Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL049010 B. WING 03/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE **CROWN COLONY** MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section conducted an annual survey on March 3-4, 2015. D 079 10A NCAC 13F .0306(a)(5) Housekeeping and D 079 om 21 smc **Furnishings** 10A NCAC 13F .0306 Housekeeping and **Furnishings** (a) Adult care homes shall (5) be maintained in an uncluttered, clean and nd hazon orderly manner, free of all obstructions and hazards: This Rule shall apply to new and existing facilities This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a clean, orderly and uncluttered environment that was free of obstructions and hazards throughout the facility. The findings are: Observations during the initial tour of the facility on 3/3/15 from 9:25 am through 10:16am revealed: -At 9:40am in the bathroom adjoining room A8, and the shower floor had gray colored soap scum on the floor and sides of the shower. -At 9:47 am in the bathroom adjoining room A6, the wastebasket was overflowing and contained a used pull up, there were yellow and brown splatters visible on the upper rim of the the commode, and the bottom portion of the shower on the right side of the commode was dirty with a brown substance and ants were seen crawling up the outside of the shower wall. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

| Division             | of Health Service F                     |  |   |   | FORM          | APPROVE  |
|----------------------|---|--|---|---|---------------|--|
| STATEMEN<br>AND PLAN | IT OF DEFICIENCIES<br>OF CORRECTION     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPL  | E CONSTRUCTION                                  | (X3) DAT      | E SURVEY   |
|                      |   | TOTAL WATER HOMBER   | A. BUILDING:  |   |               | IPLETED .  |
|                      |   | HAL049010  | B. WING   |   |               |  |
| JAME OF I            | PROVIDER OR SUPPLIER                    |  |   |   | 03,           | 04/2015  |
|                      |   | William P  |   | STATE, ZIP CODE                                 |               |  |
| CROWN                | COLONY                                  |  | IMERCIAL DR<br>SVILLE, NC 2                         |   |               |  |
| (X4) ID              | SUMMARY ST                              | ATEMENT OF DEFICIENCIES  | ID  | PROVIDER'S PLAN OF CO                           | DECTION       | 1  |
| PREFIX<br>TAG        | REGULATORY OR                           | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | PREFIX TAG  | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | SHOULDEE      | (X5)<br>COMPLETE   |
|                      |   |  | - (AG   | DEFICIENCY)                                     | APPROPRIATE.  | DATE   |
| D 079                | Continued From pa                       | age 1  | D 079   |   | - <del></del> |  |
|                      | -At 10:03am in the                      | bathroom adjoining room A4,  |   |   |               |  |
|                      | the commode had                         | a brown substance which  |   |   |               |  |
|                      | appeared to be fed                      | es on the back of the  |   |   |               |  |
| Lady-Strapes Value   | and contained a us                      | wastebasket was overfilled<br>sed pull up, the sink had brown  |   |   |               |  |
|                      | flecks in the botton                    | n and gray residue on right  |   |   |               |  |
|                      | nand side near fau                      | cet, and the room smelled  |   |   |               |  |
|                      | strongly of urine.                      | In mathematical and a second s |   |   |               |  |
| -                    | the wastebasket w                       | bathroom adjoining room B1, as overflowing and contained a   |   |   |               |  |
| ŀ                    | used pull up, the co                    | mmode had streaks of a   |   |   |               | ***************************************  |
|                      | yellow substance ir                     | the bowl, the sink had specks  |   |   | •             |  |
|                      | of red substance of                     | n the left side of the faucet,   |   |   |               |  |
| 1.                   | on the floor and sid                    | or had gray colored soap scum  |   |   |               |  |
| -                    |   | •  |   |   |               |  |
|                      | Observation on 3/3                      | /15 at 10:15 am revealed the   |   |   |               |  |
|                      | closet door around was dirty and in nea | the door handle in room C4   |   |   |               |  |
|                      | •                                       |  |   |   |               | And the state of t |
|                      | Observation on 3/3                      | /15 at 11:29 am on the   |   |   |               |  |
|                      | smoking porch adjo<br>revealed:         | pining the main dining room  |   |   |               |  |
|                      |   | the right side was coated in a   |   |   |               |  |
| [ 1                  | nick black dust and                     | f a single electrical wire   |   |   |               |  |
|                      | protruded down and                      | exposed from the light   |   |   |               |  |
|                      | socket where a ligh<br>nstalled.        | t bulb should have been  |   |   |               |  |
|                      |   | obwebs visible around the  | AAAA GARAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA |   |               |  |
| (                    | eiling of the porch.                    |  |   |   |               |  |
| -                    | The ceiling fan on t                    | he left side had a light coating   |   |   | No.           |  |
|                      | of dust.<br>There were element          |  |   |   | п             |  |
| 1                    | he floor.                               | te butts and ashes visible on  | 1   |   |               |  |
| ] -                  | There were ashes v                      | visible in the windowsill where  |   |   |               |  |
| r                    | esidents had put ou                     | it their cigarettes.   |   |   |               |  |
| 0                    | hservation on 3/4/                      | 15 from 9:45am through   |   |   |               | -  |
| Ď                    | evealed:                                | in morn a moann milondu  |   |   |               | -  |
|                      | At 9:45am, in the ba                    | athroom adjoining room B5  |   |   |               | I  |

| AND PLA                                 | ENT OF DEFICIENCIES<br>IN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:      |  | E CONSTRUCTION                     |  | SURVEY           |
|---|---|--|--|------------------------------------|--|------------------|
|   |   | HAL049010  | B. WING                                |                                    | 03/  | 04/2015          |
| NAME OF                                 | PROVIDER OR SUPPLIER                    | STREET AC  | DRESS, CITY, S                         | STATE, ZIP CODE                    | 1 00/1   | J-112010         |
| CROWN                                   | COLONY                                  |  | MERCIAL DE                             |                                    |  |                  |
| 0100111                                 | OCLON                                   |  | VILLE, NC 2                            |                                    |  |                  |
| (X4) ID                                 | SUMMARY ST                              | ATEMENT OF DEFICIENCIES                                    | ID.                                    | PROVIDER'S PLAN OF C               | ADDEATION.   | <del></del>      |
| PREFIX TAG                              | L (EACH DEFICIENC                       | Y MUST BE PRECEDED BY FULL<br>SCIDENTIFYING INFORMATION)   | PREFIX                                 | (EACH CORRECTIVE ACT)              | ON SHOULD BE   | (X5)<br>COMPLETE |
|   |   | on including and order (OA)                                | TAG                                    | CROSS-REFERENCED TO THE DEFICIENCY | E APPROPRIATE ***  | TOATE-           |
| D 079                                   | Continued East                          |  |  | DEI INCIA                          | <i>)</i>   |                  |
| D 0,0                                   | - onthings i form pe                    |  | D 079                                  |                                    |  |                  |
|   | there was what app                      | peared to be black and brown                               |  |                                    |  |                  |
|   | mold coating the bu                     | ottom suction cups of a clear                              |  |                                    |  |                  |
|   | snower mat in the                       | pottom of the shared resident's                            |  |                                    |  |                  |
|   | shower.                                 |  |  |                                    |  |                  |
|   | there was in the                        | athroom adjoining room B7                                  |  |                                    |  |                  |
|   | and sides of the ch                     | p scum coating the bottom ared resident's shower.          |  |                                    |  |                  |
|   | -At 9:52 am in the                      | bathroom adjoining room B8,                                |  |                                    |  |                  |
|   | there was gray sna                      | oscum coating the bottom                                   |  |                                    |  |                  |
|   | and sides of the res                    | ident's shower, there was a                                |  |                                    |  |                  |
|   | black substance sti                     | cking to the bowl of the                                   |  |                                    |  |                  |
| 100                                     | commode, and ther                       | e were gray and vellow                                     |  |                                    |  |                  |
|   | smudges 1 foot by:                      | 3 inches wide above and                                    |  |                                    |  |                  |
|   | below the door hand                     | tle to the bathroom.                                       | Territor MA Va                         |                                    |  |                  |
|   | At 10:10am, in the                      | common shower room on C                                    |  |                                    |  |                  |
| *************************************** | flaat in the left side (                | of room C1, dirt tracked on the                            | ·                                      |                                    | Andrew   |                  |
|   | chower and both b                       | e area and in between the                                  | * ****                                 |                                    |  |                  |
|   | silvetand bathlig                       | , the shower had a black                                   |  |                                    |  |                  |
|   | near the drain and                      | ttom 3 inches by 2 inches<br>the bathtub had thick ring of |  |                                    | ·  |                  |
| *************************************** | soap scum and hair                      | the partition trad fullek titlid of                        |  |                                    |  |                  |
|   |   | Ť į  |  |                                    | 1  | ,                |
| remonate to                             | Confidential intervie                   | w with eleven residents on                                 |  |                                    |  |                  |
|   | 3/3/15 and 3/4/15 re                    | vealed the following                                       | 1994 <b>- 4-4-6</b>                    | -                                  | ·  |                  |
|   | comments:                               |  | ************************************** |                                    | arrage ty  |                  |
|   | -4 out of eight reside                  | ents stated housekeeping                                   |  |                                    |  |                  |
|   | cleaned their bathro                    | oms everyday.  |  |                                    | 200  |                  |
|   | -" I nere's one house                   | keeper and she works very                                  |  |                                    | l.   |                  |
|   | naro, but (my bathro                    | om is] not cleaned often                                   |  |                                    |  |                  |
|   | hard, but its just mor                  | housekeeper doesn't work                                   |  |                                    |  |                  |
|   | - <sup>H</sup> in my nersonal acid      | nion, these bathrooms should                               |  |                                    |  |                  |
| 1                                       | be cleaned every da                     | y. We generally only get them                              |  |                                    |  |                  |
| (                                       | cleaned once a weel                     | C. H   | İ                                      |                                    | ľ  |                  |
|   | -"They do a pretty go                   | od lob [with housekeeping]                                 |  |                                    |  |                  |
| I                                       | inink. They clean the                   | bathroom once a week, not                                  |  |                                    | a de la composição de l |                  |
| (                                       | often enough. We've                     | had a lot of trouble with                                  |  |                                    | THE PROPERTY OF THE PROPERTY O |                  |
| 1                                       | nousekeepers, they                      | ault."   |  |                                    | A vidence out  | *                |
| -                                       | "They keep it clean                     | here. They clean my  |  |                                    | on the state of th |                  |
| į.                                      | painroom everyday, l                    | out no more than every other                               |  |                                    | 1  |                  |

| חואואוט              | of Health Service R                       | Regulation  |  |   | FORM   | APPROVE                                |
|----------------------|---|---|--|---|--|--|
| STATEMEN<br>AND PLAN | NT OF DEFICIENCIES<br>LOF CORRECTION      | (X1) PROVIDER/SUPPLIER/CLIA                           | (X2) MULTIPLE  | E CONSTRUCTION                                  | /V31 DAT   | E SURVEY                               |
|                      |   | IDENTIFICATION NUMBER:                                | A. BUILDING:   |   |  | PLETED                                 |
|                      |   |   |  |   |  |  |
|                      |   | HAL049010   | B. WING  |   | 03/  | 04/2015                                |
| NAME OF              | PROVIDER OR SUPPLIER                      | STREET A  | DDRESS, CITY, S  | TATE, ZIP CODE                                  |  |  |
| CROWN                | COLONY                                    |   | MERCIAL DR   |   |  |  |
|                      |   | MOORE   | SVILLE, NC 2   | 8115  |  |  |
| (X4) ID  <br>PREFIX  | SUMMARY ST.<br>(EACH DEFICIENC            | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL | ID   | PROVIDER'S PLAN OF C                            | ORRECTION  | (X5)                                   |
| TAG                  | REGULATORY OR I                           | SCIDENTIFYING INFORMATION)                            | PREFIX   | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | ON SHOULD BE   | COMPLETE                               |
|                      |   |   |  | DEFICIENCY                                      | )  | DATE                                   |
| D 079                | Continued From pa                         | age 3   | D 079  |   |  | 1                                      |
|                      | day."                                     |   |  |   |  |  |
| r-Constqu            |   | or me is put toilet tissue out,                       |  |   |  |  |
|                      | soap, and paper to                        | wels. They dust my floor The                          |  |   |  |  |
| *.A                  | last time it was so t                     | dusty ithe dusti was fiving up                        |  |   |  | William Company                        |
|                      | its been a week sir                       | nce housekeeping! last did the                        | 1  |   |  | -                                      |
| 400                  | to two weeks if that                      | leans the bathroom every one                          | 7  |   | •  |  |
|                      |   | tries to clean the bathroom                           | 7  | •   |  |  |
| 1,000                | every day,                                | thes to clean the pathroom                            |  |   |  |  |
| -                    | -On the weekend th                        | ne regular staff clean the                            |  |   |  | ************************************** |
| 1                    | rooms if they are di                      | rty.  |  |   |  |  |
| And desired          | -Sometimes the hol                        | use keeper is not able to get                         |  |   |  |  |
|                      | to all the rooms but                      | Will get them the next day                            |  |   |  |  |
|                      | - i ne nousekeeper (<br>sometimes,        | does work on weekends                                 |  |   |  |  |
|                      | Somethines.                               |   | ***************************************  |   | •  |  |
|                      | Interview with the H                      | ousekeeper on 3/4/15 at                               |  |   |  |  |
| 1                    | 9:50am revealed:                          |   |  |   |  |  |
| 1.4                  | -She worked 8 hour                        | s a day, 5 days a week, and                           | a and a second   |   |  |  |
| 1                    | was usually off Satu                      | irday and Sunday.                                     |  |   |  |  |
| -                    | -Every now and aga                        | in she would get a day off                            |  |   |  |  |
| li                   | instead.                                  | would work Saturday                                   |  |   |  |  |
| 3                    |   | e emptied the wastebaskets                            |  |   |  |  |
| 1                    | or all the residents.                     | swept all the residents                               | ***  |   | a P.   |  |
| ľ                    | ooms, and cleaned                         | all the bathrooms everyday                            | - September 1  |   |  |  |
| -                    | She stated she mor                        | oped the entire facility every                        |  |   |  |  |
|                      | otner day,<br>"Event now and              |   | ,  |   |  |  |
|                      | She stated when cla                       | in, I wipe the dressers off."                         |  |   |  |  |
| я                    | wipe out the sink, w                      | ipe off the mirrors, wipe off                         |  |   | -  |  |
| 1                    | he toilet, and spray :                    | and wice the shower "                                 |  |   |  | 1                                      |
| 1 ~                  | She stated the com-                       | mon bathrooms were                                    |  |   |  |  |
| Ð                    | deaned daily and inc                      | Sluded cleaning the sinks                             |  | ·   | and the same   |  |
| П                    | nirrors, commode, a                       | and emptying the                                      | Ĭ  |   | hi deli incon  |  |
| 3 '                  | vastebaskets.<br>She stated she was       | anhi sanaanihi - 2                                    |  |   |  | j                                      |
| h                    | una sialan sile Was<br>Dusekeenina dufice | only responsible for and did not perform any          | L) The same of the |   |  | - 1                                    |
| le                   | aundry duties.                            | and an nor henorm suh                                 | •  |   | The state of the s |  |
| ;                    |   | 1   | i  |   | 4  |  |

| Division                               | of Health Service F  | Regulation  |  |   | FORM APPROVED                 |
|--|--|---|--|---|-------------------------------|
| STATEME                                | NT OF DEFICIENCIES<br>N OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTI<br>A. BUILDIN   | PLE CONSTRUCTION :  | (X3) DATE SURVEY<br>COMPLETED |
|  |  | HAL049010   | B. WING  |   | 03/04/2015                    |
| NAME OF                                | PROVIDER OR SUPPLIER   | STREETA   | DDRESS, CITY   | , STATE, ZIP CODE   |                               |
| CROWN                                  | COLONY   | 291 CON   | MERCIAL D<br>SVILLE, NC  | PRIVE   |                               |
| (X4) ID<br>PREFIX                      | SUMMARY ST.  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL   | OI CI  | PROVIDER'S PLAN OF CORREC                                   | TION (X5)                     |
| TAG                                    | REGULATORYOR   | ISC IDENTIFYING INFORMATION)  | PREFIX   | (EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR | UID BE COURSET                |
|  |  |   |  | DEFICIENCY)   | OFTIMIL DATE                  |
| D 310                                  | Confidential intervi 3/3/15 and 3/4/15 r -There are some re after the housekee -The residents will bathrooms are dirty Interview on 3/4/15 Aide revealed the coperformed were oc clogged toilet, wipin resident wastebask Interview with the A 11:30am revealed: -The housekeeper -She was expected out of the four halls all of them when sh -The resident's wen smoking porch, but resident's had been Another covered sm away from the build smoking porch was summer.  10A NCAC 13F .090 Service | ew with two staff members on revealed: esidents who dirty their rooms per cleans them. not tell us when their y.  at 10:35am with a Medication only housekeeping tasks they casionally unstopping a ng up a spill, or emptying tets.  dministrator on 3/4/15 at worked 40 hours a week. to completely clean two halls a day, but "She's trying to get | D 079  | Administrator a<br>Supervisor wi                            | polements<br>11 iquids,       |
| ************************************** | <ol><li>All therapeutic d<br/>supplements and thi</li></ol>  | lets, including nutritional ckened liquids, shall be y the resident's physician.  | The second secon |   |                               |
| dains of U.                            |  | as armended by.   |  |   |                               |

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED HAL049010 B. WING 03/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE **CROWN COLONY** MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAĞ REGULATORY OR USC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 310 Continued From page 5 D 310 Based on observation, interview, and record review, the facility falled to assure 1 of 1 resident with a physician's order for chopped meat was served meat chopped at the appropriate consistency. The findings are: Review of Resident #2's FL2 dated 2/18/15 revealed: -Diagnoses included: dementia, cerebral ventriculomegaly, chronic obstructive pulmonary disease, schizophrenia, and anorexia-nervosa. -A physician's order for a regular diet with chopped meats. -A physician's order for Megace (a medication used to stimulate appetite) 40mg/1ml 5ml three times a day with meals. -The resident was documented as intermittently disoriented, non-ambulatory, and incontinent of bladder and bowel Review of Resident #2's Care Plan dated 2/18/15 revealed: -The resident was documented as requiring extensive assistance with eating, tolleting, bathing, dressing, and grooming. -The resident was documented as totally dependent for ambulation. Review of the facility's therapeutic diet list on 3/3/15 revealed Resident #2 was listed as a regular diet with chopped meat. Review of the facility's posted regular diet menu for lunch on 3/3/15 revealed: -3 oz. Salisbury steak -1/2 c. of noodles -1/2 c. vegetable medley -1 wheat roll/bread

|      | Division   | of Health Service Re   | egulation  |               |  |                             | FOR       | MAPPROVI   | ED        |
|------|--|--|--|---------------|--|-----------------------------|-----------|--|-----------|
|      |  | NT OF DEFICIENCIES<br>N OF CORRECTION                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:          | (X2) MULTI    | PLE CONSTRUCTION                       | 10                          | (3) DAT   | E SURVEY   | *******   |
|      |  |  | INCIATILIDATION NUMBERS  | A. BUILDIN    | iG:                                    |                             |           | APLETED .  |           |
|      |  |  | HAL049010  | B. WING       |  |                             | na        | /04/2015   |           |
|      | NAME OF  | PROVIDER OR SUPPLIER   | STREET A   | DORESS, CITY  | , STATE, ZIP CODE                      |                             | US        | 10412013   |           |
| 1    | CROWN  | COLONY   |  | IMERCIAL I    |  |                             |           |  |           |
| 1    |  |  | MOORES   | SVILLE, NC    |  |                             | *         |  |           |
| ı    | (X4) ID<br>PREFIX  | SUMMARY STA  | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL                | QI            | PROVIDER'S PLAN OF                     | CORRECTION                  |           | (X5)   |           |
|      | TAG  | REGULATORY OR L  | SCIDENTIFYING INFORMATION)                                     | PREFIX        | (EACH CORRECTIVE ACT                   | ION SHOULD E<br>HE APPROPRI | SE<br>ATE | COMPLET  |           |
| ł    | ## w 2 m   |  |  | <u> </u>      | DEFICIENC                              | Y)                          |           |  |           |
|      | D 310  | Continued From pa  | ge 6   | D-310         |  |                             |           |  | $\exists$ |
| 1    | •  | -1 margarine   | •  | •             |  |                             |           |  |           |
|      |  | -1/2 c. sherbet  |  |               |  |                             |           |  | 1         |
| 1    |  | -1 c. milk<br>-1 c. beverage of ch                                       | inine  |               |  |                             |           | esembles i.i.  | ı         |
| -    |  |  |  |               |  |                             |           |  | - 1       |
| 1    |  | Observation of Resi  | dent #2 during the lunch meal                                  |               |  |                             |           |  |           |
| 1    |  | on 3/3/15 from 11:40   | Dam through 12:15am  |               |  |                             |           | -  | . [       |
| 1    |  | -At 11:52am, the res   | sident was served Salisbury                                    |               |  |                             |           | Open   |           |
| 1    |  | steak which had bee  | en cut up in bite size pieces                                  | ]             |  |                             |           |  |           |
| 1    |  | - I ne Salisbury steal consistency.                                      | was not a chopped  |               |  |                             |           |  |           |
| I    |  |  | ed one on one feeding  | TTP vocatrate | ************************************** |                             |           | - Contraction  |           |
|      |  | assistance by staff.   | · · · · · · · · · · · · · · · · · · ·                          |               |  |                             |           |  |           |
|      | ***************************************  | -Staff cut the resider   | nt's Salisbury steak up with a                                 |               |  |                             |           |  |           |
|      | THE PARTY OF THE P | the resident, however  | iller pieces as they fed it to<br>er the consistency still was |               |  |                             |           | Parties was some   |           |
| l    |  | not at chopped cons  | istency.   |               |  |                             |           |  |           |
|      |  | -The resident did not  | t appear to have any trouble                                   |               |  |                             |           | 9149 Maradi  |           |
|      | 1  | chewing or swallowir observation.  | ng during the meal   |               |  |                             |           |  | ı         |
| l    |  | -The resident had co   | nsumed 75% of the  |               |  |                             |           |  |           |
|      | e projection   | Salisbury steak by th  | e end of the meal.   |               |  |                             |           | The regional shares  |           |
|      | and the state of t | Interview with the Co  | ok on 3/3/15 at 12:14pm  |               |  |                             | ٠.        | · ·  | 1         |
|      | -  | revealed "I'm suppos   | ed to cut up [Resident #2's]                                   |               | ¥ +                                    |                             |           | and other state of the state of |           |
| l    |  | meat. I don't know w   | hy."   |               | -                                      |                             |           | ***************************************  |           |
|      |  | Interview with one M   | edication Aide on 3/3/15 at                                    |               |  | ٠                           |           |  | Ì         |
|      |  | 12:15pm revealed "If   | Resident #2] won't eat unless                                  |               |  |                             |           |  | Ì         |
|      |  | we cut it up for her. S  | the won't chew anything."                                      |               |  |                             |           |  |           |
|      |  |  | ´ · - 1  |               | ,                                      |                             |           |  |           |
|      |  | for supper on 3/3/15   | s posted regular diet menu                                     |               |  |                             |           |  |           |
|      |  | -6 oz. ladle french on   | lon soup   |               |  |                             |           |  |           |
|      |  | <ul> <li>1 packet saltine crac</li> </ul>                                | kers   |               |  |                             |           |  |           |
|      |  | <ul> <li>-1 sandwich grilled ch</li> <li>-1/2 c. steamed vege</li> </ul> | nicken sandwich  |               | •                                      |                             |           |  |           |
|      |  | -1/2 c. steamed vege<br>-1/2 c. fruit parfait                            | rame sticks  |               |  |                             |           |  |           |
| L    | ,  | -1 c. milk   |  |               |  |                             | -         |  |           |
| Ohio | inian afile  | ith Candas Doggistles  |  |               | ·                                      |                             |           |  | ì         |

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL049010 03/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE **CROWN COLONY** MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 310 Continued From page 7 D 310 -1 c. beverage of choice Observation of Resident #2 during the supper meal on 3/3/15 from 4:45pm through 5:15pm revealed: -At 5:02pm, the resident was served a grilled chicken sandwich. -The piece of grilled chicken on the sandwich had been cut up by the Cook into 8 big pieces of chicken. -The grilled chicken served to the resident was not chopped consistency. -The resident received one on one feeding assistance by staff. -Staff cut the resident's grilled chicken breast into slightly smaller pieces as they fed it to the resident, however the consistency still was not chopped consistency. -The resident did not appear to have any trouble chewing or swallowing during the meal observation. -The resident had consumed 100% of the grilled chicken off the bun by the end of the meal. Interview with the Cook on 3/3/15 at 5:05pm revealed: -"I cut [Resident #2's] meat up the best I can with this knife cause I don't have anything to chop it up with. The person feeding her cuts it up even smaller." -The Cook was unaware chopped meat was usually prepared in a food processor to obtain the correct consistency. Interview with a second Medication Aide on 3/3/15 at 5:10pm revealed "[Resident #2] can swallow, I think she just doesn't have teeth. If its soft she doesn't usually have problems. It's not because she can't chew it, it's because she doesn't want to chew it."

| Division   | of Health Service R   | legulation  |  |  | FOR  | MAPPROVED  |
|--|---|---|--|--|--|--|
| STATEMEN<br>AND PLAN                                   | NT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIF  | PLE CONSTRUCTION                                 |  | E SURVEY<br>IPLETED  |
|  |   | HAL049010   | B. WING  |  |  |  |
| NAME OF I  | PROVIDER OR SUPPLIER  |   | Inpege Arry  | STATE, ZIP CODE                                  | 03.  | /04/2015   |
|  | COLONY  | 291 COM   | IMERCIAL D   | RIVE   |  |  |
| (X4) ID  | SUMMARYST   | ATEMENT OF DEFICIENCIES   | VILLE, NC  | ···  |  |  |
| PREFIX   | (EACH DEFICIENC   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX   | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTION | V SHOULD BE  | (X5)<br>COMPLETE   |
| 77.0   | . m. winder i (or f   | SO IDENTIFYING INFURMALION)   | TAG  | CROSS-REFERENCED TO THE<br>DEFICIENCY)           | APPROPRIATE-   | DATE   |
| D 310  | Continued From pa   | ane 8   | D 310  |  |  |  |
|  |   |   | D310   |  |  |  |
| A A William A A A A A A A A A A A A A A A A A A A      | 5:12pm revealed "[  | rd Medication Aide on 3/3/15 at<br>The kitchen] cut [the meat] up<br>I cut it up in smaller pieces<br>r."         |  |  |  | And the second s |
| MENTAL PHONORMAN AND AND AND AND AND AND AND AND AND A | (RCC) on 3/3/15 at -"That's what we've [chopped meat con -"We just use the te | always done to cut up<br>sistency] with fork and knife."  | The state of the s |  |  |  |
| de distant des experimentals mas                       | meat herself."  -The RCC was unawas aware what the chopped meat for R         | ware if the resident's physician a facility did to prepare tesident #2, but she stated with resident's physician. |  |  |  | To the state of th |
| 1  | Review of physician 3/3/15 revealed the to a regular diet with                | 's order for Resident #2 dated<br>resident's diet was changed<br>n cut-up meat.                                   |  |  |  | A THE STATE OF THE |
|  | that the physician fe   | with Resident #2's<br>3/4/15 at 8:41am revealed<br>It meat cut-up with a knife<br>able for the resident.          |  |  |  |  |
|  | 11:30am revealed:<br>"Chopped meant cu<br>to any other diets."                | Iministrator on 3/4/15 at   | Security and the security of t |  |  |  |
| -  | "Its too complicated  | dents with different diets."  trying to handle other diets." take residents with other                            |  |  | a constant of the constant of  | Signal and the state of the sta |
| D 317 1  | 0A NCAC 13F .090  | 5 (d) Activities Program  | D 317  |  | TO THE PROPERTY OF THE PROPERT | -  |
| 1  | 0A NCAC 13F .090  | 5 Activities Program  |  |  |  | i i i i i i i i i i i i i i i i i i i  |

|          | I OF MEATON SERVICE RE<br>NT OF DEFICIENCIES |  |   |  |                  |
|----------|--|--|---|--|------------------|
| AND PLAN | OF CORRECTION                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ı                                       | LE CONSTRUCTION                          | (X3) DATE SURVEY |
|          |  |  | A BUILDING                              | 5:                                       | COMPLETED        |
| ŀ        |  |  | 5 400                                   |  |                  |
| ļ        |  | HAL049010  | B. WING                                 |  | 03/04/2015       |
| NAME OF  | PROVIDER OR SUPPLIER                         | STREET A   | DDRESS, CITY.                           | STATE, ZIP CODE                          |                  |
| CONMA    | COLONY                                       |  | IMERCIAL D                              |  |                  |
| CICOMM   | COLUMI                                       |  | SVILLE, NC                              |  |                  |
| (X4) ID  | SUMMARY STA                                  | TEMENT OF DEFICIENCIES                             | ĺĎ                                      | PROVIDER'S PLAN OF CORRECT               | (0)              |
| PHEFIX   | (EACH DEFICIENC)                             | MUST BE PRECEDED BY FULL                           | PREFIX                                  | (EACH CORRECTIVE ACTION SHOU             | LD RE COMPLETE   |
| TAG      | NEGOLATORT UK                                | SCIDENTIFYING INFORMATION)                         | TAG                                     | CROSS-REFERENCED TO THE APPRODEFICIENCY) | PRIATE PATE      |
| ~ ^ -    | <b>.</b>                                     |  |   | DCFAIGNOT)                               |                  |
| D 317    | Continued From pa                            | ge 9   | D 317                                   | 000-1-1-1                                | JUNIO            |
|          |  |  |   | Administrator                            | andler 1711      |
|          | (d) There shall be:                          | a minimum of 14 hours of a                         |   | Supervisor will                          |                  |
|          | variety of planned g                         | roup activities per week that                      | -                                       | 1  |                  |
|          | include activities the                       | at promote socialization.                          |   | assure there s                           | shall            |
|          | physical interaction,                        | group accomplishment,                              |   | be a minimu                              |                  |
|          | creative expression                          | , increased knowledge and                          | 1                                       | Joe of the thing                         | mot.             |
|          | learning of new skill                        | s. Homes that care<br>ents with HIV disease are    | ***                                     | 14 hours of a                            | Morieda          |
|          | exempt from this re                          | quirement as long as the                           | }                                       | of planned                               | 14, 20           |
|          | facility can demonst                         | rate planning for each                             |   | or bridging a                            | month            |
|          | resident's involveme                         | ent in a variety of activities.                    |   | activitus per                            | Joan W           |
|          | Examples of group                            | activities are group singing.                      | A SERVICE A                             | 100, 40,00                               | that I           |
|          | dancing, games, ex                           | ercise classes, seasonal                           |   | that include                             | nothitied        |
|          | parties, discussion of                       | groups, drama, resident                            |   | in scruce                                | - COMM TOO       |
|          | council meetings, bo                         | ook reviews, music                                 | ·                                       | That Dromate                             |                  |
| 1        | spelling bees.                               | of current events and                              |   | Swight of L'                             | chi ala I        |
|          | spenny nees.                                 |  | 1                                       | Socialization,                           | 4 HSKCOL         |
| 4        | This Rule is not me                          | t as evidenced by:                                 |   | interaction of                           | 2000             |
|          | Based on observation                         | ons and interviews, the facility                   |   | 222                                      | YOUR I           |
|          | failed to ensure at le                       | east 14 hours of planned                           |   | MACCOMPOUSDING                           | At 1             |
|          | group activities were                        | provided each week that                            | -                                       | Name of the                              | "",              |
|          | promoted socialization                       | on and physical interaction for                    |   | U Payrue exno                            | ession           |
| j.       | the residents residin                        | g in the facility.                                 |   |  |                  |
|          | The findings are:                            | •  |   | ma eased kn                              | 2019000 I        |
|          | riie muniya are.                             | :  |   | and learning o                           | O'TH'            |
|          | Observation of the a                         | ctivity calendar for the month                     |   | No OSE MONE                              | 2                |
|          | of March 2015 revea                          | iled:  |   | , lead of the                            |                  |
|          | -Every Sunday was o                          | documented as church from                          | d                                       | TO assure it                             | i e              |
|          | 9:30 am through 12:                          | 00 noon, and 6:00 pm                               |   | i come Ti                                | 16.2             |
|          | through 7:30 pm.                             |  | 1                                       | rule is moti                             | PodVla           |
|          | -Every Monday was                            | documented as bank /                               | 1                                       | man in a                                 | MELHAU           |
|          | shopping 1:00 pm th                          | rough 4:00 pm.                                     |   | 11 KRAMIR'S 1011                         | VOE OI           |
|          | -Every ruesday was<br>pm through 8:00 pm.    | documented as library 6:00                         | *************************************** | hold with D                              | no Last          |
|          |  | vas documented as bank /                           |   |  | (K2)(Chrou12)    |
| ,        | shopping 2:00 pm th                          | rough 4:00 pm, and pet                             | - Lander                                | J. tate W.W.                             | action works     |
|          | therapy 1:00 pm thro                         | ugh 2:00 pm.                                       |   | Had so than                              | no June          |
|          | -Every Thursday was                          | documented as board                                |   | The of The                               | 7:1              |
|          | alth Service Regulation                      |  |   | VIEW TO TURN                             |                  |

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL049010 B. WING 03/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE **CROWN COLONY** MOORESVILLE, NC 28115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) COMPLETE TAG ÎÂG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 317 Continued From page 10 D 317 games 9:00 am through 11:00 am. -Every Friday was documented as bank / shopping 1:00 pm through 4:00 pm. -Every Saturday was documented as bingo 1:00 pm through 2:00 pm. During the survey dates of 3/3/15 through 3/4/15 no activities were observed being done. Observation of the facility activity book revealed: -Multiple pages labeled shopping list with resident signatures. -Several pages with residents names with no documentation for type of activity. -A few pages labeled bingo with some residents names. Confidential interviews with three staff members revealed: -The lady who brings the dog on Wednesday night has been sick and not been in a while. -They had not seen residents going out to the library. -Someone comes in from the outside to do bingo once every other week. -They thought that the library was a room in the facility with a few books for residents to look at. -They did not do activities with the residents. -There are a lot of the residents who will not participate in activities. -When the church groups come into the facility some of the residents are rude to them. -If food is not involved the residents will not participate. Confidential interviews with eleven residents revealed the following comments: -"No they don't offer things to do here. That chart out there is a lie. We don't get to go to the library..." Division of Health Service Regulation

| Division o   | f Health Service R                 | legulation   |   |                                     | FOR         | M APPROVE        |
|--------------|------------------------------------|--|---|-------------------------------------|-------------|------------------|
| STATEMENT    | OF DEFICIENCIES<br>F CORRECTION    | (X1) PROVIDER/SUPPLIER/CLIA  | (X2) MULTIPL                            | E CONSTRUCTION                      | (X3) (XA)   | E SURVEY         |
| Jun L LVIA O | CORRECTION                         | IDENTIFICATION NUMBER:   | A. BUILDING:                            |                                     |             | APLETED          |
|              |                                    |  |   |                                     |             |                  |
|              |                                    | HAL049010  | B. WING                                 |                                     | 0.3         | /04/2015         |
| NAME OF PR   | OVIDER OR SUPPLIER                 | STREET AC  | אחסבפפ ביודע פ                          | ITATE, ZIP CODE                     | 90:         | 04/20 (3)        |
|              |                                    | ***************************************  | MERCIAL DR                              |                                     |             |                  |
| CROWN C      | ULUNY                              |  | VILLE, NC 2                             |                                     |             |                  |
| (X4) ID      | SUMMARY ST                         | ATEMENT OF DEFICIENCIES  | Œ                                       | PROVIDER'S PLAN OF CO               | PRECTON     |                  |
| PREFIX       | EACH DEFICIENC                     | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION  | PREFIX                                  | (EACH CORRECTIVE ACTIO              | N SHOULD BE | (X5)<br>COMPLETE |
|              |                                    | The state of the contract of the state of th | TAG                                     | CROSS-REFERENCED TO THE DEFICIENCY) | APPROPRIATE | DATE             |
| D 317 C      | Continued From pa                  | ino 11   | D 317                                   |                                     |             |                  |
| 1            |                                    |  | אונעו                                   |                                     |             |                  |
| 1.           | We only have on                    | activity and that's bingo. One   |   |                                     |             |                  |
| lá           | uy volunteers and                  | I comes in on Saturday's to do   |   |                                     |             |                  |
|              | oingo.]"<br>"We play bingo on      | co a want do adad  |   |                                     | •           | Yearen           |
| 9            | ometimes"                          | ce a week, do arts and crafts  |   |                                     |             | 180              |
|              |                                    | th [names of two community   |   |                                     |             | -                |
| ·   v        | plunteers), they do                | bingo 1-2 times a week ".  |   |                                     |             |                  |
| -            | When asked abou                    | t going to the library on the  |   |                                     |             |                  |
| e            | vening of 3/3/15 a                 | s scheduled on the activity  |   |                                     |             |                  |
| C            | alendar, another r                 | esident stated "We didn't do   |   |                                     |             |                  |
| 18           | ist night. We stopp                | ped going to the library years   | 10                                      |                                     |             |                  |
| a            | go".                               |  |   |                                     |             |                  |
|              | We have bingo ar                   | d friendship club."  |   |                                     |             |                  |
| - ¥          | vnen asked had t                   | ne resident had any recent   |   |                                     |             |                  |
| O)           | oportunities to go                 | to the library the resident  |   |                                     |             | -                |
| lo           | isponded flot sind<br>ve to read." | e I've been here, but I used to  |   |                                     |             |                  |
|              |                                    | isked about what activities  |   |                                     |             |                  |
| W            | ere offered during                 | the day at the facility one  |   |                                     |             |                  |
| re           | sident responded                   | "Nothing much. They really   |   |                                     |             |                  |
| do           | on't. I try to do thin             | gs when they offer something.  | *************************************** |                                     |             | 200              |
|              | lon't play bingo."                 | - 1  | Anna Anna Anna Anna Anna Anna Anna Anna |                                     |             | [                |
| -A           | nother resident w                  | as asked about what activities   |   |                                     |             |                  |
| ·· We        | ere offered and the                | e resident stated "They have   |   |                                     |             |                  |
| sn           | acks. No activities                | that I've seen. We have  |   |                                     |             |                  |
| sh           | opping on Monda                    | y, Wednesday, and Friday's."   |   |                                     |             |                  |
| I            | ney never do wha                   | t is on the activity calendar.   |   |                                     |             |                  |
| - J.         | hey had never be                   | n to the library.  |   |                                     |             | ŕ                |
| *   ·        | hey would like to d                | lo more.   |   |                                     |             |                  |
| - Ji         | r you don't nave m<br>opping".     | oney there is no use to go   |   |                                     |             |                  |
|              | opping .<br>hey would like to c    | la arafta  |   | *                                   |             |                  |
| -0           | ccasionally they c                 | nior nicturae  | 4                                       |                                     |             |                  |
| -Pi          | rizes in bingo are                 | not very good  | .                                       |                                     |             |                  |
| -Ti          | ney would not do                   | anything else if it was  |   |                                     |             |                  |
| av           | ailable.                           |  |   |                                     | ale Avenue  |                  |
| -"T          | he activity calend                 | ar is a lie. We don't do   |   |                                     | r, www.me   |                  |
| an           | ything on the cale                 | ndar",   |   |                                     |             |                  |
| -TI          | ne activity calenda                | r is the same every month.   |   | ,                                   |             |                  |
| 'V           | Ve were told that v                | ve might go to Carowinds   |   |                                     |             |                  |

|     | VAME OF    | NT OF DEFICIENCIES<br>I OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLI<br>A. BUILDING: | E CONSTRUCTION                     |                     | ESURVEY          |
|-----|------------|---|--|-------------------------------|------------------------------------|---------------------|------------------|
| - 1 |            |   | ***********  |                               |                                    | COM                 | PLETED           |
| - 1 |            |   | HAL049010  | B. WING                       |                                    | na                  | 04/2015          |
| 0   | CROWN      | PROVIDER OR SUPPLIER  | STREETA  | DDRESS, CITY, \$              | TATE, ZIP CODE                     | 1 03/               | <u>04/2010</u>   |
| - 1 |            | COLONY  | 291 CON  | MERCIAL DR                    | IVE                                |                     |                  |
|     | (X4) ID    | SUMMARY ST  | ATEMENT OF DEFICIENCIES  | Q                             | PROVIDER'S PLAN OF C               | OBSECTION           |                  |
|     | PREFIX TAG | REGULATORY OR I   | Y MUST BE PRECEDED BY FULL<br>SCIDENTIFYING INFORMATION)   | PREFIX                        | (EACH CORRECTIVE ACTION            | IN SHOULD BE        | (X5)<br>COMPLETE |
| -   |            |   |  | IAG                           | CROSS-REFERENCED TO THE DEFICIENCY | IE APPROPRIATE<br>) | - DATE           |
|     |            | this summer".  "It would be nice to  -There is not much  -They would not do  -They liked to stay  Interview with the A  11:30am revealed:  -She was the facility  responsible for activative programmer  -"We have a pretty  -"Our activity programmer  bingo, arts and craft  a month for bingo".  -There is a group with the  residents.  -"We have a great selecal churches in the  -When asked about  in the hallway she selecal churches in the  -"I wasn't aware going  the schedule, but we  the library in the past  problems." | o have things to do".  to do at the facility anything if it was offered. by themselves.  dministrator on 3/4/15 at  y's Activity Director and vities. good activities program." am includes pet therapy, its, Girl scouts come one time who is going to start coming in Traumatic Brain Injury | D 317                         | DEFICIENCY                         |                     |                  |
|     |            | ilt Senica Regulation   |  |                               |                                    |                     |                  |

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| _       |               |                                 |   |               |  |          |  | ]                                       | i-     |        | ]    | Γ    | T-     | I       |   |      |      | -    |      | -                                       |                      |      |      | Т      |     |      | -T    |          |      | ٦        |   | κα<br>>   |   |  |   |  |   |  |  |  | į  |   |  |  | ,   |
|---------|---------------|---------------------------------|---|---------------|--|----------|--|---|--------|--------|------|------|--------|---------|---|------|------|------|------|---|----------------------|------|------|--------|-----|------|-------|----------|------|----------|---|---|---|--|---|--|---|--|--|--|--|---|--|--|---|
|         |               |                                 |   |               |  |          |  |   | _      |        |      | _    | _      |         |   |      |      |      |      |   |                      |      |      |        |     |      |       |          |      |          |   | with  |   | ith ar   |   |  | •   |  |  |  |  |   |  |  |   |
|         | ٠.            |                                 |   |               |  |          |  |   |        | -      |      |      |        |         |   |      |      |      |      |   |                      |      |      |        |     |      |       |          | 14,4 |          |   | ark box   |   | k box w  | -   |  |   |  | ***************************************  |  |  |   |  |  | Address Vermand de la company de la company   |
|         |               |                                 |   |               |  |          |  |   |        |        |      |      |        |         |   |      |      |      |      |   |                      |      |      |        |     |      |       |          |      |          |   | tion - m  |   | n - mar  | -   |  |   |  |  |  | 110000000000000000000000000000000000000  | :.  |  | .04  | ıme:  |
|         |               |                                 |   |               |  |          |  |   |        |        |      |      |        |         |   |      |      |      |      | -                                       |                      |      |      |        |     |      |       |          |      |          |   | d condit  |   | attentio   | ***************************************   |  |   |  | ***************************************  |  | · · · · · · · · · · · · · · · · · · ·  |   |  | Ë  | 11  |
|         |               |                                 |   |               |  |          |  |   |        |        |      |      |        |         |   |      |      |      |      |   |                      |      |      |        |     |      |       |          |      |          |   | If in go  | 7   | II needs   |   |  | ounds:  |  |  |  |  |   | ·                                      |  |   |
|         |               |                                 | 1   |               |  |          |  |   |        |        |      |      |        |         |   | 1    |      |      |      | 1                                       | 1                    |      | +    |        | -   | 1    | -     | <u> </u> |      |          | L   |   | -   | <b>.</b>   | 1   | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  | racility us   | Dumpster   |  | Signed   |  | min/Sup:  |  | Date.  | Care,   |
|         |               |                                 |   |               |  |          |  |   |        |        |      |      |        |         |   |      | 1    | -    |      |   |                      |      |      |        | +   |      |       |          |      | prink.   | Scut  |   |   |  | T   | 1  | T   |  | Γ  |  |  | N S   |  |  | -   |
|         |               |                                 |   |               |  |          |  |   |        |        |      |      |        |         |   |      |      |      |      |   |                      |      |      |        |     |      |       |          |      | -        | 十   |   |   |  |   |  |   |  |  |  |  |   |  |  |   |
|         |               |                                 | 1   |               |  |          |  | +                                       |        |        |      | -    |        |         |   |      | - -  |      |      | -                                       | -                    | -    |      | -      |     |      | -     |          |      | <u> </u> | _   | -   |   |  |   |  |   |  |  |  |  |   |  |  | -   |
|         |               |                                 |   |               |  |          |  |   |        |        |      |      |        | - 1     |   |      |      |      |      |   |                      |      |      |        |     |      |       |          |      | Etim     |   |   |   |  |   |  |   |  |  |  |  |   |  |  |   |
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| Bath    | Jil Bath      | ull Bath                        | Bath  | d Bath        | Parior   | ult Bath | Bath   | Bath                                    | Bath   | Bath   | Bath | Bath | erRoom | er Room | Bath                                    | Bath | Bath | Bath | Sath | 3ath                                    | II Bath              | Bath | Bath | l Bath | sam | Bath | m sam | Rath     |      |          | oset  | mo  |   | <b>X</b>   |   | Storage  | E   | 1  |  |  | , wo   | E   | l m                                    | 2600000  | Housekeeping Storage  |
| 1.5 Ful | 7/A-9 F       | /A-10 F                         | -6 Full   | A-2 FL        | eauty  | 8-3 F    | 5 Full   | 7 Full                                  | 8 Full | 5 Full | Full | Full | Show   | Show    | F                                       | Full | Full | Full | Fu   | Ē                                       | 4 Fu                 | S Ha | Har  | 3 Fu   | 1   | 6    |       |          | 3    |          | C Si  | O Ro  | age   | age  | A A   | 8  | 20  | Cher   | 0 0  |  | 7  | zd Lin  | g Ro                                   | 1  | 를<br>유  |
|         | A-5 Full Bath | A-5 Full Bath A-7/A-9 Full Bath | A-5 Full Bath       A-7/A-9 Full Bath       Bath | A-5 Full Bath | A-5 Full Bath       A-7/A-9 Full Bath       A-8/A-10 Full Bath       Bath       Bath       Bath       Bath       A-8/A-2 Full Bath       Bath </td <td></td> <td>A-5 Full Bath       A-7/A-9 Full Bath       A-8/A-10 Full Bath       B-8-2 Full Bath       &lt;</td> <td></td> <td>Walls Celling Floors Orderly Above tine Behaviline Name Emanue Sprink</td> <td>Wals Celing Floors Orderly Above Line Below Line Veris Furniture Outless Esolut</td> <td>  Marie   Coulcie   Petron Line   Petro Line   Petron Line   Petron Line   Petro Line</td> <td>Was Coling Phose Orderly Above Line Below Line Frank Controls Figure 1</td> <td>Walls         Colleg         Floor         Specime Line         Sector Line         Furnishe         Spirith           Walls         Colleg         Floor         Spirith         Fifth good condition - mark box with an Princip convertion and part of the condition of the condi</td> <td>Walls Celling Floors Octarly Above Line Below Line Voins Furnitive Condition - mark box with a 1 kin good condition - mark good condition -</td> <td>  Walls   Celling   Floors   Colerol   Colerol   Celling   Celling   Floors   Celling   Celling</td> <td>  West   College   Floors   College   Floors   College   Estate   College   College   Estate   College   Est</td> <td>Wasis Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Wasis Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Sprink  Frameries Cuit</td> <td>  William   Config   Floor   Coderly   Above Line   Coder   Floor   Fl</td> <td>Wate Culing Flood Octob Above Live Below Live Views Fundows Culindows Culing Flood Condition - mask box with a Pit in about condition - mask box with a Pit in a</td> <td>  Was   Coling   Floors   Oweng   Above Line   Weess   Furnishe   College   Signification - mark box with an included   Family Grounds.   /td> <td>  Walis   Coding   Floor   Codes   Stank    </td> <td>Was control from Orderly Atom Line Betwithe Veins Funder Colline Symm.    Was control from Colline Figure F</td> <td>We've Culting From Country Autom Uses Special Frances Culting Special Frances</td> |          | A-5 Full Bath       A-7/A-9 Full Bath       A-8/A-10 Full Bath       B-8-2 Full Bath       < |   |        |        |      |      |        |         |   |      |      |      |      |   |                      |      |      |        |     |      |       |          |      |          | Walls Celling Floors Orderly Above tine Behaviline Name Emanue Sprink | Wals Celing Floors Orderly Above Line Below Line Veris Furniture Outless Esolut | Marie   Coulcie   Petron Line   Petro Line   Petron Line   Petron Line   Petro Line | Was Coling Phose Orderly Above Line Below Line Frank Controls Figure 1 | Walls         Colleg         Floor         Specime Line         Sector Line         Furnishe         Spirith           Walls         Colleg         Floor         Spirith         Fifth good condition - mark box with an Princip convertion and part of the condition of the condi | Walls Celling Floors Octarly Above Line Below Line Voins Furnitive Condition - mark box with a 1 kin good condition - mark good condition - | Walls   Celling   Floors   Colerol   Colerol   Celling   Celling   Floors   Celling   Celling | West   College   Floors   College   Floors   College   Estate   College   College   Estate   College   Est | Wasis Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Wasis Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Selever Line Versas Frameries Cuiting Sprink  Frameries Cuiting Floors Onterly Above Line Sprink  Frameries Cuit | William   Config   Floor   Coderly   Above Line   Coder   Floor   Fl | Wate Culing Flood Octob Above Live Below Live Views Fundows Culindows Culing Flood Condition - mask box with a Pit in about condition - mask box with a Pit in a | Was   Coling   Floors   Oweng   Above Line   Weess   Furnishe   College   Signification - mark box with an included   Family Grounds.   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Vise back for comments

Date:

Date:

НК2

|            | Bed | Head<br>Board | Chair | Lamp | Dresser | Night<br>Stand | Lights  | Floor  | Walls              | Mattress                          | Closet | Vents  | Sprik.<br>Escut | Outlets                                 | Clean                                   |
|------------|-----|---------------|-------|------|---------|----------------|---------|--------|--------------------|-----------------------------------|--------|--|-----------------|---|---|
| C-1        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| C-3        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| C-5<br>C-7 |     | ·             |       |      |         |                |         |        |                    |                                   |        |  |                 | ·                                       |   |
| C-8        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| C-6        |     |               |       |      |         |                |         |        |                    | -                                 |        |  |                 |   | Western                                 |
| C-4        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   | +                                       |
| C-2        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| D-1        |     |               |       |      |         |                |         |        |                    | •                                 |        |  |                 |   |   |
|            |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| D-3        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| D-5 -      |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 | *************************************** |   |
| D-7        |     |               |       |      |         |                |         |        |                    |                                   |        | Constitution of the consti |                 |   |   |
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| D-9        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| D-10       |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| D-8        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| D-6        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
| J-0 [      |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   | *************************************** |
| D-4        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   | -                                       |
| D-2        |     |               |       |      |         |                |         |        |                    |                                   |        |  |                 |   |   |
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► Use back for comments

НК3

| Signed:    | Date: |
|------------|-------|
| Admin/Sup: | Date: |

| Resi   | dent's Name:   |
|--------|--|
|        | STANDING ORDERS FOR MEDICATION AND TREATMENT   |
| Doct   | tor: Date:   |
| · mark | For fever 99.9° or greater:  a) Tylenol 500mg. – two (2) tablets p.o. every four (4) hours x24 hrs.  b) If fever of 99.9° or higher persists longer than 24 hours, notify physician.  c) Monitor temperature 3x daily for 24 hrs after normal body temperature exists. |
| 2      | . For headaches and/or minor discomfort: a) Tylenol 500mg. – two (2) tablets p.o. every six (6) hours PRN x24 hrs.   |
| 3.     | <ul> <li>For cough:</li> <li>a) Robitussin (2) tsp. (10cc) p.o. every six (6) hrs.</li> <li>b) Do not exceed 4 doses in 24 hours.</li> <li>c) If cough non-improved in 24 hours, notify physician.</li> </ul>  |
| 4.     | <ul> <li>For constipation:</li> <li>a) Milk of Magnesia – 30 cc p.o. at bedtime.</li> <li>b) Fleets/Soap Suds enema PRN for constipation if not relieved by Milk of Magnesia.</li> </ul>   |
| 5.     | For Diarrhea: <ul> <li>a) Check for impaction and fever.</li> <li>b) Imodium AD 2 mg. – (1) capsule p.o. with each loose stool up to 8 doses in 24 hours.</li> <li>c) Notify physician for persistent diarrhea (24 hours).</li> </ul>                                  |
| 6.     | For minor allergic reaction/allergies/trouble sleeping:  a) Benadryl 25 mg. – (1) p.o. every 4 hrs.  b) Notify physician if reaction persists greater than 24 hours.   |
| 7.     | For insect bites, itching or minor rashes: a) Hydrocortisone cream 0.5% topically. b) Notify physician if problem persists greater than 48 hours.  |
| 8.     | Heartburn or indigestion:  a) Maalox 2 tbsp. (30 cc) – p.o. up to 4x daily.  b) Notify physician if problem persists greater than 72 hours.  |
| 9.     | For skin tears, abrasions, or minor irritations: a) Clean area with wound cleaner.   |

b) Apply Neosporin ointment.c) Cover with band aid or gauze.d) Secure gauze with tape.e) Change daily and as needed until healed.

10. Medications given by mouth (if not enteric coated or time released meds) may be crushed and/or placed in applesauce or juice if indicated.

| Resident's Name:   |
|--|
| 11. PRN AcouChecks (DIABETIC RESIDENTS ONLY):  |
| a) If FSBS <70 give 8 oz orange juice and peanut butter and crackers.  |
| b) Recheck in 30 minutes.  |
| c) If FSBS still <70 give 8 oz orange juice with one pack of sugar, peanut & crackers and notify MD.   |
| or   |
|  |
| a) If FSBS >450 implement physician orders if present or notify MD.  |
| b) Recheck in 30 minutes.  |
| c) If FSBS still >450, notify MD.  |
| 12. Generic drug equivalent may be used unless otherwise notified.   |
| 13. Diet: (Please check one)   |
| Regular  |
| Follow regular menu plan.  |
| No Concentrated Sweets (NCS)   |
| Follow regular menu plan with diabetic desserts.   |
| Avoid sugar sweetened foods and tray sugar.  |
| Regular – No Added Table Salt (NATS)   |
| Follow regular many also with the state of t |
| Follow regular menu plan with no added salt at the table or salt on tray.  Special instructions cut up meats   |
| 14. Vital Signs: (Parameters unless otherwise specified by MD)   |
| - Pulse: 60 to 100 beats per minute  |
| If pulse 101 – 120 bpm assist resident to rest and recheck in 30 – 60 minutes, if pulse is greater   |
| than 120 contact MD.   |
| - Blood Pressure: 90 to 150 mmHg (systolic)  |
| If systolic BP is greater than 150 assist resident to rest and recheck in  |
| 30 – 60 minutes. If systolic BP remains greater than 165 notify MD.  |
| 60 to 95 mmHg (diastolic)  |
| If diastolic BP is greater than 95 assist resident to rest and recheck in  |
| 30 – 60 minutes. If diastolic BP remains greater than 105 notify MD.   |
| - Respirations: 12 to 24 breaths per minute.   |
| If respirations greater than 24 assist resident to rest and recheck in 30. 60 minutes  |
| 11 respirations remain greater than 28 notify MD   |
| - Temperature: $97.0 \leftrightarrow 99.1$ degrees Fahrenheit  |
| If temperature is 99.9 or greater, more than 24 hours notify MD.   |
|  |
| *All parameters are unless otherwise specified by MD*  |
|  |
|  |
| 15. Physician Comments:  |
|  |
|  |
|  |
|  |
| Physician's Signature  |

Standing orders must be updated by the attending physician every six (6) months.

## Shook, Linda

From:

Shook, Linda

Sent:

Friday, April 10, 2015 10:52 AM

To:

Johnson, Jimmianne

Cc:

Cline, Joseph A; Penland, Beverly D

Subject:

**CROWN COLONY - IREDELL COUNTY** 

**Attachments:** 

Crown Colony 2015-04-06 POC-P3R911.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant Adult Care Licensure Section NC Department of Health and Human Services Division of Health Service Regulation 12 Barbetta Drive, Asheville, NC 28806 Phone: (828)670-3391 x 149

Fax: (828) 670-5040 Linda.Shook@dhhs.nc.gov

www.ncdhhs.gov/dhsr

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