reside in the activities of in Review of the care the problem as resifor meeting emotion social needs related dementia. The goal attend/participate in weekly. The approaresident to resident interests and encounivite resident to some assistance/eresident 's preferre programs, walking agames & crafts with remind resident of uresident for attendation of the resident Resident #228 local resident for the schements. | ty assessment dated 4/21/17, therest included walking television, parties and social amber 2017, December 2017 monthly activity participation sistent of what activities ctivity interest or participation. The participation form dated 11/9/17, and #228's level of participation therest. In a dated 28/18, identified dent was dependent on staff and, intellectual, physical, and activities of choice 3-5 times activities are: food club, bingo with assistance, assistance, music programs, approming programs and thank nace at activity function. On on 2/5/18 at 10:30 AM, alled Resident #228 was in and to rooms. Staff unaware of tion and no attempt to locate | F 679 | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION NG | , , | DATE SURVEY COMPLETED |
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| | | 345434 | B. WING _ | | | C 02/09/2018 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COD 303 EAST CARVER STREET DURHAM, NC 27704 | DE | 02/03/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE |
| F 679 | Continued From page | ge 16 | F 6 | 379 | | |
| | closets. Staff unawa attempt to locate res During an observati Resident #228 in ot | nt rooms rambling through are of resident location and no sident for scheduled activity. on on 2/5/18 at 3:30 PM, her resident rooms rambling | | | | |
| | Resident #228 ramb closet and inapprop sleeping resident. | on on 2/6/18 at 10:25 AM, oling through other resident riately touching another | | | | |
| | _ | on on 2/6/18 at 2:30 PM, at of other resident rooms ersonal property. | | | | |
| | Activity Director indi been trained on how expectation was for | on 2/7/18 at 11:01 AM, the icated the nurse aides had v to assist with activities. The the nurse aides to assist the tivities after there unit completed. | | | | |
| | Director of Nursing all staff assigned to activities. Monitor all ensure residents we and actively engage director was respons assessments were a | on 2/7/18 at 11:46 AM, the stated the expectation was for the unit to assist with and check resident location to ere not in other resident rooms in activities. The activity sible for ensuring resident accurately coded on minimum mary of the resident's level of ented in the record. | | | | |
| | indicated that the re periods of time in ac | on 2/8/18 at 8:45AM, NA #7 esident would sit for short ctivities, he does well with outside activities. She further | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION IG | | ATE SURVEY OMPLETED |
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| | | 345434 | B. WING _ | | | C 02/09/2018 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | | 02/03/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORI ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE |
| F 679 | in/out of resident roo was not provided wi with activities. The a was put on the caler residents as they waneeded. Aides assist three aides on the uget in on the tail end. During a follow-up in AM, the Activity Dire activity participation of the records reveathat did not provide or activities of interesindicated she was undocument the reside the record. The only quarterly participation. During an interview Activity Assistant statengage as many resident provided schedulaides help as much staff on the unit, assimay not be available was shortage of staten as much as she couvisits she was unabland assistance. | ent does wander around oms. She further stated she th specific training to assist activities person does what andar and staff monitor ander and provide care as at when they can, with only mit most of the time the aides of things. Interview on 2/9/18 at 10:45 actor indicated that she did records per quarter. Review alled several checked boxes a clear picture of participation st. The Activity Director naware she needed to ent's level of participation in thing she completed was the on record form. Interview on 2/9/18 at 11:45 AM, the steed that she attempts to sidents as possible and follow alle. She further stated that the as possible, but due to limited sistance with the large group etc. She reported when there are some of the 1:1 may not get atts on the participation record ald. She added that some 1:1 the to do due to lack of staffing as admitted on 5/8/17. The dementia and cognition cit. The Minimum Data Set | Fé | 579 | | |
| | (MDS) dated 1/1/18 | cit. The Minimum Data Set , indicated Resident #227 red. The MDS coded | | | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | PLE CONSTRUCTION G | (X3) | (X3) DATE SURVEY COMPLETED C | |
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| | | 345434 | B. WING _ | | | 02/09/2018 | |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | ! | 02/03/2010 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEI | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| F 679 | Review of the activ 5/25/17, revealed F baking, cards, mov spiritual and news. Review of the Nove | ed assistance withactivities. ity assessment form dated Resident #227 interest included ies, exercise, television, ember 2017, December 2017 | F 6 | 79 | | | |
| | and January 2018 monthly activity participation records were inconsistent of what activities Resident #227's activity interest or participation. There was no summary in the record or on the quarterly activity participation form dated 1/1/18, that indicted Resident #227's level of participation in the activities of interest. | | | | | | |
| | the problem as resifor meeting emotion social needs related included the reside in cognitive stimula desired. The approongoing family invofamily to attend specintroduce resident to background, interestinteraction, invite resident needs ass functions, provide versident of any chalactivities and thank | plan dated 11/27/17, identified dent was dependent on staff hal, intellectual, physical, and d cognitive deficits. The goal nt would maintain involvement tion, social activities as aches included encourage obvement, invite resident 's ecial events, activities, meals, to residents with similar sets and encourage/facilitate esident to scheduled activities, istance/escort to activity with activities calendar, notifyinges to the calendar of tresident for attendance at | | | | | |
| | scheduled activity of was wandering aro rooms. The staff did | ion on 2/5/18 at 2:30 PM, the of lets bake, Resident #227 und the unit in/out of resident d not encourage or offer the unity to participate in the | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDII | FIPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED |
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| | | 345434 | B. WING _ | | | C 02/09/2018 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIR 303 EAST CARVER STREET DURHAM, NC 27704 | CODE | 02/03/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE | CTION SHOULD BE O THE APPROPRIAT | |
| F 679 | bed sleep. Follow-up still in male resident that nursing station and of resident 's location. During an observation scheduled activity wa #227 wandering in/ou staff did not encourage activity. During observation on Resident #227 was in rooms. Staff did not encourage activity. During an interview of Resident #227 in activity Director indictive been trained on how expectation was for the activity staff with activity staff with activity staff with activity staff assignments were concluded by the staff assigned to the activities. Monitor and ensure residents were and actively engage in director was responsible assessments were act data set and a summing participation docume. | n 2/6/18 at 9:30 AM, another male resident 's at 10:30 AM, Resident #227 bed. All nursing staff in front didining area. Staff unaware in. In on 2/7/18 at 8:30 AM, the is coffee and news, Resident it of other resident rooms, ge resident to participate in in 2/7/18 at 10:30 AM, and out of other resident encourage or involve vities. In 2/7/18 at 11:01 AM, the lated the nurse aides had to assist with activities. The ne nurse aides to assist the vities after there unit impleted. In 2/7/18 at 11:46 AM, the lated the expectation was for ne unit to assist with dicheck resident location to be not in other resident rooms in activities. The activity is ble for ensuring resident courately coded on minimum ary of the resident 's level of | F | 679 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIP | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345434 | B. WING | | C 02/09/2018 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | 1 02/00/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | JLD BE COMPLETION |
| F 679 | activities staff. NA#8 what her role and rest the activities person. The done as one big grou and when we were fit would go and do a fee. During an interview of indicated that she had direct instructions on activities to the reside. During an interview of stated she had not be instructions to assist play it by ear on what There was no formal the activities. The see followed or done due aides were not able to scheduled activity we corner of room sleep engage the resident left to sleep. During a follow-up in AM, the Activity Directivity participation of the records reveal that did not provide a or activities of interest indicated she was ur document the reside. | ies were generally run by the reported being unaware of sponsibility was with doing ley had a day and evening a activities were normally up in the main dining room ree from the other task we lew things with the residents. On 2/8/18 at 11:42 AM, NA#6 and not been provided with any how to interact and provide rents on the secured unit. On 2/8/18 at 12:39 PM, NA#9 reen provided with with activities. Basically we at to do with the activities. It raining or when to fill in with hedule was not always reached to help the activities staff. On 0 1/8/18 at 3:30 PM, as jingo. Resident #227 in the condition of the provided that she did records per quarter. Review red several checked boxes a clear picture of participation in thing she completed was the | F 67 | 9 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|--|---|--------------------------------|----------------------------|
| | | 345434 | B. WING | | | C)2/09/2018 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CO 303 EAST CARVER STREET DURHAM, NC 27704 | • | 210312010 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETION DATE |
| F 679 | Activity Assistant state engage as many resistent provided schedul aides help as much a staff on the unit, assist may not be available was shortage of staff done. She document as much as she coulvisits she was unable and assistance. 5. Resident #44 was diagnoses included of communication defice (MDS) dated 1/27/18 's cognition was impresident #44 needed Review of the activity 5/5/17, revealed Resaudio books, spiritual and parties/social even Review of the Novem and January 2018 more records were inconsingularly activity part that indicted Resident in the activities of interevals of the care puther problem as reside for meeting emotions social needs related | an 2/9/18 at 11:45 AM, the seed that she attempts to dents as possible and follow e. She further stated that the as possible, but due to limited stance with the large group. She reported when there some of the 1:1 may not get son the participation record d. She added that some 1:1 et to do due to lack of staffing admitted on 5/1/17. The lementia and cognitive it. The Minimum Data Set indicated that Resident#44 aired. The MDS coded diassistance with activities. If assessment form dated ident #44 interest included l/religious, movies, television ents. The second or on the icipation form dated 1/27/18, it #44's level of participation | F 67 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
|--|--|---|---------------------|--|---------------|
| | | 345434 | B. WING | | 02/09/2018 |
| | ROVIDER OR SUPPLIER | | 3 | STREET ADDRESS, CITY, STATE, ZIP CODE 103 EAST CARVER STREET DURHAM, NC 27704 | 1 02/00/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE COMPLETION |
| F 679 | desired. The approxongoing family invo family to attend speintroduce resident to background, interesinteraction, invite reresident needs assifunctions, provide wresident of any charactivities and thank activity function. During an observati Resident #44 in beat There was an activit room. The resident to the activity by stathe room. During an observati Resident #44 was so but staff did not ence Resident #44 seate space and staff interestation was for activity Director ind been trained on how expectation was for activity staff with activity staff with activity staff with activity staff assigned to activities. Monitor a ensure residents were re | cion, social activities as aches included encourage elvement, invite resident 's cial events, activities, meals, or residents with similar at and encourage/facilitate sident to scheduled activities, stance/escort to activity with activities calendar, notifyinges to the calendar of resident for attendance at a staring out the window. The ty game going on in the dining was not encouraged or taken and in the exercise activity, sourage resident to participate. The table staring into racted around the resident. on 2/7/18 at 11:01 AM, the dicated the nurse aides had we to assist with activities. The the nurse aides to assist the tivities after there unit | F 679 | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION IG | | DATE SURVEY COMPLETED |
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| | | 345434 | B. WING _ | | | C 02/09/2018 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | E | 02/03/2010 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | (X5) COMPLETION DATE |
| F 679 | Continued From pag | ge 23 | F 6 | 79 | | |
| | director was respont assessments were a data set and a summarticipation document. During an observation scheduled activity was seated at the tainteraction. Staff paraparticipate in the activities at the table. During an interview stated that the activities staff. NA# what her role and rethe activities since the activities person. The done as one big ground when we were a would go and do a full data seems to be a some big ground and when we were the would go and do a full data seems the activities and the activities person. The done as one big ground when we were the would go and do a full data seems the activities and the activities are the activities and the activities and the activities and the activities are the activities and the activities and the activities are the activitie | sible for ensuring resident accurately coded on minimum mary of the resident 's level of | | | | |
| | direct instructions or activities to the resid During an interview stated she had not be instructions to assist play it by ear on who | n how to interact and provide dents on the secured unit. on 2/8/18 at 12:39 PM, NA#9 been provided with twith activities. Basically we at to do with the activities. | | | | |
| | the activities. The solution followed or done du aides were not able During an observation scheduled activity was activity was activitied. | Il training or when to fill in with chedule was not always e to lack of unit staff and to help the activities staff. on on 2/8/18 at 3:30 PM, ras jingo. Resident #44 in o, staff did not attempt to | | | | |
| | | in activity. The resident was | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 345434 | B. WING | | C 02/09/2018 | |
| | NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | 1 02/00/2010 | |
| (X4) ID PREFIX TAG | X (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICS) | D BE COMPLETION | |
| F 679 | AM, the Activity Diractivity participation of the records reveat that did not provide or activities of intereindicated she was a document the reside the record. The only quarterly participation During an interview Activity Assistant steengage as many rethe provided scheduaides help as much staff on the unit, assimay not be available was shortage of state done. She document as much as she couvisits she was unable and assistance. 6. Resident #7 was diagnoses included schizophrenia. The dated 1/25/18, indiccognitive impaired. needed assistance Review of the activition of the country of the activition, television and assistance. | Interview on 2/9/18 at 10:45 ector indicated that she did a records per quarter. Review aled several checked boxes a clear picture of participation est. The Activity Director anaware she needed to ent's level of participation in by thing she completed was the con record form. On 2/9/18 at 11:45 AM, the ated that she attempts to sidents as possible and follow ule. She further stated that the as possible, but due to limited distance with the large group e. She reported when there eff some of the 1:1 may not get nts on the participation record uld. She added that some 1:1 ele to do due to lack of staffing admitted on 2/21/17. The dementia, depression and Minimum Data Set (MDS) eated Resident #7 was The MDS coded Resident #7 with activities ty assessment form dated Resident #7 interest included and music. | F 679 | | | |
| | | mber 2017, December 2017 nonthly activity participation | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | | | |
|--|---|--|---------------------|---|----------------------------|----------------------------|--|--|
| | | 345434 | B. WING _ | | | C 02/09/2018 | | |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | | 02/03/2010 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | | |
| F 679 | Continued From pag | | F 6 | 79 | | | | |
| | Resident #7 's active There was no summer quarterly activity particular to the summer of the summer | sistent of what activities rity interest or participation. hary in the record or on the rticipation form dated 1/25/18, and #7 's level of participation terest. | | | | | | |
| | the problem as residence meeting emotional, social needs related goal included staff with the approaches included to president to peers with interests and encouresident to schedule assistance/escort to program of activities empowers resident choice, self-express with activities calend | clan dated 1/8/18, identified dent is dependent on staff for intellectual, physical, and to cognitive deficits. The vill offer activities of choice. Ituded all staff to converse providing care, introduce th similar background, rage/facilitate interaction, and activities, resident needs activity functions, provide a sthat is of interest and by encouraging/allowing ion and responsibility, provide dar, notify of any changes to vities and thank resident for ty function. | | | | | | |
| | activity schedule, Re | on 2/6/18 at 10:30 AM, music esident #7 was in rooming to get in closet. Staff did fer activities. | | | | | | |
| | Resident #7 lying in activity. The resident participate in the activity. | on on 2/7/18 at 9:44 AM, bed during the exercise t was not encouraged to tivity. He was in his room the floor trying to get into the | | | | | | |
| | | on 2/8/18 at 8:45 AM, NA #8 ties were generally run by the | | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---------------------|--|------------------------------|-------------------------------|--|
| | | 345434 | B. WING | | | C 02/09/2018 | |
| | NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | | 12/09/2018 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| F 679 | what her role and rest the activities since the activities person. The done as one big grou and when we were fr would go and do a fee. During an interview of indicated that she had direct instructions on activities to the reside. During an interview of stated she had not be instructions to assist play it by ear on what There was no formal the activities. The sof followed or done due aides were not able to be direct the property of the records reveal that did not provide a or activities of interest indicated she was ur document the reside the record. The only quarterly participation of the or activity participation of the record. The only quarterly participation of the record. | reported being unaware of sponsibility was with doing ey had a day and evening er activities were normally up in the main dining room eee from the other task we withings with the residents. on 2/8/18 at 11:42 AM, NA#6 of not been provided with any how to interact and provide ents on the secured unit. on 2/8/18 at 12:39 PM, NA#9 een provided with with activities. Basically we to do with the activities. training or when to fill in with hedule was not always to lack of unit staff and to help the activities staff. on 0/8/18 at 3:30 PM, the ngo, Resident #7 was in mat and not involved in the effective won 2/9/18 at 10:45 ctor indicated that she did records per quarter. Review ed several checked boxes a clear picture of participation in thing she completed was the | F 6 | 79 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|-----|---|-------------------------------|----------------------------|
| | | | | | (| | |
| | | 345434 | B. WING | | | 02/ | 09/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARVER | LIVING CENTER | | | 30 | 03 EAST CARVER STREET | | |
| OARTER | ENTINO GENTER | | | D | URHAM, NC 27704 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | Х | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 679 | engage as many residence the provided schedule aides help as much a staff on the unit, assiss may not be available. Was shortage of staff done. She documents as much as she could visits she was unable and assistance. QAPI/QAA Improvem CFR(s): 483.75(g)(2)(2)(2)(2)(3)(4)(2)(2)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4) | ed that she attempts to dents as possible and follow e. She further stated that the spossible, but due to limited stance with the large group. She reported when there some of the 1:1 may not get so on the participation record d. She added that some 1:1 to do due to lack of staffing ent Activities (iii). It is essessment and assurance. All the appropriate plans of diffied quality deficiencies; is not met as evidenced ew and staff interviews, the sement and Assurance ffectively maintain are and effectively monitor at the committee put into 7. This was for two recited ere originally cited on 3/9/17 | | 867 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDII | TIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|--------------------|---|-------------------------------|----------------------------|--|
| | | 345434 | B. WING _ | | | C 02/09/2018 | |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | | 02/03/2010 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFI TAG | PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| F 867 | Continued From page The Findings included This tag is cross-reful. 1. F641 - Based of review, the facility factor of 4 residents reviewed ally living (ADL) (Research of the facility was cited recertification surversides a comprehensive Machines of the Preadmission Screen (PASRR) for 1 (Research of the facilies of the facilies of the facility assessment of the facility | ge 28 ed: erred to: on staff interview and record alled to accurately assess one wed for decline in activities of es.170 #). d during the 3/9/17 y for failure to accurately code DS assessment for a ening Resident Review ident # 51) of 1 sampled or PASRR. The facility also code a quarterly MDS evicor for 1 (Resident #97) of 5 eviewed for behavior. In record review and staff try's Quality Assessment and ee failed to effectively ed procedures and effectively tions that the committee put | | | ATTROFRIATE | | |
| | Administrator indicathis facility several massessment and Asconstantly to correct well as previously id Recently, the Qualit Committee created involved the social was Preadmission Screen (PASRR) assessment | AM, during an interview, the ted that she started to work in nonths ago. The Quality surance Committee worked the multiple ongoing issues, as entified deficiencies. Assessment an Assurance the new system, which workers, to improve the ening Resident Review nt. The implementation of this reduced the errors, related to | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--------------------|---|--|-------------------------------|----------------------------|
| | | 345434 | B. WING | | | 1 | C 09/2018 |
| NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER | | | 30 | TREET ADDRESS, CITY, STATE, ZIP CODE 03 EAST CARVER STREET 0URHAM, NC 27704 | 1 02/ | 03/2010 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 867 F 917 SS=E | Assurance Committee | Quality Assessment an e tried to identify, prevent ficiencies in the facility. Furniture/Closet | | 867 917 | | | |
| 00 2 | §483.10(i)(4) Private resident room, as spe (e)(2)(iv) | closet space in each | | | | | |
| | resident with (i) A separate bed of purchased the safety and conver (ii) A clean, comfortable (iii) Bedding, appropriated climate; and (iv) Functional furnituresident's needs, and | re appropriate to the individual closet space in my with clothes racks and | | | | | |
| | §483.90(e)(3) CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (e)(1) (i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations (i) Are in accordance with the special needs of the residents; and (ii) Will not adversely affect residents' health and safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and family interview, the facility failed to repair dressers in7 out of 59 residents rooms (Room 316, 321, 323, 201, 213, 214 and 114). | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|-----------------------|--|----------------------------|----------------------------|--|
| | | 345434 | B. WING _ | | | C 02/09/2018 | |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | | 02/03/2010 | |
| (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 COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| F 917 | Continued From pag | ne 30 | F 9 | 917 | | | |
| | on 300 hall, there we broken drawers (Roo The dresser's draw crooked position, wit broken bottom part out of track, which properational. b. On 2/5/18 at 9:55 on 200 hall, there we missing and broken 213 and 214). The dobserved with broke which prevented the c. On 2/5/18 at 10:00 | AM, during the observation ere 3 residents rooms with om #'s 316, 321 and 323). ers were observed in the separated front panel, of the draw, lost door handle, revented them from being AM, during the observation ere 2 residents rooms with drawers (Room #'s 201, resser's drawers were in front panels, out of track, in from being operational. O AM, during the observation as 1 residents room with | | | | | |
| | drawers were observed prevented them from On 2/5/18 at 10:25 A residents family mer indicated that she restaff last year. On 2/8/18 at 12:20 F Nurse Aide #2 indicated the standing dresser functional, and did no On 2/8/18 at 12:00 F Maintenance Director reported to maintenance | om # 114). The dresser's yed out of track, which he being operational. AM, during an interview, mber in the room 323 ported broken furniture to the PM, during an interview, ated that she was not aware in the room 323 was not ot report it to maintenance. PM, during an interview, the or indicated that nobody ance broken furniture in the 13, 214, 316, 321 and 323. The | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|---------------------|---|-------------------------------|----------------------------|--|
| | | 345434 | B. WING | | | C 2/09/2018 | |
| | NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704 | <u> </u> | 2/09/2016 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 917 | on 2/8/18 at 1:10 PM Administrator stated | r could not provide rk orders for furniture repair ned above. 1, during an interview, the that her expectation was for f to keep all the furniture in | F 9 | 17 | | | |