Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | , , | LE CONSTRUCTION | (X3) DATE COMF | SURVEY PLETED | | |
|---|---|---|----------------------------|--|----------------------------------|--------------------------|--|
| | | | A. BUILDING | : | | Б | |
| | | HAL092186 | B. WING | B. WING | | २ 07/2015 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREE | ADDRESS, CITY, | STATE, ZIP CODE | | | |
| NORTH I | POINTE ASSISTED LI | VING OF GARNE | NERSBORO R ER, NC 27529 | OAD | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| {D 000} | Initial Comments | | {D 000} | | | | |
| | The Adult Care Lice follow-up survey on | ensure Section conducted a May 5-7, 2015. | | | | | |
| D 050 | 10A NCAC 13F .03 | 05(e) Physical Environment | D 050 | | | | |
| | (e) The requirement rooms are: (1) Minimum bathra include a toilet and residents and a tub residents or portion (2) Entrance to the through a kitchen, a another bathroom; (3) Toilets and bath in accordance with Building Code, Plur (4) Bathrooms and physically handicap required by Volume Building Code, Acca (5) The bathrooms designed to provide rooms with two or no (commodes) shall hour curtains for each washower shall have per (6) Hand grips shad commodes, tubs an accessible to reside (7) Each home shad opening off the corrow (A) a door of three (B) a three feet by designed to allow the taking a shower with the residence of the corrow of | bathroom shall not be another person's bedroom, on significant for staff and visitors shall the North Carolina State in bing Code; I toilets accessible to the sped shall be provided as a I-C, North Carolina State essibility Code; and toilet rooms shall be exprivacy. Bathrooms and toilet rooms and toilet rooms concerned privacy partitions or atter closet. Each tub or privacy partitions or curtains attend to the installed at all indicated at all indicated at least one bathrooms. | be let | | | | |

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

(X6) DATE TITLE

| DIVISION | of Health Service Re | guiation | | | | |
|--------------------------|---|--|---------------------|--|-------------------------|--------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
| | | | A. BUILDING. | | | , |
| | | HAL092186 | B. WING | | R 05/07/201 : | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| NODTIL | DOINTE ACCICTED I I | VINC OF CARNE | RSBORO RO | DAD | | |
| NORTH | POINTE ASSISTED LI | GARNER GARNER | NC 27529 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| D 050 | Continued From pa | ge 1 | D 050 | | | |
| | each room shall ha (9) Bathrooms and as conveniently as bedrooms; (10) Resident toiler not be utilized for st those indicated in It (11) Toilets and ba mechanically ventila minute. The mecha does not apply to fa 1984, with natural v (12) Non-skid surfa installed in showers | ths shall be well lighted and ated at two cubic feet per anical ventilation requirement acilities licensed before April 1, ventilation; acing or strips shall be and bath areas; and he bathrooms and toilet rooms | | | | |
| | failed to assure 4 o bathrooms on Wes curtains for each to residents being exp bathroom doors we Observation of the Room 112 on the Withe facility on 05/05 - Bathroom had two There was a parand the toilet There was no pathe two toilets. | on and interview, the facility of the 4 common resident thall had privacy partitions or ilet, tub or shower resulting in posed to others when are opened. The findings are: women's restroom beside west hall during initial tour of 1/15 at 10:54 a.m. revealed: yo toilets and a sink. Itition wall between the sink | | | | |
| | There was no locThere was no sign | cking mechanism on the door. gn on the door to indicate if the pied or unoccupied. | | | | |

6899

Division of Health Service Regulation STATE FORM

Observation of the women's bathroom across

| MAME OF PROVIDER OR SUPPLIER NORTH POINTE ASSISTED LIVING OF GARNE (A4) ID PRETIX TAG D 5050 Continued From page 2 from Room 113 on the West hall during initial tour of the facility on 05/05/15 at 11:05 a.m. revealed: B athroom had two toilets. There was no partition wall or curtain between the two toilets. There was no ign on the door to indicate if the restroom was occupied or unoccupied. Observation of the women's bathroom beside Room 101 on the West hall during initial tour of the facility on 05/05/15 at 11:35 a.m. revealed: B athroom had one toilet. There was no partition wall between the sink and the toilet. There was no ign on the door to indicate if the restroom was occupied or unoccupied. Observation of the women's restroom beside Room 98 on the West hall during initial tour of the facility on 05/05/15 at 11:05 a.m. revealed: B athroom had one toilet is sink. There was no partition wall between the sink and the toilet. There was no partition wall or curtain between the two toilets. There was no incking mechanism on the door. There was no incking mechanism on the door to indicate if the restroom was occupied or unoccupied. Observation of the women's bathroom beside Room 101 on the West hall during initial tour of the facility on 05/05/15 at 11:35 a.m. revealed: B athroom had not loilet, a sink, a shower, and a tub. There was no locking mechanism on the door. | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|---|--|-----------------|--|---------|----------|
| NAME OF PROVIDER OR SUPPLIER NORTH POINTE ASSISTED LIVING OF GARNE! (A4) ID PREFEIX TAG SUMMARY STATEMENT OF DEFICIENCIES: 1437 AVERSBORO ROAD GARNER, NC 27529 (CA4) ID PREFEIX TAG CROCK (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TO SO COntinued From page 2 from Room 113 on the West hall during initial four of the facility on 05/05/15 at 10:59 a.m. revealed: - Bathroom had one toilet, a sink, a shower, and a tub. - There was no locking mechanism on the door There was no sign on the woor to indicate if the bathwoor may so coupled or unoccupied. Observation of the women's restroom beside Room 98 on the West hall during initial tour of the facility on 05/05/15 at 11:05 am. revealed: - Bathroom had two toilets and a sink There was no sign on the door to indicate if the bathwoor was occupied or unoccupied. Observation of the women's restroom beside Room 98 on the West hall during initial tour of the facility on 05/05/15 at 11:35 am. revealed: - Bathroom had two toilets There was no sign on the door to indicate if the restroom was occupied or unoccupied. Observation of the women's bathroom beside Room 101 on the West hall during initial tour of the facility on 05/05/15 at 11:35 am. revealed: - There was no sign on the door to indicate if the restroom was occupied or unoccupied. Observation of the women's bathroom beside Room 101 on the West hall during initial tour of the facility on 05/05/15 at 11:35 am. revealed: - Bathroom had one toilet, a sink, a shower, and a tub There was no partition walls or curtains around the toilet, shower, or tub There was no locking mechanism on the door There was no locking mechanism on the do | | | | | 7 11 2012211101 | | | R |
| NORTH POINTE ASSISTED LIVING OF GARNE GARNER, NC 27529 | | | HAL092186 | | B. WING | | 05/0 | 07/2015 |
| CAN DO | NAME OF I | PROVIDER OR SUPPLIER | | | | | | |
| PREFIX TAG CAMPICE PROBLEM PROPRIATE PATE | NORTH I | POINTE ASSISTED LI | VING OF GARNE | | | DAD | | |
| from Room 113 on the West hall during initial tour of the facility on 05/05/15 at 10:59 a.m. revealed: - Bathroom had one toilet, a sink, a shower, and a tub. - There was no partition walls or curtains around the toilet, shower, or tub. - There was no locking mechanism on the door. - There was no sign on the door to indicate if the bathroom was occupied or unoccupied. Observation of the women's restroom beside Room 98 on the West hall during initial tour of the facility on 05/05/15 at 11:05 a.m. revealed: - Bathroom had two toilets and a sink. - There was a partition wall between the sink and the toilet. - There was no partition wall or curtain between the two toilets. - There was no locking mechanism on the door. - There was no sign on the door to indicate if the restroom was occupied or unoccupied. Observation of the women's bathroom beside Room 101 on the West hall during initial tour of the facility on 05/05/15 at 11:35 a.m. revealed: - Bathroom had one toilet, a sink, a shower, and a tub. - There was no partition walls or curtains around the toilet, shower, or tub. - There was no locking mechanism on the door. - There was no locking mechanism on the door. - There was no locking mechanism on the door. - There was no locking mechanism on the door. - There was no locking mechanism on the door. - There was no locking mechanism on the door. - There was no locking mechanism on the door. - There was no locking mechanism on the door. | PREFIX | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | | PREFIX | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP | OULD BE | COMPLETE |
| Confidential interview with a resident revealed: - The bathrooms on West hall were remodeled recently. - They do not have privacy curtains. - They cannot lock the door for privacy. - Other residents have walked in on the resident | D 050 | from Room 113 on of the facility on 05/- Bathroom had or a tub. There was no pathe toilet, shower, country the toilet, shower, country the toilet, shower, country the toilet, shower was occur. Observation of the Room 98 on the Wordstility on 05/05/15 Bathroom had twoers are the two toilets. There was no pathe two toilets. There was no location the Room 101 on the Wordstroom was occur. Observation of the Room 101 on the Wordstroom was occur. Observation of the Room 101 on the Wordstroom had or a tub. There was no pathe toilet, shower, country the toilet, | the West hall during initial (05/15 at 10:59 a.m. revenue toilet, a sink, a showe artition walls or curtains a per tub. Exing mechanism on the ground or unoccupied. Women's restroom besidest hall during initial tour at 11:05 a.m. revealed: Wo toilets and a sink. Itition wall between the since the ground or unoccupied. Women's pathroom beside the ground or unoccupied. Women's bathroom beside the ground or unoccupied. Women's bathroom beside the toilet, a sink, a showe artition walls or curtains a per tub. Exing mechanism on the sign on the door with a pushed to indicate if the shower with a resident reveal on West hall were remode the privacy curtains. It is the door for privacy. | ealed: er, and around door. e if the de of the ink tween de door. e if the de cof ed: er, and around door. ush ower ded: | D 050 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ' | E CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|---|---|---|-----------------------------------|--------------------------|
| | | HAL092186 | | B. WING | | | R 07/2015 |
| | PROVIDER OR SUPPLIER | VING OF GARNE | 1437 AVE | DRESS, CITY, S RSBORO RO , NC 27529 | STATE, ZIP CODE DAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIE: / MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 050 | while the resident v - The resident did walked into the bat using it The resident wal bathrooms. Confidential intervie revealed: - They do not have bathrooms The bathroom de - Staff puts somet they help the reside no one walks in. Confidential intervie revealed: - The bathrooms since they were rer - No one had walk using the bathroom Confidential intervie revealed: - The resident did West hall but walke every day The resident had the bathroom when residents on West - The resident rep Confidential intervie revealed: - Visitor reported s bathroom when do when the visitor wa - This happened of | vas using the bathroom ont like it when some hroom while the residented privacy curtains are with a second rese privacy curtains in the pors do not lock, thing against the door ent with a shower to read with a third resident with a shower to read in while the resident but, "they need curtains the door with a fourth resident and use the bathroomed up and down the Volume of the seen other resident adoors were opened. | eone dent was in the ident the ident the rake sure nt was ains". Ient ms on Vest hall s using by other ssing. It is facility g the other hallway, came to | D 050 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | (X3) DATE COM | (X3) DATE SURVEY COMPLETED | | |
|--|---|---|---|-----------------------|--|-------------|--------------------------|
| | | HAL092186 | | B. WING | | | R 07/2015 |
| NAME OF | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| NORTH | POINTE ASSISTED LI | VING OF GARNE | | RSBORO RO NC 27529 | DAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | (X5) COMPLETE DATE |
| D 050 | remodeled a few we-Visitor reported, Interview with the A 11:10 a.m. revealed - They had recent on West hall She reported privordered but she did to come in She would check curtains would be residents' privacy. Interview with the R (RCC) on 05/06/15 - RCC reported th had been ordered She would check staff person about to the staff person about to the staff used the sign remember to flip the in use. Observation of the Room 98 on the Web.m. revealed: - A female resident door without knocking the sign remember to the sign revealed: - A female resident door without knocking remember to the sign remember t | eeks ago. "It's embarrassing". dministrator on 05/0 t: y remodeled the bat vacy curtains had be not know when they and find out when t eceived. to indicate a system resident Care Coordi at 11:50 a.m. reveal e dividers for the bat a with the head main the dividers. ver in use" signs. gns but residents ma e signs when the bat women's restroom b est hall on 05/06/15 ti in a wheelchair ope | hrooms en y were due he to assure inator ed: chrooms tenance ay not chroom is eside at 12:15 ened the | D 050 | | | |
| | bathroom was in us - Another female r the toilets with her p and her walker sittin - The resident's le exposed The female resident | se. resident was sitting op pants down around h | on one of ner ankles and r kept | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ٦. | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|----------------------|--|-------------------------------|--------------------------|
| | | | | A. BOILDING. | | | ₹ |
| | | HAL092186 | | B. WING | | | 7/2015 |
| NAME OF F | PROVIDER OR SUPPLIER | STF | REET ADD | RESS, CITY, S | STATE, ZIP CODE | | |
| NORTH I | POINTE ASSISTED LI | VING OF GARNE | | SBORO RO NC 27529 | DAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | OULD BE | (X5) COMPLETE DATE |
| D 050 | open for at least 1 is 1. There was at least hallway waiting for bathroom when the lateroid pathroom was unawar lateroid pathroom when lateroid pathroom was unawar lateroid pathroom was unable to accounts receivable unavailable. She was unawar lateroid pathroom was unable to accounts receivable unavailable. She was having was unable to account when the lateroid pathrooms of the lateroid pathrooms o | minute. Ist 4 female residents in the lunch who could see inside door was opened. Idministrator on 05/06/15 door door was opened. Idministrator on 05/06/15 door door was opened. Idividers had been ordered enance person told her the rive any day. In the bathroom doors to the one of the privacy of the privacy of residents throoms. If the Administrator on the opened were department were department were computer problems and was any information. When the dividers were ey would be in the facility resonal care aide on 05/07 for West hall were recently pened about two weeks as the door was opened about two weeks a service of the pened about two weeks and the pened about two weeks and the pened about two weeks a service of the pened about two weeks and the | de the de at d. de on the nen in s out e she ///15 at ly ago | D 050 | DELIGITY | | |
| | showers. | t hall currently to take | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---------------------------|--|-------------------------------|--------------------------|
| | | HAL092186 | B. WING | | | R 07/2015 |
| | PROVIDER OR SUPPLIER | VING OF GARNE | DDRESS, CITY, SERSBORO RO | STATE, ZIP CODE DAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| D 050 | - They do not have West hall and the delay and the delay to could walk in" She stated, "The staff would try to coming in the bathrest other residents a bathroom door while to the Room 101 on the Walm. revealed: - A female resident without knocking The female resident wasked the resident Interview with a second of the West hall Mostly female residents wall the time There was a sign doors that can be usome residents dor other residents or residents showers Staff directs residents walk in on other the West hall Male residents walk the time There was a sign doors that can be usome residents showers Staff directs residents walk in on other residents walk in on other they walk in on other pCA stated, "We Interview with the Ron 05/07/15 at 4:35 There was a mis | e curtains in the bathrooms on oors do not lock. in the bathroom, "anyone by need curtains." watch for other residents ooms and redirect them. sometimes opened the e staff was bathing residents. women's bathroom beside west hall on 05/07/15 at 9:00 at opened the bathroom door dent then stated, "excuse me", he bathroom. as walking down the hall and to use another bathroom. cond personal care aide on m. revealed: sidents use the bathrooms on walk up and down the West hall on on one of the bathroom sed to show it is occupied but not read it. walk in while staff are giving dents to other bathrooms if er residents. In need curtains." degional Director of Operations in p.m. revealed: communication and the facility privacy curtains and tracks had or or one of the curtains. | | | | |

6899

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E CONSTRUCTION | | SURVEY PLETED | |
|---|--|--|---|-----------------------|--|--------------------------------|--------------------------|
| | | | | A. BUILDING. | | | R |
| | | HAL092186 | | B. WING | | | 07/2015 |
| NAME OF F | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| NORTH I | POINTE ASSISTED LI | VING OF GARNE | | RSBORO RO NC 27529 | DAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM | Y FULL | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| D 050 | Continued From pa | ige 7 | | D 050 | | | |
| | ordered until it was surveyors. - They just ordere 05/07/15. | lize the curtains had brought to their atte d the curtains today of the delivery date | ention by | | | | |
| {D 074} | 10A NCAC 13F .03 Furnishings | 06(a)(1) Housekeep | oing And | {D 074} | | | |
| | Furnishings (a) Adult care hom (1) have walls, ceil | 06 Housekeeping A es shall: ings, and floors or fl in and in good repail | oor | | | | |
| | This Rule is not met as evidenced by: Based on observation, the facility failed to assure walls, ceilings and floors were kept in good repair for 7 of 8 common bathrooms (4 on the East Hall and 3 on the West Hall). | | | | | | |
| | The findings are: | | | | | | |
| | the East Hall acros 10:00 a.m. revealed -The bottom third of door wood finish has unprotected wood v -Inside the bathtub Observation of 1 of across from room # | f both sides of the e ad worn off which ex with rough edges. was yellow and brow 4 men's common b 4303 on the East Ha revealed the caulk | n 5/5/15 at ntrance posed wn stains. athrooms Il on | | | | |

Division of Health Service Regulation STATE FORM

DLMM13

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| | | HAL092186 | | B. WING | | | R 07/2015 |
| | PROVIDER OR SUPPLIER | VING OF GARNE | 1437 AVE | DRESS, CITY, S RSBORO RO , NC 27529 | STATE, ZIP CODE DAD | | |
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| {D 074} | Observation of 1 of across from room # 5/5/15 at 11:30 a.m the double sinks was Observation of the the East Hall on 5/5 a.m. revealed 4 of 4 tops had tape over Interview with the hon 5/5/15 at 3:30 p. He was aware of the East Hall's correnovated as soon and South Hall wern-He had a notebook maintenance's door repairs at the facility. He checked the normal of a major repair was with the administration of a minor repair was with the administration of a minor repair was needed repair. He kept a record of He initial and date maintenance's note of the East Hall's correnovated as soon and South Hall were of the maintenance of the maintenance's note of the East Hall's correnovated as soon and South Hall were | 4 men's common bat 301 on the East Hall revealed the caulk as cracking. men's common bath 5/15 from 10:00 a.m. 4 common bathroom exposed rough edge ead maintenance stam. revealed: ne needed repairs or hroom on the East Hamon bathrooms we as renovations on the completed. It is in a rack outside the repair of the repair of the repair. The required, he would for or corporate main, prior to the repair. The repairs of the repairs in the rebook. In the needed repairs of the repairs of the repairs in the rebook. In the needed repairs of the needed repairs of the repairs of the repairs of the repairs of the needed repairs of the needed repairs of the repairs of the needed repair | rooms on to 11:30 s' counter es. aff person on the Hall. build be e West eneeded dimeet attenance e the Hall. build be e West eneeded e the Hall. | {D 074} | | | |
| | person weekly to di facility. | scuss needed repair | s at the | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | SURVEY LETED |
|---------------|---|--|-----------------------|---|-------|------------------|
| | | | A. BOILDING. | | F | 2 |
| | | HAL092186 | B. WING | | | 7/2015 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| NORTH I | POINTE ASSISTED LI | VING OF GARNE | RSBORO RO NC 27529 | DAD | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTI | ON | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | _D BE | COMPLETE DATE |
| {D 074} | Continued From pa | ge 9 | {D 074} | | | |
| | | ance staff person kept a ed repairs or repairs made at | | | | |
| | Room 112 on the V the facility on 05/05 - Area on the ceilin was about 4 feet lo | women's restroom beside Vest hall during initial tour of 5/15 at 10:54 a.m. revealed: ng above the first toilet that ng and 1.5 feet wide. ceiling had missing paint and g. | | | | |
| | Interview with the Administrator on 05/06/15 at 3:05 p.m. revealed: - She was aware the ceiling in the bathroom on West hall still needed to be painted She was unsure when the area on the ceiling would be painted. | | | | | |
| | from Room 113 on of the facility on 05/the bottom third of | women's bathroom across the West hall during initial tour /05/15 at 10:59 a.m. revealed door had chipped wood, black scuff marks on both | | | | |
| | Room 98 on the W facility on 05/05/15 bottom third of doo | women's restroom beside est hall during initial tour of the at 11:05 a.m. revealed the r had chipped wood, scratch cuff marks on both sides of | | | | |
| | 5:15 p.m. revealed: - She was aware 2 the West hall did no to protect them fror - She thought blace | dministrator on 05/07/15 at 2 of the 4 bathroom doors on bot have the black rubber strips in damage by wheelchairs. On the control of the con | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: | | | X3) DATE SURVEY COMPLETED | |
|--|---|---|-----------------------|--|------------------------------|--------------------------|
| | | HAL092186 | B. WING | | 05/0 | ₹ 7/2015 |
| | | | | | 1 03/0 | 112013 |
| NAME OF I | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| NORTH I | POINTE ASSISTED LI | VING OF GARNE | RSBORO RO NC 27529 | JAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | _D BE | (X5) COMPLETE DATE |
| {D 074} | Continued From pa | ge 10 | {D 074} | | | |
| | - She did not know be put on the doors | when the rubber strips would . | | | | |
| {D 078} | 10A NCAC 13F .03 Furnishings | 06(a)(5) Housekeeping And | {D 078} | | | |
| | Furnishings (a) Adult care hom (5) be maintained i orderly manner, free hazards; | 06 Housekeeping And es shall: n an uncluttered, clean and e of all obstructions and ly to new and existing | | | | |
| | failed to assure that | on and interview, the facility t 1 of 4 common bathrooms re maintained free of all | | | | |
| | The findings are: | | | | | |
| | the East Hall across 10:00 a.m. revealed -An old metal heat i under the window h | men's common bathroom on s from room #315 on 5/5/15 at d: registry attached to the wall ad exposed rough edges. p was loose from the wall and | | | | |
| | on 5/5/15 at 3:30 pHe was aware of the men's common bated -The East Hall's contact. | ead maintenance staff person m. revealed: ne needed repairs on the hroom on the East Hall. mmon bathrooms would be as renovations on the West | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| | | | | | | | R |
| | | HAL092186 | | B. WING | | 05/0 | 07/2015 |
| | PROVIDER OR SUPPLIER POINTE ASSISTED LI | VING OF GARNE | 1437 AVE | DRESS, CITY, S RSBORO RO NC 27529 | STATE, ZIP CODE DAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| {D 078} | and South Hall were-He had a note boomaintenance's door repairs at the facility-He checked the normal of the normal of the checked the normal of the normal of the checked the normal of the norma | e completed. k in a rack outside the for staff to write in ray. btebook daily. as required, he would for or corporate main, prior to the repair. as required, he made of the repairs in the rebook. dministrator on 5/5/1 the needed repairs of the needed repairs of the made of the repairs of the needed repairs | d meet tenance the the sat 3:45 on the Hall. buld be west staff sat the pt a | {D 078} | | | |
| D 364 | Administration 10A NCAC 13F .10 (g) The facility sha administered to resor one hour after th | 04 Medication Admir Il ensure that medica idents within one hou e prescribed or sche led by emergency sit | itions are ur before duled | D 364 | | | |
| | | on, interview, and re | cord | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | | |
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| | | HAL092186 | | B. WING | | | R 07/2015 |
| NORTH POINTE ASSISTED LIVING OF GARNE | | | DRESS, CITY, S RSBORO RO , NC 27529 | STATE, ZIP CODE DAD | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT | ULL | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 364 | review, the facility f were administered prescribed or scheer residing on 2 of 4 h facility. The finding Review of the facility form on 05/05/15 re - 47 residents residually form on 05/05/15 re - 47 residents residually - One of the 47 re absence. Review of the May administration recoresiding on the East medications scheduled: - The medication amedication to revealed: - The medication amedications to residually at 9:05 a.m She was the only and East 2 Halls There was usual assigned to both sident the medications Halls were scheduled She usually start pass around 6:45 abetween 9:45 a.m Management was administer medications was just told to try to the facility of 2.05 a.m., she was the only and facility start pass around 6:45 abetween 9:45 a.m. | ailed to assure medic within one hour after to duled time for residentials (East 1, East 2) of sare: by's resident roster/cell evealed: ded on the East 1 and sidents was on leave 2015 medication reds revealed all 47 residents revealed all 47 residents for 8:00 a.m. If interview with the mean 05/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. If interview with the mean of 105/06/15 at 9:05 a.m. | the ts f the msus d East 2 of sidents edication n. g all of the East 1 n aide East 2 at 8:00 lication nished book to s but staff ents left | D 364 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
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| | PROVIDER OR SUPPLIER | VING OF GARNE | DDRESS, CITY, S' ERSBORO RO R, NC 27529 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| D 364 | - There had been that interrupted her Observation and intaide on East Hall or revealed: - She was finishing cart She had 2 reside administer 8:00 a.m Observation on 05/aide finished admin medications for the Refer to interviews Coordinator on 05/0 interview. 2. Observation and aide on East Hall or revealed: - She was still adm medications for East Hall or revealed: - She was still adm medications for East Hall or revealed: - She had 1 reside Resident #11 She had 4 reside Residents #7, #8, # - There had been that interrupted her Observation of the 05/07/15 revealed: - Medication aide medications to Res 9:35 a.m 9:55 a.m She pushed cart a.m. but resident w Medication aide wedication | no emergencies that morning medication pass. terview with the medication no 05/06/15 at 9:40 a.m. Ig the last resident on East 1 ents left on East 2 cart to n. medications. 06/15 revealed the medication istering the 8:00 a.m. East Hall at 9:50 a.m. with the Resident Care 07/15 and a confidential staff If interview with the medication no 05/07/15 at 9:35 a.m. Ininistering 8:00 a.m. Set 1 and East 2 Halls. Ents left on East 1 Hall, Ents left on East 2 Hall, Ents left on East 2 Hall, Ents left on East 2 Hall, Ents left on East 3 Hall, Ents left on East 4 Hall, Ents left on East 5 Hall, Ents left on East 6 Hall, Ents left on East 7 Hall, Ents left on East 8 Hall, Ents left on East 9 Hall, Ents left | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | | |
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| | | HAL092186 | | B. WING | | | R 07/2015 |
| | PROVIDER OR SUPPLIER | VING OF GARNE | 1437 AVE | DRESS, CITY, S RSBORO RO NC 27529 | STATE, ZIP CODE DAD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIE: Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 364 | and flipped through records (MARs). At 10:07 a.m., sh parked it beside Eaton She changed the flipped through the the medication carton At 10:10 a.m., sh pushed the medications in a cuto administer them. At 10:18 a.m., sh medications in a cuto administer them. She came out of At 10:20 a.m., Resident cart. The medication abserved Resident cart. The medication amedication, an eye linterview with the mos/07/15 at 10:32 as sent other medication paher knowledge. Review of the May administration reconerce a day, some witimes. [For medication administrations, continued the continued administrations, continued the | then stood at medical the medication admine pushed East 2 car est 1 cart. It trash bag on East 2 MARs and opened of the sanitized her hand tion cart to Resident the punched Resident are punched Resident are punched Resident to the resident. If the room at 10:19 a resident #7 came down tion cart. If the room at 10:19 a resident #7 go to the other made came to the cart are aide was in the hall are aide came to the cart are aide came to the cart are aide came to the cart are aide came and gave drop, at 10:32 a.m. In edication aide on East are aided they had on aides who had fin sees to help on East 2015 medication reds (MARs) revealed 8, #9, #10, and #11 has scheduled for 8:00 nedications ordered with multiple administration and the scheduled for 8:00 nedications ordered with multiple administration and the scheduled for 8:00 nedications ordered with multiple administration and the scheduled for 8:00 nedications ordered in with multiple administration. | inistration t and cart and cart and rawers to ls and #11's #11's he room .m. vn the hall nd edication at 10:24 t #7's 8:00 e the last ast Hall on d never ished Hall to cad o a.m. more than cration s are | D 364 | | | |

Division of Health Service Regulation

STATE FORM DLMM13 If continuation sheet 15 of 19

| A. BUILDING: | | |
|---|------------|--|
| | R | |
| HAL092186 B. WING | 05/07/2015 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| NORTH POINTE ASSISTED LIVING OF GARNEI 1437 AVERSBORO ROAD GARNER, NC 27529 | | |
| (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY) | | |
| D 364 Continued From page 15 reactions.] - Medications ordered more than once a day for these 5 residents included: - Tegretol, Keppra, and Gabapentin (for seizures and /or mood disorders) - Hydralazine, Propranolol, and Metoprolol (for heart and/or blood pressure) - Metformin (lowers blood sugar) - Doxycycline (for infection) - Xifaxan (for liver disease) - Methadone (for pain) - Combivent (for breathing problems) - Cogentin (treats side effects of antipsychotics) - Flexeril (muscle relaxant) - Naproxen (for pain and inflammation) - Senna Plus (laxative / stool softener) - Lactulose (laxative) - Restasis eye drops (for chronic dry eye) - Ferrous Sulfate (iron supplement) - Multivitamin (supplement) Interview with Resident #7 on 05/07/15 at 2:50 p.m. revealed: - He had received his morning medications as late as 11:30 a.m. - When medication aide came to his room to give medications at 10:00 a.m. this morning, he was taking a bath. Interview with Resident #8 on 05/07/15 at 11:05 a.m. revealed: - He sometimes got his morning medications around 7:30 a.m. before he ate and sometimes he got them later after he ate. - He got his medications after breakfast this morning. Interview with Resident #9 on 05/07/15 at 11:09 a.m. revealed: | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| | | HAL092186 | B. WING | | | R 07/2015 |
| | PROVIDER OR SUPPLIER | VING OF GARNE | DRESS, CITY, S RSBORO RO , NC 27529 | STATE, ZIP CODE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / 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 E APPROPRIATE | (X5) COMPLETE DATE |
| D 364 | - He usually got hi 10:00 a.m. but som - There was usual East Hall. Interview with Resid a.m. revealed: - It can take "a wh medications He usually got hi he ate breakfast He was usually in his morning medical interview with Resid a.m. revealed: - He usually got his the same time as he would rather - Resident stated medication aides. Refer to interviews Coordinator on 05/0 interview. Confidential interviews Coordinator on 05/0 interview. Confidential interviews administer morning East Hall Medication aides a.m. medications o a.m Resident Care Cowere aware the medication are susually s | s morning medications around etimes he got them earlier. Ity one medication aide for the dent #10 on 05/07/15 at 11:12 ile" to get the 8:00 a.m. s morning medications after a pain while waiting to receive ations. Ident #11 on 05/07/15 at 11:09 s morning medications about e received them today. get the medications earlier. the facility needed more With the Resident Care 07/15 and a confidential staff ew with a staff person aide was assigned to medications for the entire is did not usually finish the 8:00 in East Hall until around 10:00 coordinator and Administrator dications on East Hall were | D 364 | | | |
| | a.m Resident Care C were aware the me late in the mornings - The staff person | oordinator and Administrator dications on East Hall were | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | | |
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| | HAL092186 | | B. WING | | 05/0 | 05/07/2015 | |
| NAME OF F | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | | |
| NORTH I | POINTE ASSISTED LI | VING OF GARNE | RSBORO RO NC 27529 | DAD | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE | |
| D 364 | Continued From pa | ge 17 | D 364 | | | | |
| | hall once they had to on the other halls ir - It usually took the and West Halls untadministering their Interview with the R (RCC) on 05/07/15 - They usually have shift One medication West Hall, and one - She was aware to both East Halls, 21 West Hall She was unawar meeting the one homedications Staff had not reprequired time frame - If staff had notified on South or West Hall She had not notified hall giving medicatiframe because staff | finished the medication pass in the facility. The medication aides on South ill around 9:00 a.m. to finish morning medications. Resident Care Coordinator at 3:12 p.m. revealed: The 3 medications aides on first aide for South Hall, one for for both East Halls. There were 47 residents on on South Hall, and 33 on the staff on East Hall were not four time frame to administer the staff all to pitch in and help on East coded staff were still on the East fons beyond the required time if were always in the halls. The staggering the scheduled | | | | | |
| D911 | G.S. 131D-21(1) De | eclaration of Residents' Rights | D911 | | | | |
| | Every resident shal 1. To be treated wi | laration of Resident's Rights I have the following rights: th respect, consideration, ognition of his or her ht to privacy. | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ' | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | |
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| | | HAL092186 | B. WING | | 05/0 | ? 7/2015 | |
| NAME OF | PROVIDER OR SUPPLIER | | DRESS, CITY, S | STATE, ZIP CODE | 1 00/0 | 172010 | |
| NORTH | NORTH POINTE ASSISTED LIVING OF GARNE | | | | | | |
| | T | GARNER | NC 27529 | PROVIDER'S PLAN OF CORRECTION | ONI | ()(5) | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE | (X5) COMPLETE DATE | |
| D911 | Continued From page 18 | | D911 | | | | |
| | This Rule is not me Based on observati failed to assure resirespect, consideration privacy as related to on the West hall of partitions or privacy showers resulting in opened while reside and/or taking showed others coming in the hallways. The finding Based on observatifailed to assure 4 of bathrooms on West curtains for each to residents being expeathroom doors we | et as evidenced by: on and interview, the facility idents were treated with ion, dignity, and right to o 4 of 4 common bathrooms the facility not having r curtains for toilets, tubs, and n bathroom doors being ents were using the bathroom ers, exposing the residents to e bathrooms or going by in the ngs are: on and interview, the facility f the 4 common resident t hall had privacy partitions or illet, tub or shower resulting in losed to others when re opened. [Refer to Tag 3F .0305(e)(5) Physical | | | | | |