	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
	CONTRECTION		A. BUILDING	3	C
		345126	B. WING		01/31/2020
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 0.00.000
				228 SMITH CHAPEL ROAD	
MOUNTO	LIVE CENTER			MOUNT OLIVE, NC 28365	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR	BE COMPLETIO
		,		DEFICIENCY)	
E 000	Initial Comments		E 00	o	
	An unannounced re	ecertification survey was			
		2020 to 1/31/2020. The facility			
	requirement CFR 48	33.73 Emergency			
F 000	Preparedness Even INITIAL COMMENT		F 00	o	
	There were no defi	ciencies cited as a result of			
	complaint investigat 71LO11.	ion of 1/31/2020 Event ID			
F 558 SS=D	Reasonable Accom CFR(s): 483.10(e)(3	nodations Needs/Preferences	F 55	8	2/21/20
	§483.10(e)(3) The riservices in the facilit	ght to reside and receive			
	accommodation of r	-			
		when to do so would			
		or safety of the resident or			
	other residents. This REQUIREMEN	T is not met as evidenced			
	by:				
	interviews, and reco	ons, resident and staff rd review, the facility failed to ommode for one of one		1. Resident # 309 now has a bedsid commode.	e
		r accommodation of needs		2. All residents with the need for a bedside commode have potential to be	
	Findings included:			effected. Therapy and nursing to asse all current residents for needs for beds commodes, and commodes will be	
		dical record revealed he was		ordered and implemented accordingly	for
	blindness, and sudd	with diagnoses including en cardiac arrest.		those residents who require this intervention.	
		mum Data Set (MDS) dated		3. Education provided by the Nurse	
		sident #309 had impaired		Practice Educator, to therapy and nurs	
	-	ely intact and for all care, ers, ambulation and toileting,		staff on ensuring that residents requiri bedside commode will have one order	-
	molucing with transi	oro, ambulation and tolleting,			<u> </u>

Electronically Signed

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.

02/19/2020

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345126	B. WING				C 31/2020
NAME OF P	ROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT O	LIVE CENTER				28 SMITH CHAPEL ROAD IOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 558	needed extensive to to of one person. An interview was com PM with Resident #30 assistance with toileti having a bedside com when therapy started facility on 1/13/2020, he would have a beds was not one available for him. Resident #30 provided with a bedsi had mentioned it agai was observed in the r bathroom. On 1/28/2020 at 1:30 was interviewed and commodes are usuall the facility, but if one about two days to arri stated she would che for Resident #309. Th a short time later and commode was just pla room for his use. On 1/28/2020 at 3:00 was observed in Resi #309 stated he was g commode. On 1/31/2020 at 2:45 Physical Therapist not treated by therapy at The Therapist indicate was appropriate for R	ducted on 1/27/2020 at 3:00 09 who stated, he needed ng and would benefit from mode. He further stated to work with him at the he was told by the therapist side commode, but there e, so one would be ordered 9 stated he had not been de commode and no one in. No bedside commode resident's room or the PM the Director of Therapy stated that bedside y kept in a storage area in needs to be ordered, it takes ive. The Therapy Director ck on a bedside commode ne Therapy Director returned	F	558	and implemented timely. 4. Assistant Director of Nursing will a new admissions weekly to determine if they can benefit from a bedside command and ensure if indicated that the intervention is implemented timely. MI Nurses will audit residents with signific changes weekly to determine if they co benefit from a bedside commode and ensure that it is implemented timely will appropriate. Results of these audits will be brought before the Quality Assurant and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.	f ode DS cant puld nen rill	

If continuation sheet Page 2 of 22

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE COMF	
		345126	B. WING _				/31/2020
NAME OF PI	ROVIDER OR SUPPLIER		·		TREET ADDRESS, CITY, STATE, ZIP CODE	-	
MOUNT O	LIVE CENTER				28 SMITH CHAPEL ROAD IOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 558 F 584 SS=E	get the bedside comm On 1/31/2020 at 3:26 Administrator stated h Resident #309's need and a bedside commo resident's use. Safe/Clean/Comfortal CFR(s): 483.10(i)(1)-( §483.10(i) Safe Envir The resident has a rig	node until 1/28/2020. PM, the facility his expectation was that s would be accommodated, ode be provided for the ble/Homelike Environment (7) onment. Jht to a safe, clean, elike environment, including iving treatment and g safely.		558			2/21/20
	§483.10(i)(1) A safe, 4 homelike environmen use his or her persona possible. (i) This includes ensu receive care and serv physical layout of the independence and do (ii) The facility shall ex the protection of the r or theft. §483.10(i)(2) Housek services necessary to and comfortable inter §483.10(i)(3) Clean b in good condition; §483.10(i)(4) Private	clean, comfortable, and t, allowing the resident to al belongings to the extent ring that the resident can ices safely and that the facility maximizes resident uses not pose a safety risk. kercise reasonable care for esident's property from loss eeping and maintenance maintain a sanitary, orderly, for; ed and bath linens that are					

Facility ID: 923344

If continuation sheet Page 3 of 22

		D HUMAN SERVICES MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345126	B. WING		C 01/31/2020
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				228 SMITH CHAPEL ROAD	
MOUNT O	LIVE CENTER			MOUNT OLIVE, NC 28365	
(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	
F 584	Continued From page	3	F 584	ı	
	§483.10(i)(5) Adequa levels in all areas;	te and comfortable lighting			
	levels. Facilities initial	able and safe temperature ly certified after October 1, temperature range of 71 to			
	sound levels.	maintenance of comfortable			
	facility failed to mainta of 24 residents that re	ns and staff interview, the ain clean wheelchairs for 5 sided on 2 of 2 nursing (Residents #58, 63, 82, 83,		1. Wheel chairs for residents # 58, # #82, #83 and #85 were all cleaned on 1/31/20.	53,
		as observed on each of the		2. All residents with Wheel Chairs ha potential to be effected. All wheel chai in the center have been power washed	rs
	•	anual wheelchair that had n the wheels that were st and dirt.		housekeeping. A schedule has been implemented for all wheel chairs in the center to be power washed by	
	noted to be seated in hallway of the facility. of the resident's whee	PM, Resident # 83 was a wheelchair in the front The spokes on the wheels elchair were heavily coated		housekeeping once per month. A separate schedule has been implemen for nursing staff to wipe down all wheel chairs on the night shift once per week	
	12:40PM in the main a wheelchair that had	served on 1/28/2020 at dining room while seated in dusty wheels and the ls were heavily covered in		3. Education provided to nursing staf the Nurse Practice Educator to report a wheelchairs noted to have heavy dust debris so that the chairs can be wiped	iny
	dust. On 1/29/2020 at 6:40 observed to be seated	AM, Resident #83 was d in the front hall of the		<ul><li>down in between the cleaning schedule</li><li>4. Unit Managers will audit 5 chairs p</li></ul>	
	that had dirty spokes Resident # 83 was ob	was seated in a wheelchair on the wheels. pserved on 1/29/2020 at proom and the wheelchair		week to ensure cleanliness. Any discrepancies will brought to the attent of the Director of Nursing to ensure tha chairs get cleaned timely. Results will b	t

Facility ID: 923344

sp Ou ea ha he Ou se wa wh or 1b da a	DRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
KAU ID PREFIX TAG F 584 Co Sp Ou ea ha he Ou se Wa or 1b da a 1			A. BUILDING		
KAU ID PREFIX TAG F 584 Co Sp Ou ea ha he Ou se Wa or 1b da a 1					С
KAU ID PREFIX TAG F 584 Co Sp Ou ea ha he Ou se Wa or 1b da a 1		345126	B. WING		01/31/202
(X4) ID PREFIX TAG F 584 Cd sp Ou ea ha he Ou se Wa or 1b da a 1	IDER OR OUT LIER		1	STREET ADDRESS, CITY, STATE, ZIP	CODE
(X4) ID PREFIX TAG F 584 Cd sp Ou ea ha he Ou se wa wi or 1b da a 1				228 SMITH CHAPEL ROAD	
F 584 Co Sp Ou ea ha he Ou se Wa wh or 1b da a	CENTER .			MOUNT OLIVE, NC 28365	
sp Ou ea ha he Ou se wa wi or 1b da a	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPL THE APPROPRIATE DA
sp Ou ea ha he Ou se wa wi or 1b da a	ontinued From page	4	F 58	34	
Oi ea ha he Oi se wa wh or 1b da a	pokes were heavily o		1.50	brought before the Quality	Assurance and
ea ha Ou se wa wh or 1b da a		AM, Resident #83 was		Performance Improvement	
ha he Ou se wa wh or 1b da a		seated in a wheelchair that		monthly with the QAPI Co	
Ou se wa or 1b da a	•	es on the wheels that were		responsible for ongoing c	
se wa wi or 1b da a	eavily covered in due				
wa wł or 1b da a		AM, Resident # 83 was			
wł or 1b da a	-	oom in a wheelchair that			
or 1b da a	as not clean. Resid				
1b da a		ly covered in dust and dirt			
da a	n the wheels and spo				
a		s observed on each of five			
	days to be using a motorized wheelchair that had a red-colored base. The base of the wheelchair				
	was covered in dust and the foot platform had a				
he	eavy accumulation o				
	-	PM, Resident # 85 was			
		ed wheelchair in the front			
lol	bby of the facility. T	he red base of the			
w	heelchair was heavi	ly covered with dust and the			
fo	oot platform was note	ed to have a large amount of			
	ust and dirt on it.				
		5AM, Resident # 85 was			
	bserved in the dining				
		ated in a red motorized			
		orm of the wheelchair was dust. The foot platform was			
	•	eavily covered with dirt.			
		served on 1/29/2020 at			
		main dining room and was			
		hair that had a dusty base.			
		e wheelchair was observed			
to	have dirt on it.				
		AM, Resident's # 85 was			
	-	room and was seated on a			
		that had a base that was			
		st. The foot platform of the			
		ved to have a lot of dirt on			
it. Re					

Facility ID: 923344

If continuation sheet Page 5 of 22

CENTERS FOR MEDICARE & MEDICAD SERVICES     OMB NO. 0938-0391       VIDE DEMONFCORRECTION     IN PROVIDENT MERINELINGUE     IN DEMONFCORRECTION       AND DEMONFCORRECTION     IN STREAM OF CORRECTION     IN DEMONFCORRECTION       MAIL OF PROVIDEN OR SUPPLIER     345126     IN MOS       MOUNT OLVE CENTER     IN DEMONFCORRECTION     IN DEMONFCORRECTION       MOUNT OLVE CENTER     IN DEMONFCORRECTION     IN DEMONFCORRECTION       IF 564     Continued From page 5     IF Sold     PROVIDENT ON LSC DEMINING INFORMATION       F 564     Continued From page 5     IF Sold     PROVIDENT ON LSC DEMINING INFORMATION       IT C.     Rescuration for IN LSC DEMINING INFORMATION     IF Sold     PROVIDENT ON LSC DEMINING INFORMATION       IT C.     Rescuration for IN LSC DEMINING INFORMATION     IF Sold     Demonstream Of Constream Of Demonstream OF DE		-	ID HUMAN SERVICES				FORM	D: 03/03/2020 M APPROVED
JAME OF PROVIDER OF SUPPLIER         JAIS12020         DIMINI OF PROVIDER OF SUPPLIER         JUST CODE         JUST CODE <td>STATEMENT (</td> <td>OF DEFICIENCIES</td> <td>(X1) PROVIDER/SUPPLIER/CLIA</td> <td>ì í</td> <td></td> <td></td> <td>(X3) DATE COMF</td> <td>SURVEY PLETED</td>	STATEMENT (	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	ì í			(X3) DATE COMF	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER     SIMUMARY STATEMENT OF DEFICIENCES       MOUNT OLIVE CENTER     23 SMITH CHAPFEL ROD       MOUNT OLIVE CENTER     ID       PREFIX     REGULATION OF LEC DESTRUCTION       REGULATION OF LEC DESTRUCTION     PREFIX       TAG     Continued From page 5       the facility at 9:15AM on 1/31/2020 and was seated in a motorized wheelchair that had a red base. The rebuse was heavily covered in dust and the foot platform had a large amount of dirt on it.       10.     C. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that had a bube base. The blue base was base voored in dust. On 1/27/2020 at 12:35PM, Resident # 58 was observed to have a heavily covered in dust. On 1/27/2020 at 2:35PM, Resident # 58 was noted to be heavily covered in dust. On 1/30/2020 at 3:10AM, Resident # 58 was noted wheelchair that had a base that was heaving oncered wheelchair in the dining room and was riding on a motorized wheelchair in fort of the was noted wheelchair in fort of the was noted to be heavily covered in dust. On 1/30/2020 at 3:5AM. Resident # 58 was noted to be heavily covered in dust. On 1/30/2020 at 3:5AM. Resident # 58 was noted to be heavily covered in dust. On 1/30/2020 at 3:5AM. Resident # 58 was noted to be heavily covered in dust. On 1/30/2020 at 3:5AM. Resident # 58 was noted to be heavily covered in dust. On 1/30/2020 at 3:5AM. Resident # 58 was noted to be heavily covered in dust. On 1/30/2020 at 3:5AM. Resident # 58 was noted to be a large amount of the helechair was noted to			345126	B. WING				-
MOUNT OLVE CENTR         MOUNT OLVE, NC 28355           (%1)D PRETX NQ         ISAMMARY STREMENT OF DEFICIENCIES (EACH DEFICIENCY MUST & PREDED by FULL REGULATIONY OR LS DEMTFYING MECRAMATION)         PERF PROVIDER'S ALL OF CORRECTION CROSS-MERSENT ALL OF CORRECTION CROSS-MERSENT ALL OF CORRECTION DEFICIENCY         090 (000) DEFICIENCY           F 584         Continued From page 5 the facility at 9:15AM on 1/31/2020 and was seated in a motorized wheelchair that had a red base. The red base was heavily covered in dust and the foot platform had a large amount of dirt on it.         F 584           1 c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that had a blue base. The blue base was observed to have a heavy coat of dust. On 1/27/2020 at 12:35PM. Resident # 58 was observed in the dining room in a motorized wheelchair that had a blue base. The blue base was observed to have a heavy coat of dust. On 1/27/2020 at 12:10PM. Resident # 58 was observed in the dining room and base of the wheelchair. The base of the wheelchair mas noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be a motorized wheelchair that had a base that was heavily covered with dust. On 1/30/2020 at 8:10AM, Resident # 58 was seated on a motorized wheelchair in font of the television in the dining room. The blue base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was seated on a motorized wheelchair in font of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust. I. d. Resident # 20 was observed to be heavily covered in dust. I. d. Resident # 20 was observed to be heavily covered in dust. I. d. Resident # 20 was observed to be heavelchair was noted to have a large amount of dirto nt. On 1/37/20	NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
(M) D         BUMARY SIXTEMENT OF DEPENDENCE         D <thd< th=""> <thd< th="">         D         &lt;</thd<></thd<>	MOUNT O	LIVE CENTER						
Prigrix Tx0         IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION)         PREFX Tx0         IEACH CORRECTIVE ACTION SHOULD BE CROSS-HEERENCED TO THE APPROPRIATE DEFICIENCY)         CONTINUE ACTION SHOULD BE DEFICIENCY)           F 584         Continued From page 5 the facility at 9:15AM on 1/31/2020 and was see The red base was heavily covered in dust and the foot platform had a large amount of dirt on it.         F 584           1c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt. On 1/27/2020 at 12:35PM, Resident # 58 was observed in the dining room riding on a butorized wheelchair that was covered in dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was notorized wheelchair that had a base that was covered in dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room, riding on a butorized wheelchair that was covered in dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room, riding on a butorized wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room. The base of the wheelchair was noted to be heavily covered in dust. On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair that had a base that was sected on a motorized wheelchair that had a base of the wheelchair was observed to be neavily covered in dust.         I. Resident # 58 was observed in the dining room. The buse base of the wheelchair was observed to the heavily covered in dust.         I. Resident # 28 was observed to be an a motorized wheelchair that had a base that was observed to be neavily covered in dust.         I. Resident # 28 was observed to be an a motorized wheelchair that d					N	AOUNT OLIVE, NC 28365		
<ul> <li>the facility at 9:15AM on 1/31/2020 and was seated in a motorized wheelchair that had a red base. The red base was heavily covered in dust and the foot platform had a large amount of dirt on it.</li> <li>1c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt. On 1/27/2020 at 12:35PM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:15AM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:15AM, Resident # 58 was observed in the dining room of the facility. The resident was notified on amotorized wheelchair that had a base that was covered in dust. On 1/28/2020 at 10:15AM, Resident # 58 was observed to heave a heavy loc overed in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noteel to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noteel to be in the dining room and was riding on a motorized wheelchair that ad a base that was heavily covered in dust. On 1/30/2020 at 8:25AM, Resident # 58 was noteel to be in the dining room. The blue base of the wheelchair was noteelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>On 1/30/2020 at 8:25AM, Resident # 58 was noted to be in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>10. Resident # 82 was observed on five days to be on a motorized wheelchair in front of the television in the dot platform of the wheelchair was noted to be heavily covered in dust.</li> <li>11. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy covered in dust.</li> <li>11. Resident # 82 was observed to no the wavelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM</li></ul>	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
<ul> <li>the facility at 9:15AM on 1/31/2020 and was seated in a motorized wheelchair that had a red base. The red base was heavily covered in dust and the foot platform had a large amount of dirt on it.</li> <li>1c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt. On 1/27/2020 at 12:35PM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:15AM, Resident # 58 was observed to have a heavy coat of dust. On 1/28/2020 at 10:15AM, Resident # 58 was observed in the dining room of the facility. The resident was notified on amotorized wheelchair that had a base that was covered in dust. On 1/28/2020 at 10:15AM, Resident # 58 was observed to heave a heavy loc overed in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noteel to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noteel to be in the dining room and was riding on a motorized wheelchair that ad a base that was heavily covered in dust. On 1/30/2020 at 8:25AM, Resident # 58 was noteel to be in the dining room. The blue base of the wheelchair was noteelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>On 1/30/2020 at 8:25AM, Resident # 58 was noted to be in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>10. Resident # 82 was observed on five days to be on a motorized wheelchair in front of the television in the dot platform of the wheelchair was noted to be heavily covered in dust.</li> <li>11. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy covered in dust.</li> <li>11. Resident # 82 was observed to no the wavelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM</li></ul>	F 584	Continued From page	25	Í F	584			
seated in a motorized wheelchair that had a red base. The red base was heavily covered in dust and the foot platform had a large amount of dirt on it. 1c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt. On 1/27/2020 at 12:35PM, Resident # 58 was observed in the dining room in a motorized wheelchair that had a blue base. The blue base was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was noted to be heavily covered in dust. On 1/28/2020 at 12:10PM, Resident # 58 was observed in the dining room and was riding on a motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust. 1d. Resident # 82 was observed to be heavily covered in dust. 1d. Resident # 82 was observed no five days to be on a motorized wheelchair that had a heavy coat of dust. 1d. Resident # 82 was observed no five days to be on a motorized wheelchair that had a heavy coat of dust. 1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. 1d. Resident # 82 was observed no five days to be on a motorized wheelchair that had a heavy coat of dust. 1d. Resident # 82 was observed no five days to be on a motorized wheelchair that 82 was observed to heav a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to heav a ange amount of dirt on it. 1d. The foot plafform of the wheelchair that								
and the foot platform had a large amount of dirt on it. 1c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt. On 1/27/2020 at 12:35PM, Resident # 58 was observed in the dining room in a motorized wheelchair that had a blue base. The blue base was observed 10.1055AM, Resident # 58 was observed 11 the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust. On 1/29/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/20/2020 at 8:10AM, Resident # 58 was noted to be in the dining room, and was riding on a motorized wheelchair that had a base that was heavily covered with dust. On 1/30/2020 at 8:10AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust. 1d. Resident # 82 was observed on five days to be on a motorized wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed be on a motorized wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed be on a motorized wheelchair that a basey coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed be on a motorized wheelchair that ba was observed be on a motorized wheelchair that ba was observed to be on a motorized wheelchair that ba basey coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to have a a motorized wheelchair that ba basey observed to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to hav								
on it.         1c. Resident # 58 was observed on each of the         five days of the survey to be riding on a motorized         wheelchair that was covered in dust and dit.         On 1/27/2020 at 12:35PM, Resident # 58 was         observed in the dining room in a motorized         wheelchair that had a blue base. The blue base         was observed to have a heavy coat of dust.         On 1/28/2020 at 10:55AM, Resident # 58 was         observed in the dining room of the facility. The         resident was riding on a motorized wheelchair         that had a base that was covered in dust.         On 1/28/2020 at 12:10PM, Resident # 58 was         observed in the dining room, riding on a blue         motorized wheelchair. The base of the         wheelchair was noted to be heavily covered in         dust.         On 1/30/2020 at 8:10AM, Resident # 58 was         noted to be in the dining room and was riding on         a motorized wheelchair in front of the         television in the dining room. The blue base of         the wheelchair was observed to be heavily         covered in dust.         On 1/31/2020 at 8:25AM, Resident # 58 was         seated on a motorized wheelchair in front of the         television in the dining room. The blue base of         the wheelchair was observed to be heavily			3					
<ul> <li>1c. Resident # 58 was observed on each of the five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt.</li> <li>On 1/27/2020 at 12:35PM, Resident # 58 was observed in the dining room in a motorized wheelchair that had a blue base. The blue base was observed to have a heavy coat of dust.</li> <li>On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust.</li> <li>On 1/29/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair.</li> <li>On 1/29/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair.</li> <li>On 1/30/2020 at 8:10AM, Resident # 58 was noted to be heavily covered in dust.</li> <li>On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that had a base that was seated on a motorized wheelchair that had a base that was seated on a motorized wheelchair that had a base of the wheelchair was observed to be heavily covered with dust.</li> <li>1d. Resident # 82 was observed on five days to be on a motorized wheelchair that da heavy coat of dust. The fort platform of the wheelchair was noted to be heavily covered with dust.</li> <li>1d. Resident # 82 was observed on five days to be on a motorized wheelchair that da heavy coat of dust. The foot platform of the wheelchair was noted to be no a motorized wheelchair that da heavy coat of dust. The foot platform of the wheelchair that was observed to have a large amount of dit on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed on the wheelchair that base heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dit on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to have a large amount of dit on it.</li> </ul>			had a large amount of dirt					
five days of the survey to be riding on a motorized wheelchair that was covered in dust and dirt. On 1/27/2020 at 12:35PM, Resident # 58 was observed in the dining room in a motorized wheelchair that had a blue base. The blue base was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust. On 1/28/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that a base that was heavily covered with dust. On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in the dining room. The blue base of the wheelchair was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that		on It.						
<ul> <li>wheelchair that was covered in dust and dirt.</li> <li>On 11/27/2020 at 12:33FM, Resident # 58 was</li> <li>observed in the dining room in a motorized</li> <li>wheelchair that had a blue base. The blue base</li> <li>was observed to have a heavy coat of dust.</li> <li>On 11/28/2020 at 10:55AM, Resident # 58 was</li> <li>observed in the dining room of the facility. The</li> <li>resident was riding on a motorized wheelchair</li> <li>that had a base that was covered in dust.</li> <li>On 11/29/2020 at 12:10PM, Resident # 58 was</li> <li>observed in the dining room, riding on a blue</li> <li>motorized wheelchair. The base of the</li> <li>wheelchair was noted to be heavily covered in</li> <li>dust.</li> <li>On 1/30/2020 at 8:10AM, Resident # 58 was</li> <li>noted to be in the dining room and was riding on</li> <li>a motorized wheelchair that had a base that was</li> <li>heavily covered with dust.</li> <li>On 1/31/2020 at 8:25AM, Resident # 58 was</li> <li>seated on a motorized wheelchair in front of the</li> <li>television in the dining room. The blue base of</li> <li>the wheelchair was observed to be heavily</li> <li>covered in dust.</li> <li>1d. Resident # 82 was observed on five days to</li> <li>be on a motorized wheelchair that had a heavy</li> <li>coat of dust. The foot platform of the wheelchair</li> <li>was noted to have a large amount of dirt on it.</li> <li>On 1/27/2020 at 12:35FM, Resident # 82 was</li> <li>observed to be on a motorized wheelchair that had a heavy</li> <li>coat of dust. The foot platform of the wheelchair</li> <li>was noted to have a large amount of was</li> <li>observed to be on a motorized wheelchair that</li> </ul>		1c. Resident # 58 was	s observed on each of the					
On 1/27/2020 at 12:35PM, Resident # 58 was observed in the dining room in a motorized wheelchair that had a blue base. The blue base was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust. On 1/29/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that had a base that was heavily covered with dust. On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.		five days of the surve	y to be riding on a motorized					
observed in the dining room in a motorized         wheelchair that had a blue base. The blue base         was observed to have a heavy coat of dust.         On 1/28/2020 at 10:55AM, Resident # 58 was         observed in the dining room of the facility. The         resident was riding on a motorized wheelchair         that had a base that was covered in dust.         On 1/29/2020 at 12:10PM, Resident # 58 was         observed in the dining room, riding on a blue         motorized wheelchair. The base of the         wheelchair was noted to be heavily covered in         dust.         On 1/30/2020 at 8:10AM, Resident # 58 was         noted to be in the dining room and was riding on         a motorized wheelchair that had a base that was         heavily covered with dust.         On 1/31/2020 at 8:5AM, Resident # 58 was         seated on a motorized wheelchair in front of the         television in the dining room. The blue base of         the wheelchair was observed to be heavily         covered in dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that had a heavy         coat of dust. The foot platform of the wheelchair         was noted to have a large amount of ditt on it.         On 1/27/2020 at 12:35PM, Resident # 82 was         observed to be on a motorized wheelchair t								
wheelchair that had a blue base. The blue base         was observed to have a heavy coat of dust.         On 1/28/2020 at 10:55AM, Resident # 58 was         observed in the dining room of the facility. The         resident was riding on a motorized wheelchair         that had a base that was covered in dust.         On 1/29/2020 at 12:10PM, Resident # 58 was         observed in the dining room, riding on a blue         motorized wheelchair. The base of the         wheelchair was noted to be heavily covered in         dust.         On 1/30/2020 at 8:10AM, Resident # 58 was         noted to be in the dining room and was riding on         a motorized wheelchair in front of the         heavily covered with dust.         On 1/31/2020 at 8:25AM, Resident # 58 was         seated on a motorized wheelchair in front of the         television in the dining room. The blue base of         the wheelchair was observed to be heavily         covered in dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that had a heavy         coat of dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that a heavy         coat of dust.         1d. Resident # 82 was observed nof dite on it.         On 1/27/2020 at 12:35PM, Resident #								
was observed to have a heavy coat of dust. On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust. On 1/29/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that had a base that was heavily covered with dust. On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dit on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that had a heavy coat of box an all a grage amount of dit on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that black a heavy coat of box at 12:35PM, Resident # 82 was dosterved to be on a motorized wheelchair that a heavy coat of box at 12:35PM, Resident # 82 was dosterved to be not a notorized wheelchair that a heavy coat of box at 12:35PM, Resident # 82 was dosterved to be not a motorized wheelchair was noted to bay a large amount of dit on it.			-					
On 1/28/2020 at 10:55AM, Resident # 58 was observed in the dining room of the facility. The resident was riding on a motorized wheelchair that had a base that was covered in dust. On 1/29/2020 at 12:10PM, Resident # 58 was observed in the dining room, riding on a blue motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that had a base that was heavily covered with dust. On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust. 1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dir to it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that								
observed in the dining room of the facility. The         resident was riding on a motorized wheelchair         that had a base that was covered in dust.         On 1/29/2020 at 12:10PM, Resident # 58 was         observed in the dining room, riding on a blue         motorized wheelchair. The base of the         wheelchair was noted to be heavily covered in         dust.         On 1/30/2020 at 8:10AM, Resident # 58 was         noted to be in the dining room and was riding on         a motorized wheelchair that had a base that was         heavily covered with dust.         On 1/31/2020 at 8:25AM, Resident # 58 was         seated on a motorized wheelchair in front of the         television in the dining room. The blue base of         the wheelchair was observed to be heavily         covered in dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that had a heavy         coat of dust. The foot platform of the wheelchair         Was noted to have a large amount of dirt on it.         On 1/2/2020 at 12:35PM, Resident # 82 was         observed to be on a motorized wheelchair was noted to have a large amount of dirt on it.         On 1/2/2020 at 12:35PM, Resident # 82 was         observed to be on a motorized wheelchair was noted to have a large amount of dirt on it.         On 1/2/2020 at 12:35PM, Resident								
<ul> <li>that had a base that was covered in dust.</li> <li>On 1/29/2020 at 12:10PM, Resident # 58 was</li> <li>observed in the dining room, riding on a blue</li> <li>motorized wheelchair. The base of the</li> <li>wheelchair was noted to be heavily covered in</li> <li>dust.</li> <li>On 1/30/2020 at 8:10AM, Resident # 58 was</li> <li>noted to be in the dining room and was riding on</li> <li>a motorized wheelchair that had a base that was</li> <li>heavily covered with dust.</li> <li>On 1/31/2020 at 8:25AM, Resident # 58 was</li> <li>seated on a motorized wheelchair in front of the</li> <li>television in the dining room. The blue base of</li> <li>the wheelchair was observed to be heavily</li> <li>covered in dust.</li> </ul> 1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that								
On 1/29/2020 at 12:10PM, Resident # 58 was         observed in the dining room, riding on a blue         motorized wheelchair. The base of the         wheelchair was noted to be heavily covered in         dust.         On 1/30/2020 at 8:10AM, Resident # 58 was         noted to be in the dining room and was riding on         a motorized wheelchair that had a base that was         heavily covered with dust.         On 1/31/2020 at 8:25AM, Resident # 58 was         seated on a motorized wheelchair in front of the         television in the dining room. The blue base of         the wheelchair was observed to be heavily         covered in dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that had a heavy         coat of dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that had a heavy         coat of dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that had a heavy         coat of dust.         10. 1/27/2020 at 12:35PM, Resident # 82 was         observed to be on a motorized wheelchair that		resident was riding or	n a motorized wheelchair					
observed in the dining room, riding on a blue motorized wheelchair. The base of the wheelchair was noted to be heavily covered in dust. On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that had a base that was heavily covered with dust. On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that								
<ul> <li>motorized wheelchair. The base of the</li> <li>wheelchair was noted to be heavily covered in</li> <li>dust.</li> <li>On 1/30/2020 at 8:10AM, Resident # 58 was</li> <li>noted to be in the dining room and was riding on</li> <li>a motorized wheelchair that had a base that was</li> <li>heavily covered with dust.</li> <li>On 1/31/2020 at 8:25AM, Resident # 58 was</li> <li>seated on a motorized wheelchair in front of the</li> <li>television in the dining room. The blue base of</li> <li>the wheelchair was observed to be heavily</li> <li>covered in dust.</li> <li>1d. Resident # 82 was observed on five days to</li> <li>be on a motorized wheelchair that had a heavy</li> <li>coat of dust. The foot platform of the wheelchair</li> <li>Was noted to have a large amount of dirt on it.</li> <li>On 1/27/2020 at 12:35PM, Resident # 82 was</li> <li>observed to be on a motorized wheelchair that</li> </ul>								
<ul> <li>wheelchair was noted to be heavily covered in dust.</li> <li>On 1/30/2020 at 8:10AM, Resident # 58 was noted to be in the dining room and was riding on a motorized wheelchair that had a base that was heavily covered with dust.</li> <li>On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that</li> </ul>								
dust.       On 1/30/2020 at 8:10AM, Resident # 58 was         noted to be in the dining room and was riding on         a motorized wheelchair that had a base that was         heavily covered with dust.         On 1/31/2020 at 8:25AM, Resident # 58 was         seated on a motorized wheelchair in front of the         television in the dining room. The blue base of         the wheelchair was observed to be heavily         covered in dust.         1d. Resident # 82 was observed on five days to         be on a motorized wheelchair that had a heavy         coat of dust. The foot platform of the wheelchair         was noted to have a large amount of dirt on it.         On 1/27/2020 at 12:35PM, Resident # 82 was         observed to be on a motorized wheelchair that								
<ul> <li>noted to be in the dining room and was riding on a motorized wheelchair that had a base that was heavily covered with dust.</li> <li>On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that</li> </ul>								
<ul> <li>a motorized wheelchair that had a base that was heavily covered with dust.</li> <li>On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that</li> </ul>		On 1/30/2020 at 8:10	AM, Resident # 58 was					
<ul> <li>heavily covered with dust.</li> <li>On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust.</li> <li>1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that</li> </ul>								
On 1/31/2020 at 8:25AM, Resident # 58 was seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust. 1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that								
seated on a motorized wheelchair in front of the television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust. 1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that		•						
television in the dining room. The blue base of the wheelchair was observed to be heavily covered in dust. 1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that			-					
the wheelchair was observed to be heavily covered in dust. 1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that								
1d. Resident # 82 was observed on five days to be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that								
be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that			-					
be on a motorized wheelchair that had a heavy coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that		1d Resident # 82 way	s observed on five days to					
coat of dust. The foot platform of the wheelchair was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that			-					
was noted to have a large amount of dirt on it. On 1/27/2020 at 12:35PM, Resident # 82 was observed to be on a motorized wheelchair that			-					
observed to be on a motorized wheelchair that		was noted to have a l	arge amount of dirt on it.					

Facility ID: 923344

If continuation sheet Page 6 of 22

			0.0			O. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	· · ·	E SURVEY
			A. BUILDIN	IG		
		345126	B. WING			C
	ROVIDER OR SUPPLIER	040120		STREET ADDRESS, CITY, STATE, ZIP C		1/31/2020
NAME OF F	ROVIDER OR SUFFLIER			228 SMITH CHAPEL ROAD	ODE	
MOUNT O	LIVE CENTER			MOUNT OLIVE, NC 28365		
		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	VIEWENT OF DEFICIENCIES WINDER BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 584	Continued From page	e 6	F 5	84		
		ust and the foot platform was				
	heavily covered with					
	•	served on 1/28/2020 at				
	12:45PM to be in the	main dining room in a red				
	motorized wheelchair	,				
		on the foot platform. The				
		air was also heavily covered				
	in dust.					
		ted in the hall of the facility				
	on 1/29/2020 at 4:15 wheelchair that had a					
	platform of the wheel					
	•	and dirt and the base of the				
	chair was covered in					
		served on 1/30/2020 at				
	3:10PM in the hall ou	Itside of the resident's room.				
	The resident was sea	ated in a motorized				
	wheelchair that had a	a red base. The base of the				
		d with dust and the foot				
	platform contained a					
		20AM, Resident # 82 was				
		of the facility. The resident				
	, united and the second s	rized wheelchair that had a vered in dust and the foot				
	platform was heavily					
		is observed to be riding in a				
		hat had dirty wheels and				
		e five days of the survey.				
		20PM, Resident # 63 was				
		g room and was seated in a				
	manual wheelchair.	-				
	wheelchair and each	of the spokes were				
	observed to be heavi					
		served on 1/28/2020 at				
		all of the facility and was				
		ir that had dirty wheels and				
	dirty spokes. The wh heavily covered in du	neels and the spokes were				
	noovinv oovorod in du					

If continuation sheet Page 7 of 22

	MENT OF HEALTH AN	D HUMAN SERVICES				FORM	0: 03/03/2020 APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345126	B. WING				C 31/2020
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>.                                    </u>	
				2	228 SMITH CHAPEL ROAD		
	LIVE CENTER			N	MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 584	Resident # 63 was ob 1/29/2020 at 12:55PM in a wheelchair that h covered in dust. The were also heavily cov On 1/30/2020 at 8:10, noted to be in the dini seated in a manual w that were heavily cove on the wheels were a On 1/31/2020 at 8:25, the dining room. The manual wheelchair th heavily covered in dust the wheels were also in dust. In a staff interview on facility nurse #2 report that needed to be clear don't just pass it on to Then we send it to the and they will sanitize thought the housekee washed wheelchairs i A staff interview was of 9:17AM with nurse #3 maintenance or house cleaned the wheelchairs w the section of the facil and the wheelchairs w the section of the facil and the wheelchairs w	A. The resident was seated ad wheels that were heavily spokes on both wheels ered in dust. AM, Resident # 63 was ng room. The resident was heelchair that had wheels ered in dust and the spokes loo covered in dust. AM, Resident # 63 was in resident was seated in a at had wheels that were st. The spokes on each of noted to be heavily covered 1/31/2020 at 9:10AM a ted if they see a wheelchair aned, they will clean it. "We othe nursing assistants. The sported she ping department power f they need it. completed on 1/31/2020 S. Nurse #3 reported that ekeeping department	F	584			

Facility ID: 923344

If continuation sheet Page 8 of 22

	-	ID HUMAN SERVICES				FORM	APPROVED			
							0.0938-0391			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	`, ´		E CONSTRUCTION	(X3) DATE COMP	SURVEY			
			A. BUILD	ING _			С			
		345126	B. WING				31/2020			
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	UI	31/2020			
					228 SMITH CHAPEL ROAD					
MOUNT O	LIVE CENTER			MOUNT OLIVE, NC 28365						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)			
PREFIX		Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE			
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)	.IE	DALE			
	1									
F 584	Continued From page	2.8		584						
1 004				004						
		mes, they informed the nent and they will clean the								
	wheelchairs.	ient and they will clean the								
	In a staff interview wit	th the facility maintenance								
		pleted on 1/31/2020 at								
		nance director reported the								
		aned by the maintenance								
		rted the building was divided re was a schedule to know								
		neelchair was scheduled for								
		he schedule was: Resident								
	•	18 were scheduled for								
		and October. Resident								
		2-10 were scheduled to be								
	cleaned in February,									
		Rooms 101-126 were ned in June, September, and								
		cleanings, the wheelchairs								
		nd cleaned thoroughly and								
		also observed to identify								
	others that may need	cleaning between								
	scheduled times, and									
		aned. He also reported the								
		s are not on a schedule for se chairs are the personal								
	•	lual resident. He reported								
		motorized wheelchair since								
	he came to the facility									
						ľ				
						ľ				
						ľ				
						ľ				
						ľ				
						ľ				
						ſ				
						ľ				

Facility ID: 923344

If continuation sheet Page 9 of 22

PRINTED: 03/03/2020 FORM APPROVED

		ID HUMAN SERVICES MEDICAID SERVICES			FORM	M APPROVED 0. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	
	CORRECTION	IDENTIFICATION NUMBER:		G		PLETED
						с
		345126	B. WING		01/	31/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT O	LIVE CENTER			228 SMITH CHAPEL ROAD		
			MOUNT OLIVE, NC 28365			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
TAG		SC IDENTIFYING INFORMATION)				
				DEFICIENCE)		
		0				
F 584	Continued From page	9	F 58	34		

Event ID: 71LO11

Facility ID: 923344

If continuation sheet Page 10 of 22

		ID HUMAN SERVICES MEDICAID SERVICES			FC	NO. 0938-039
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		345126	B. WING _			01/31/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		01/01/2020
				228 SMITH CHAPEL ROAD		
MOUNTO	LIVE CENTER			MOUNT OLIVE, NC 28365		
(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 CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 584	Continued From page	∍ 10	F 5	584		
	facility with diagnoses CEREBRAL INFARC INTRACAPSULAR F FEMUR, LONGSTANDING PE FIBRILLATION DIFFICULTY IN WAL MAJOR DEPRESSIV Resident Edna Herrir the fived days of the s halls of the facility in a	TION, RACTURE OF LEFT RSISTENT ATRIAL KING E DISORDER og was observed on each of survey to be rolling in the a soiled wheel chair. The es that contained a large				
	Little, LPN reported if needs to be cleaned, We don't just pass it o	2020 9:10AM Shaneka they see a wheel chair that they (the nurse) will clean it. on to the nursing assistants. busekeeping and they will				

Facility ID: 923344

If continuation sheet Page 11 of 22

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 03/03/2020 M APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		345126	B. WING			C / <b>31/2020</b>
NAME OF P	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE		•
MOUNT			2	28 SMITH CHAPEL ROAD		
MOUNIC	LIVE CENTER		N	IOUNT OLIVE, NC 28365		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 584	department power was need it. Staff Interview: 1/31/2 Walker, RN reported housekeeping departs Staff Interview: 1/31/2 Tierney, Director of N cleaning schedule for in the facility. She rep in 3 sections and the according to the secti reported all wheel cha 3 months. (power was staff identifies residen cleaning between sch inform maintenance a chairs. Staff Interview: 1/31/2 Morales, Maintenance wheel chairs are clean department. He repo in 3 sections and ther when the particular ro supposed to be clean 11-18, 130-148 are so July, and October. Ro 2-10 are scheduled to May, August, and Nov 101-126 are schedule September, and Dece the wheel chairs are t thoroughly and dried. observed to identify o cleaning and he takes	she thinks the housekeeping ish the wheel chairs if they 2020 9:17AM Debra that Maintenance or ment clean wheel chairs. 2020 9:32AM Dawn ursing stated there is a the cleaning of wheel chairs ported the facility is divided wheel chairs are cleaned on of the facility. She airs are deep cleaned 1 x in shed) She further stated if its whose wheel chairs need ieduled cleaning times, they and they will clean the wheel 2020 11:03AM Ariel e manager reported the ned by the maintenance rted the building is divided e is a schedule to know	F 584			

Facility ID: 923344

If continuation sheet Page 12 of 22

		ND HUMAN SERVICES				FOR	M APPROVED	
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		TIDI			D. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		A. DOILD	in G					
		345126	B. WING				/31/2020	
NAME OF P	ROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, STATE, ZIP CODE		10112020	
					228 SMITH CHAPEL ROAD			
	LIVE CENTER				MOUNT OLIVE, NC 28365			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	DN	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF			
TAG			IAG	,	DEFICIENCY)			
					-			
F 584	Continued From page	e 12	F	584	4			
		chedule for cleaning because						
	they belong to the inc							
		leaned a motorized wheel						
	chair since he came t	to the facility in April 2019.						
	Desident #02							
	Resident #82							
	FTag Initiation							
		Resident # 82 was admitted						
		2017 with diagnoses that						
	included:							
	PARKINSON'S DISE							
	CHRONIC OBSTRUC DISEASE, UNSPECI							
		AELLITUS WITHOUT						
	COMPLICATIONS							
	LEFT VENTRICULAF	R FAILURE						
	HEART FAILURE							
	Desidents							
	Resident was observe	ed to be in a soiled wheel						

Facility ID: 923344

If continuation sheet Page 13 of 22

		ID HUMAN SERVICES MEDICAID SERVICES			FORM	D: 03/03/2020 M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		345126	B. WING			C /31/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT C	LIVE CENTER			228 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 584	The resident's wheel soiled on the base of Staff Interview: 1/31// Little, LPN reported if needs to be cleaned, We don't just pass it of Then we send it to Ho sanitize it. She says department power wa need it. Staff Interview: 1/31// Walker, RN reported housekeeping departur Staff Interview: 1/31// Tierney, Director of N cleaning schedule for in the facility. She rep in 3 sections and the according to the secti reported all wheel cha 3 months. (power wa staff identifies resider cleaning between sch inform maintenance a chairs. Staff Interview: 1/31// Morales, Maintenance wheel chairs are clean department. He repo in 3 sections and ther when the particular ro supposed to be clean 11-18, 130-148 are so	he recertification survey. chair was observed to be the chair 2020 9:10AM Shaneka they see a wheel chair that they (the nurse) will clean it. on to the nursing assistants. ousekeeping and they will she thinks the housekeeping ash the wheel chairs if they 2020 9:17AM Debra that Maintenance or ment clean wheel chairs. 2020 9:32AM Dawn ursing stated there is a the cleaning of wheel chairs ported the facility is divided wheel chairs are cleaned on of the facility. She airs are deep cleaned 1 x in shed) She further stated if its whose wheel chairs need ieduled cleaning times, they and they will clean the wheel 2020 11:03AM Ariel e manager reported the ned by the maintenance rted the building is divided e is a schedule to know	F 584			

Facility ID: 923344

If continuation sheet Page 14 of 22

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 03/03/2020 // APPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345126	B. WING _				C 31/2020
NAME OF PI	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CIT	Y, STATE, ZIP CODE		
MOUNT O	LIVE CENTER			228 SMITH CHAPEL R MOUNT OLIVE, NC			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		DER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	X (EACH CC	RRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRI/ DEFICIENCY)		COMPLETION DATE
F 584	May, August, and Nor 101-126 are schedule September, and Dece the wheel chairs are to thoroughly and dried. observed to identify of cleaning and he takes cleaned. He also rep chairs are not on a so they belong to the ind reported he has not c	b be cleaned in February, vember. Resident Rooms ed to be cleaned in June, ember.) At these cleanings, taken outside and cleaned He stated he will also thers that may be in need of s those wheel chairs to be ported the motorized wheel chedule for cleaning because	F	584			
	Resident #83						
	FTag Initiation						

Facility ID: 923344

If continuation sheet Page 15 of 22

	-	ID HUMAN SERVICES MEDICAID SERVICES				RINTED: 03/03/2020 FORM APPROVED MB NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(3) DATE SURVEY COMPLETED
		345126	B. WING			C 01/31/2020
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, Z	IP CODE	
MOUNT O	LIVE CENTER			28 SMITH CHAPEL ROAD OUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 584	on each of the five da in the facility wheel of The spokes of the wh accumulation of dirt a Staff Interview: 1/31// Little, LPN reported if needs to be cleaned, We don't just pass it of Then we send it to Ho sanitize it. She says a department power wa need it. Staff Interview: 1/31// Walker, RN reported housekeeping departs Staff Interview: 1/31// Tierney, Director of N cleaning schedule for in the facility. She rep in 3 sections and the according to the secti reported all wheel cha 3 months. (power wa staff identifies resider cleaning between sch inform maintenance a chairs. Staff Interview: 1/31// Morales, Maintenance wheel chairs are clean department. He repo in 3 sections and ther when the particular reported and t	Resident #83 was observed ys of the survey to be rolling nair that had dirty spokes. eels had a heavy nd dust. 2020 9:10AM Shaneka they see a wheel chair that they (the nurse) will clean it. on to the nursing assistants. busekeeping and they will she thinks the housekeeping ish the wheel chairs if they 2020 9:17AM Debra that Maintenance or ment clean wheel chairs. 2020 9:32AM Dawn ursing stated there is a the cleaning of wheel chairs borted the facility is divided wheel chairs are cleaned on of the facility. She airs are deep cleaned 1 x in shed) She further stated if its whose wheel chairs need ieduled cleaning times, they and they will clean the wheel 2020 11:03AM Ariel e manager reported the ned by the maintenance rted the building is divided e is a schedule to know	F 584			

Facility ID: 923344

If continuation sheet Page 16 of 22

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X3) DATE	
	CORRECTION	IDENTIFICATION NUMBER:				COMPLETED	
					(	C	
		345126	B. WING			01/	31/2020
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT OLIVE CENTER					228 SMITH CHAPEL ROAD		
					MOUNT OLIVE, NC 28365		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	Ξ	(X5) COMPLETION
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	DATE
	1				DEHOLENOTY		
F 584	Continued From page	16		<b>50</b>			
1 304		cheduled for January, April,	F	584			
		esident rooms 149-161 and					
		be cleaned in February,					
		vember. Resident Rooms					
		ed to be cleaned in June, ember.) At these cleanings,					
	· ·	taken outside and cleaned					
		He stated he will also					
		thers that may be in need of					
	-	s those wheel chairs to be					
		ported the motorized wheel whedule for cleaning because					
	they belong to the ind	-					
		leaned a motorized wheel					
	chair since he came t	to the facility in April 2019.					
	Resident #85						
	FTag Initiation						
	01/30/20 04:34 PM	Resident # 58 was					
	observed on five days	s of the survey to be riding in					

If continuation sheet Page 17 of 22

CENTERS FOR MEDICARE & MEDICAID SERVICES       OMB NO. 09         STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING       (X3) DATE SUR COMPLETE C         345126       B. WING       01/31/2	SURVEY ETED
	·
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
MOUNT OLIVE CENTER 228 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365	
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTIONPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTION SHOULD BECOTAGREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)CO	(X5) COMPLETION DATE
F 584       Continued From page 17       F 584         a motorized wheel chair's base was red in color and was heavily coated with dust. The platform where the resident's feat rest had a large amount of dirt on it.       F 584         Staff Interview: 1/31/2020       9:10AM Shaneka Little, LPN reported if they see a wheel chair that needs to be cleaned, they (the nurse) will clean it.       We don't just pass it on to the nurse will clean it.         We don't just pass it on to the nurse will clean it.       We don't just pass it on to the nurse will clean it.         Staff Interview: 1/31/2020       9:17AM Debra         Walkor, RN reported that Maintenance or housekeeping department clean wheel chairs.         Staff Interview: 1/31/2020       9:32AM Dawn Tierney, Director of Nursing stated there is a cleaning schedule for the cleaning of wheel chairs in the facility. She reported the facility is divided in 3 sections and the wheel chairs are cleaned according to the section of the facility. She reported all wheel chairs are cleaned 1 a staff identifies residents whose wheel chairs need cleaning between scheduled cleaning time, they inform maintenance and they will clean the wheel chairs.         Staff Interview: 1/31/2020       11:03AM Ariel Morales, Maintenance manager reported the wheel chairs are cleaned by the maintenance department. He reported the building is divided in 3 sections and there is a schedule to know when the particular rooms wheel chair are supposed to be cleaned. (Reident Rooms	

Facility ID: 923344

If continuation sheet Page 18 of 22

		D HUMAN SERVICES MEDICAID SERVICES			FORM APPRO OMB NO. 0938-	OVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 · ·	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345126	B. WING		01/31/2020	)
	ROVIDER OR SUPPLIER		2	BTREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365		
(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		TION
F 584 F 806 SS=D	11-18, 130-148 are so July, and October. Re 2-10 are scheduled to May, August, and Nov 101-126 are scheduled September, and Dece the wheel chairs are to thoroughly and dried. observed to identify of cleaning and he takes cleaned. He also rep chairs are not on a so they belong to the ind reported he has not of chair since he came to Resident Allergies, Pr CFR(s): 483.60(d)(4)(4)(4)(4) §483.60(d) Food and Each resident receiver §483.60(d)(5) Appeal nutritive value to resid food that is initially se different meal choice; This REQUIREMENT by: Based on observation interview and record re serve residents food a	cheduled for January, April, esident rooms 149-161 and o be cleaned in February, vember. Resident Rooms ed to be cleaned in June, ember.) At these cleanings, aken outside and cleaned He stated he will also thers that may be in need of a those wheel chairs to be ported the motorized wheel hedule for cleaning because ividual resident. He leaned a motorized wheel o the facility in April 2019. references, Substitutes (5) drink as and the facility provides- nat accommodates resident and preferences; ing options of similar tents who choose not to eat rved or who request a f is not met as evidenced ms, resident and staff review, the facility failed to according to their f two sampled residents	F 584		609	)

Event ID: 71LO11

Facility ID: 923344

If continuation sheet Page 19 of 22

		ID HUMAN SERVICES MEDICAID SERVICES				FORI	D: 03/03/2020 M APPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		345126	B. WING				C /31/2020
NAME OF PF	ROVIDER OR SUPPLIER		•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	
	LIVE CENTER			22	28 SMITH CHAPEL ROAD		
MOONTO				М	OUNT OLIVE, NC 28365		
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 806	Continued From page	9 19	F	806			
	1/10/2020 with diagno cardiac arrest, blindno	dmitted to the facility on oses including sudden ess and dysphagia. rd revealed there were no			<ul><li>parties to determine if their food</li><li>preferences are being honored.</li><li>3. Education provided by the</li><li>Administrator to the Distant Management</li></ul>	and	
	dietary notes which d to Resident #309 abo	ocumented staff had spoken ut his food preferences or ving since he was admitted			Administrator to the Dietary Manager Registered Dietician on the policy for completing a Food Preference assessment/interview on admission. Education provided by the Director of		
					Nursing to the therapy department re to ensuring that when residents voice concern related to their diet that this i brought to the attention of nursing an that screenings are completed timely ensure that diets meet the resident	a s d to	
	1/17/2020 noted Resi intact and needed ext for all Activities of Dai person. The MDS not	um Data Set (MDS) dated dent #309 was cognitively censive to total assistance ly Living with the help of one ed feeding assistance was rea Assessment indicated a			needs. Nursing staff educated by the Nurse Practice Educator related to th importance of reporting to nursing leadership if residents voice concerns their current diet.	9	
	focus on nutritional st care plan. The care plan dated for resident was at nutriti intake related to swall by fair oral intake, dec and mechanically alter prevent significant we Honor food preference	atus and this area went to 1/16/2020 noted a focus of onal risk: inadequate oral lowing difficulty evidenced creased ability to feed self ered diet. The goal was to eight changes. Interventions:	ent to 4. Assistan all new admis the Dietary D assessed/inte oral preferences a nced have been do d self accordingly. as to be brought be entions: and Performa Committee m s. Committee re		4. Assistant Director of Nursing will all new admissions weekly to ensure the Dietary Department has assessed/interviewed residents for the preferences and that these preference have been documented and addresse accordingly. Results of these audits be brought before the Quality Assura- and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.	that eir es ed vill	
	minced" diet before h Resident #309 indicat since his admission. F	he had been on a "moist,					

Facility ID: 923344

If continuation sheet Page 20 of 22

		D HUMAN SERVICES MEDICAID SERVICES			FOR	D: 03/03/2020 M APPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345126	B. WING			C / <b>31/2020</b>
NAME OF PI	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE		
			2	228 SMITH CHAPEL ROAD		
	LIVE CENTER		1	MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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 806	meals. Resident #309 admitted to the facility about his food prefere liked and did not like to he had told Speech T working with them, he diet he had before his which was minced or stated he had continue meals. An observation of Res was made on 1/28/200 the grits served at th on the tray was puree eat any of the pureed In an interview on 1/2 Registered Dietician ( minced diet was a gro finely cut than a chop RD stated the facility When asked if someo mince the Resident's don't do that." The RE indicated Resident #3 well enough to have a On 1/29/2020 at 11:00 Speech Therapist (ST could not move food y that was the reason fo stated, even though h to admission, she disa ground diet. The ST s not regressed.	d he was being served at stated since being no one had asked him ences or about the food he o eat. Resident #309 stated herapy when he started wanted to have the same admission to the facility, ground. Resident #309 ed to receive pureed food at sident #309's breakfast tray 20 at 9:00 AM. He ate all is meal. The rest of the food d and the resident did not foods served. 8/2020 at 10:30 AM, the RD) indicated the moist bund diet, which was more ped diet but not pureed. The did not offer the ground diet. ne in the kitchen could food, the RD stated, "We 0 stated speech therapy 09 cannot chew his food	F 806			
		1/2020 at 2:25 PM, the ) stated Resident #309 ate				

If continuation sheet Page 21 of 22

		ID HUMAN SERVICES MEDICAID SERVICES				FORI	D: 03/03/2020 M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		345126	B. WING				C / <b>31/2020</b>
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE	•	
MOUNT O	LIVE CENTER				228 SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 806	without difficulty but re ST indicated she wou Resident #309's diet, because she would ne stated Resident #309 On 1/31/2020 at 3:25 stated that she did no not want pureed food stated she had not sp about his food prefere admitted to the facility the medical record the Manager had spoken his food preferences of On 1/31/2020 at 3:28 Administrator stated in	ed fish for lunch that day efused everything else. The Id be willing to advance but not over the weekend ot be in the facility. The ST had improved. PM, the Dietary Manager it know Resident #309 did . The Dietary Manager oken to Resident #309 ences or diet since he was y. There were no notes in at indicated the Dietary with Resident #309 about or diet. PM, the facility n an interview, his dent #309's choices would	F	806			

Facility ID: 923344

If continuation sheet Page 22 of 22