STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		
		HAL049010	B. WING		C 01/11/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
CROWN	OLONY	291 COM	IMERCIAL DRIVE		
CROWN	OLONY	MOORES	SVILLE, NC 28115		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 000	Initial Comments		D 000		
	County Department of a complaint investigation	•			
D 137	10A NCAC 13F .0407 Qualifications	7(a)(5) Other Staff	D 137		
	(a) Each staff person shall:(5) have no substant	7 Other Staff Qualifications at an adult care home iated findings listed on the Care Personnel Registry IE-256;			
	failed to assure 2 of 5 C) had no substantiat North Carolina Health	as evidenced by: and record review, the facility sampled staff (Staff A and and findings listed on the according to G.S. 131E-256.			
	The findings are:				
	-Staff A was hired on -Staff A's first day of w Medication Aide/Supe	work was 2/11/15 as a ervisor-In-Charge (SIC). performed 2/19/15 with no			
	Refer to the interview Manager on 1/11/16 a	with the Business Office at 1:15pm.			
	Refer to the interview 1/11/16 at 2:10pm.	with the Administrator on			

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		С	
		HAL049010	B. WING		01/11/20	016
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CROWN C	OI ONY	291 COMM	ERCIAL DRIVE			
		MOORESV	ILLE, NC 2811			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE C	(X5) OMPLETE DATE
D 137	Continued From page	:1	D 137			
	-Staff C was hired 1/1 -Staff C's first day of well Medication Aide/Super-Staff C's HCPR was substantiated findings. Refer to the interview Manager on 1/11/16 at Refer to the interview 1/11/16 at 2:10pm. Interview with the Buse (BOM) on 1/11/16 at 2:10pm. Interview with the Buse (BOM) on 1/11/16 at 2:10pm. When a job applicant the applicant had the looking to hire, the BOM Health Care Personne applicant. -If the Health Care Personne applicant"Depending on the rewill go further with the linterview with the Adr 2:10pm revealed: -The HCPR check was hiring an applicantThe BOM was resporequirements for staff	work was 1/16/15 as a ervisor-In-Charge (SIC). performed 1/27/15 with no is. with the Business Office at 1:15pm. with the Administrator on siness Office Manager 1:15pm revealed: tilled out an application and experience the facility was DM would then completel a tel Registry check on the ersonnel Registry check had not would be sent to have a esults of the drug screen we exprocess." ministrator on 1/11/16 at as to be completed before the sible for completing all the				
D 139	scheduled to work. 10A NCAC 13F .0407 Qualifications	(a)(7) Other Staff	D 139			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		HAL049010	B. WING		C 01/11/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CROWN C	OI ONY	291 COMI	MERCIAL DRIVI	≣		
MOORES			VILLE, NC 2811	15		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 139	Continued From page	2	D 139			
	10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and record review, the facility failed to assure 4 of 5 sampled staff (Staff A, B, C, and D) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40.					
	The findings are:					
	A. Review of Staff A's personnel record revealed: -On 1/27/15, Staff A signed a release for a criminal background check to be performedStaff A was hired on 2/10/15 as a Medication Aide / SupervisorStaff A's first day of work was 2/11/15Staff A's criminal background check release form was noted to be mailed to the State Bureau of Investigation on 3/9/15Staff A's criminal background check was completed on 3/13/15.					
	Refer to the interview Manager on 1/11/16 a	with the Business Office at 1:15pm.				
	Refer to the interview 1/11/16 at 2:10pm.	with the Administrator on				
	-Staff B was hired on Aide.	ckground check was				

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STATE FORM STATE FORM SK2R11 If continuation sheet 3 of 18

DIVISION	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		С
		HAL049010	B. WING	·····	01/11/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE	
			MERCIAL DRIV		
CROWN C	OLONY				
		MOORES	SVILLE, NC 281	15	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
IAG		,	IAG	DEFICIENCY)	
D 139	Continued From page	2 3	D 139		
	Indian day, with the Ada				
		ministrator on 1/11/16 at			
	1:30pm revealed:	- determine Oteff Die entreil			
		determine Staff B's actual			
		ause the employee time			
		e in a storage building on			
	campus.				
	-It would take a significant amount of time to try				
	and find Staff B's time cardShe did not have another way available to				
	determine the exact of	date Staff B starting working			
	with the residents.				
		with the Business Office			
	Manager on 1/11/16 a	at 1:15pm.			
	Refer to the interview	with the Administrator on			
	1/11/16 at 2:10pm.				
	C. Review of Staff C's	s personnel record revealed:			
	-Staff C was hired 1/1	12/15 as a Medication Aide /			
	Supervisor.				
	-Staff C signed a rele	ase on 1/15/15 for a criminal			
	background check to				
	-Staff C's first day of				
	-Staff C's criminal bad	ckground check release			
		mailed to the State Bureau			
	of Investigation on 1/2				
	•				
	-Staff C's criminal background check was completed on 2/10/15. Refer to the interview with the Business Office				
	Manager on 1/11/16 a				
		p			
	Refer to the interview	with the Administrator on			
	1/11/16 at 2:10pm.	The tro / Grimmon ator on			
	17 17 10 at 2. Topin.				
	D. Review of Staff Dia	s personnel record revealed:			
		/18/15 as a Personal Care			
	Clair D was filled 10	i ioi io ao a i ciouliai Cale	1		

Aide.

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
7.11.2 . 2.11.			A. BUILDING: _			
		HAL049010	B. WING		01/1) 11/2016
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 0	2010
		291 COMM	ERCIAL DRIVI	<u>-</u>		
CROWN C	OLONY		ILLE, NC 2811			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 139	Continued From page	e 4	D 139			
D 139	-Staff D signed a relectiminal background of Staff D's first day of Staff D's criminal backgrown was noted to be of Investigation on 12 -Staff D's criminal backgrown was noted to be of Investigation on 12 -Staff D's criminal backgrown on 1/11/16 at Completed on 12/30/12 Refer to the interview Manager on 1/11/16 at Refer to the interview 1/11/16 at 2:10pm. Interview with the Busk (BOM) on 1/11/16 at -New hires were "prodays" of their employe could probationary period "check [results] or if th -"The criminal backgrown whenever I mail it in." - "The criminal backgrown whenever I mail it in."	ase on 10/18/15 for a check to be performed. work was 10/19/15. ckground check release mailed to the State Bureau 2/16/15. ckground check was 15. cwith the Business Office at 1:15pm. cwith the Administrator on comment. cound check is done just cound check is done just cound check release form is the new hire their orientation cound check takes 2 weeks to be declared from the State on is the date the criminal as completed, "We actually [of the criminal background cound check," we actually [of the criminal background]	D 139			
	2:10pm revealed:	nsible for completing all the				

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STATE FORM STATE FORM SK2R11 If continuation sheet 5 of 18

DIVISION	n nealth Service Regu	iation				_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
]			
			P WING		С	
		HAL049010	B. WING		01/11/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		291 COM	MERCIAL DRIVI	F		
CROWN C	OLONY		SVILLE, NC 281			
			711222, 110 201		 	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	\ '-'	=
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		-
				DEFICIENCY)		
D 400	0 " 15	_	D 400			\neg
D 139	Continued From page	5	D 139			
	requirements for staff	before they were scheduled				
	to work.	•				
	-The criminal backgro	ound check was completed				
	when the facility decid					
		criminal background results				
	were to be reviewed by	_				
	allowed to work arour					
		was taking the BOM so				
	much time to mail the release forms to get the					
	criminal background checks done.					
	cilillia background checks done.					
						
	A Plan of Protection v	vas received from the facility				
	on 1/11/16 as follows:	<u> </u>				
		t employee files will be				
		criminal background checks				
	have been completed					
	•	ind check results are to be				
	onsite before hiring a					
		ded for the office staff by the				
	Administrator.	ded for the office stall by the				
	Administrator.					
	CORRECTION DATE	FOR THE TYPE R				
		IOT EXCEED FEBRUARY				
	25, 2016.	IOT EXOLED I EBROART				
	20, 2010.					
D 000	404 1104 0 405 0000		D 000			
D 338	10A NCAC 13F .0909	Resident Rights	D 338			
	404 NOAO 40E 0000) Danidant Dimbte				
	10A NCAC 13F .0909	•				
		hall assure that the rights of				
		ed under G.S. 131D-21,				
		ents' Rights, are maintained				
	and may be exercised	d without hindrance.				
	This Date to the first					
	This Rule is not met	<u>-</u>				
	TYPE A1 VIOLATION					
	Daniel and the control					
	Based on observation	ns, interviews and record	1			

Division of Health Service Regulation

STATE FORM STATE FORM SK2R11 If continuation sheet 6 of 18

Division o	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMF	PLETED
			B. WING			С
		HAL049010	B. WING		01	/11/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		291 COM	MERCIAL DRIVI	F		
CROWN C	OLONY		VILLE, NC 281'			
			VILLE, NC 201			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5) COMPLETE
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A		DATE
		,	17.0	DEFICIENCY)		
D 338	Continued From page	e 6	D 338			
	reviews, the facility fa	ailed to ensure a resident				
		e from sexual abuse by a				
		, Medication Aide (MA)].				
	Stall Member Jotali A	, wedication rude (wr t)].				
	The findings are:					
	Interview on on 1/11/	16 at 7:10am with Staff F,				
), revealed that on the				
	` ,	cook approached her about				
		out Staff A, MA being in				
		with the door shut. Staff F,				
		#1's room and attempted to				
		oticed the door was locked.				
	•	or and observed Staff A, MA				
		Resident #1's bed with his				
	_	nd Resident #1 was laying				
	on the bed with her p	, ,				
	on the bed with her p	ants pulled down.				
	Review of Resident #	1's current FL2 dated 7/8/15				
	revealed:	13 current 1 L2 dated 176/16				
	-Diagnoses included	domontia anvioty				
	depression and histor					
	-Resident #1 was cor	•				
	-She was ambulatory					
	-An admission date o					
	-An admission date o	1 1/23/13.				
	Continued interview of	on 1/11/16 at 7:10am with				
	Staff F, MA revealed:					
	-She had worked at the					
		nges in his behaviors starting				
		ut could not give any specific				
	behavioral changes.	at could not give any specific				
	J	015 Staff A, MA never came				
	onto the female halls					
		015 Staff A, MA was a				
	dependable and quie					
	-	s Staff A, MA wanted to start				
	working more with Re					
	-Staff A, MA would ha	ave periods where he was				

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very tired and seemed somewhat disoriented.

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		_	
		HAL049010	B. WING		01/1) 1/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
		291 COM	MERCIAL DRIVI	Ē		
CROWN C	OLONY	MOORES	VILLE, NC 281	15		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	e 7	D 338			
D 338	-Staff A, MA would sit never reported this to -Staff A, MA was obse 12/26/15, she did add but did not report this -Staff A, MA could no his assigned halls wit -On one occasion she and she found him co roomShe had told Staff A, that he was not to wo -He had become mor previously beenOn Christmas eve Si #1's room with the do know if it was lockedOn Christmas day Si to Staff F, MA "Give rhusband jealous"On Christmas day he which was uncharacti-The two female hally A, MA would only war Resident #1 residedOn Christmas night S Administrator with corgoing into Resident # doorShe had not previous Administrator about S changes, but could no changes.	t and go to sleep, but she anyone. erved on B hall after dress this with Staff A, MA to the Administrator. It get his work completed on thout help. It was looking for Staff A, MA oming out of Resident #1's In MA on several occasions ork on the female halls. It talkative than he had It taff A, PCA was in Resident for shut, but she did not It taff A, MA made a statement or shut, but she did not It taff A, MA made a state	D 338			
	9:00am and 12:33pm	ministrator on 1/8/16 at				

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Division o	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					1 ,	_
		1141040040	B. WING		1	0
		HAL049010			01/	11/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
		291 COM	MERCIAL DRIVI	E		
CROWN C	OLONY	MOORES	VILLE, NC 281	15		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORREC	:TION	(Y5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHO		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR	ROPRIATE	DATE
				DEFICIENCY)		
D 338	Continued From page	2 8	D 338			
	MA going into Reside	ant #1's room with the				
	resident.	THE #1 STOOM WITH THE				
		shut and he was in there with				
	the resident for 90 se					
		wed Staff A, MA come out of				
	_	edication Aide opened the				
	door "adjusting his pa	•				
		until this incident that Staff A,				
	MA was hard of hearing.					
	-The incident occurre	S				
	Interview on 1/8/16 at	t 11:45am and 1/11/16 at				
	9:45am with the Admi	inistrator revealed:				
	-Staff F, MA did talk v	vith her on 12/26/15 about				
	her concerns with Sta	aff A, MA.				
	-She completed a har	nd written memo and had it				
	delivered to the facilit	y on 12/26/15 for all staff to				
	sign.					
	-She had not address	sed the content of the memo				
	with Staff A, MA spec	ifically.				
	Review of a hand writ					
		ll employees, including Staff				
		evealed "No male employee				
		resident's room without a				
		amily member! All staff				
	sign!" The document	- ·				
	Administrator, and all	facility staff.				
	Interview on 4/44/4C	at 44.45 and with the				
	Interview on 1/11/16					
	investigating detective					
		Staff A, MA was on 1/5/16 at				
	the facility.	t during an interview with the				
		er to having sexual contact				
		4 different occasions over a				
	3 month period.	r uniterent occasions over a				
	· · · · · · · · · · · · · · · · · · ·	revious criminal history.				
		t remember the dates of				

Division of Health Service Regulation

these encounters.

STATE FORM STATE FORM SK2R11 If continuation sheet 9 of 18

STATEMENT OF DEFICIENCIS AND PLAN OF CORRECTION (A) IDENTIFICATION NUMBER (A) BUILDING (A) MIND (C) MULTIPLE CONSTRUCTION (A) BUILDING (C) MULTIPLE CONSTRUCTION (A) BUILDING (C) MULTIPLE CONSTRUCTION (A) BUILDING (C) MULTIPLE CONSTRUCTION (C) MULTIPLE C	DIVISION C	of Health Service Regu	lation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115 CROWN COLONY			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 COMMERCIAL DRIVE MOORESVILLE, NC 28115 PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY PLLL REGULATORY OR LSC IDENTIFYING INFORMATION) D 338 Continued From page 9 On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to oral sex with Resident #1. On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to attempting to have sexual intercourse with Resident grant in the could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/16 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA ad assisted Resident #1 that morning "I ask [Resident #1 Name] vars need to transfer. Review of a hand written statement given to the Administrator on 1/5/16 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA pad assisted Resident #1 that morning "I ask [Resident #1 Name] vars need to transfer. Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA abone with Resident #1 that morning "I ask [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had been back at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility.	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 COMMERCIAL DRIVE MOORESVILLE, NC 28115 PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY PLLL REGULATORY OR LSC IDENTIFYING INFORMATION) D 338 Continued From page 9 On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to oral sex with Resident #1. On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to attempting to have sexual intercourse with Resident grant in the could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/16 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA ad assisted Resident #1 that morning "I ask [Resident #1 Name] vars need to transfer. Review of a hand written statement given to the Administrator on 1/5/16 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA pad assisted Resident #1 that morning "I ask [Resident #1 Name] vars need to transfer. Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA abone with Resident #1 that morning "I ask [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had been back at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility.							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115 (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEPICIENCYS (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED FROM THE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED FROM THE SUMMARY STATEMENT OF DEPICIENCYS) D 338 Continued From page 9 -On the morning of 1/5/16 at 3:00am Staff A, MA admitted to oral sex with Resident #1On the morning of 1/5/16 at 6:30am Staff A, MA admitted to atempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MAStaff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] very needful"Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9.45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long timeStaff A, MA had been back at the facility working for about a yearShe did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility				R WING			
CROWN COLONY COMPLETE COMPL			HAL049010			01/11	/2016
(XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL) PREFIX TAG D 338 Continued From page 9 -On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA asaid he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful". -Staff A, MA Amal was be OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had been back at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility	NAME OF PE	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	E, ZIP CODE		
(XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL) PREFIX TAG D 338 Continued From page 9 -On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA asaid he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful". -Staff A, MA Amal was be OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had been back at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility			291 COM	MERCIAL DRIVE	:		
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PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE				WILLE, NO ZOTI			
D 338 Continued From page 9 On the morning of 1/5/16 at 3:00 am Staff A, MA admitted to oral sex with Resident #1. On the morning of 1/5/16 at 6:30 am Staff A, MA admitted to toral sex with Resident #1. Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility hat he could transfer. Review of a hand written statement given to the Administrator or 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: Staff A, MA as assisted Resident #1 all night on third shift. "[Resident #1 Name] very needful". Staff A, MA had assisted Resident #1 that morning "I ask [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45 am and 1/11/16 at 9:45 am with the Administrator revealed: Staff A, MA had worked at the facility years ago and she had known him for a long time. Staff A, MA had been back at the facility working for about a year. She did recall before Christmas Staff A, MA "Sitcking his head in the door and asking if there was a position available at the other facility							
D 338 Continued From page 9 On the morning of 1/5/16 at 3:00am Staff A, MA admitted to oral sex with Resident #1. On the morning of 1/5/16 at 6:30am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful". -Staff A, MA Apoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility		,					
-On the morning of 1/5/16 at 3:00am Staff A, MA admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 6:30am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility					DEFICIENCY)		
-On the morning of 1/5/16 at 3:00am Staff A, MA admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 6:30am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility	D 220		_	5 000			
admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 6:30 am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful". -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was he OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility	D 338	Continued From page	∌ 9	D 338			
admitted to oral sex with Resident #1. On the morning of 1/5/16 at 6:30am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful". -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was ho OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility		-On the morning of 1/	/5/16 at 3:00am Staff A. MA				
-On the morning of 1/5/16 at 6:30 am Staff A, MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" . -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility							
admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long timeStaff A, MA had been back at the facility working for about a yearShe did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility							
with Resident #1 before he was interrupted by Staff F, MAStaff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long timeStaff A, MA had been back at the facility working for about a yearShe did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility			•				
Staff F, MA. -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility		-	-				
-Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long timeStaff A, MA had been back at the facility working for about a yearShe did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility			ne ne was interrupted by				
in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long timeStaff A, MA had been back at the facility working for about a yearShe did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility		· · · · · · · · · · · · · · · · · · ·	and asked the Administrator				
available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility							
to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility			•				
Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful". -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long timeStaff A, MA had been back at the facility working for about a yearShe did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility							
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was a position available at the other facility		· ·					
		was a position availal	ble at the other facility				
managed by the Administrator.		managed by the Adm	iinistrator."				
-He had always been a good employee and he		-He had always been	a good employee and he				
had always worked well with other staff and							
residents.		_					
-He had never been disrespectful to anyone at		-He had never been o	disrespectful to anyone at				
the facility.							
-She had not addressed his behavioral changes		-	sed his behavioral changes				
with Staff A, MA because no one had reported							

Division of Health Service Regulation

anything to her.

STATE FORM STATE FORM If continuation sheet 10 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORK	ECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIEU
					c	;
		HAL049010	B. WING		01/1	1/2016
NAME OF PROVIDER	R OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CDOMN COLON	,	291 COM	MERCIAL DRIVI	Ē		
CROWN COLONY	MOORE.		VILLE, NC 281	15		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338 Conti	nued From page	e 10	D 338			
-She monition -No si comirion -No si was si si she paying -She si haveShe haveStaff profest -The of the staff a single staff a single staff a staff	did not instruct to or Staff A, MA for taff had reported in ginto work early taff had ever repoleeping on duty was not aware to general more attention felt like she had had known Staff ad worked for hother assisted fayears, and had rary 2015 until the A, MA had alwassional." Tother staff had marting the end of Nova A, MA had becount the end of Nova A, MA had told d'nice in jeans, as "sexual or ugle A, MA gave the which wasn't take in hugging her band and told or make your hus refused by the saft A, MA had told or make your hus refused by the saft A, MA had never ing before in all cility. The saft is a saft and no ground check.	the supervisory staff to or adherence to the memo. It to her about Staff A, MA y. Dorted to her that Staff A, MA at night. That Staff A, MA had started in to Resident #1. It done all that she should for A, MA for quite awhile. For 7 years then left to go incility where he had stayed returned to work for her in the incident on 1/5/16. The incident on 1/5/16 are incident on 1/5/16 ar				

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deficits.

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Division of	of Health Service Regu	ilation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			7 50.25 10.			
)
		HAL049010	B. WING		01/1	11/2016
NAME 05 B		070557.45	DD500 0171/ 074	TF 710 000F		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ALE, ZIP CODE		
CROWN C	OI ONV	291 COM	MERCIAL DRIV	E		
CICOWIN	OLONI	MOORES	VILLE, NC 281	15		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 220	0 " 15	- 44	D 220			
D 338	Continued From page	e 11	D 338			
	Interview on 1/11/16 :	at 6:30am with Staff G,				
	Medication Aide (MA)					
	-Staff A, MA spent a					
		o work with Resident #1.				
	· · · · · · · · · · · · · · · · · · ·					
		at he [Staff A, MA] did not				
	need to be on the fen					
	-	on his assigned halls".				
	_	ed several months ago.				
	-She did observe Sta	ff A, MA on B hall after				
	12/26/15, she did not	report this to anyone.				
	-She had seen Staff A	A, MA walking Resident #1				
	down to her room on	several occasions.				
	-Staff A would go into	Resident #1's room with				
	her.					
	-	ent where Staff A, MA went				
		t into an unoccupied room				
		peside of Resident #1's room				
		t he was doing he replied				
		- ·				
		in [Resident #1's name]				
	room."					
		A, MA in Resident #1's room				
		and she asked him what he				
		blied he was taking Resident				
	#1 to the bathroom.					
	-On one occasion Sta	aff A, MA ask her "What				
	would you do if you w	vere attacked by a man".				
	-She had told Staff F,	, MA about Staff A being in				
	Resident #1's room w	vith door locked.				
	-Staff A, MA would sit	and sleep at night.				
	1	nat Staff A, MA would come				
	in to work early.	,				
	in to work ourly.					
	Confidential interview	with a staff member				
	revealed:	with a stair monibol				
		table around Staff A, MA.				
	_					
	_	ff A, MA staring at them.				
	-Staff A, MA started a	icting strange several				
	months ago.					
		yone of their concerns.				
	-Staff A, MA would co	ome into work early and "Set				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	COMPLETED	
				С	
HAL049010 B. WING			01/11/2016		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		291 COMI	MERCIAL DRIVI	E	
CROWN C	COLONY	MOORES	VILLE, NC 281	15	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 338	Continued From page	e 12	D 338		
	up the dining room ar				
	[Resident #1 name] d	n Staff A, MA doing anything			
	inappropriate with any				
		y residents.			
	Confidential interview	s with two staff members			
		would come into work an			
		half early to set up the			
		at his electronic tablet, but			
	they never had any concerns or witnessed				
	anything inappropriate	e.			
	Interview with Staff H, MA, on 1/8/16 at 3:45pm revealed: -Staff F, MA had approached her on 12/25/15 to share a "concern about a situation" with Staff A,				
	MA.				
	_	ed [Staff A] had just wanted			
		than he had before" even			
		ad been assigned to care for			
		d D halls [Male Hallways]. ed Staff A, MA why he had			
		B hall and Staff A, MA had			
		up and he was just taking			
	her back to her room.				
	-"[Staff F] said she jus	st didn't have a good feeling			
		down that hallway and had a			
	feeling something wa	sn't right."			
	-"I told [Staff F] she n				
	=	e] immediately" and report			
	the concerns she had				
	-On 12/26/15, Staff F, MA called Staff H to tell her				
	•	the Administrator about her			
	concerns about Staff				
	_	phone conversation with nistrator called Staff H, MA			
	and told her she was				
	member to bring over	-			
	employees to read ar				
	-The form stated no n				

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DIVISION	n nealth Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		D WING		С		
		HAL049010	B. WING		01/1	11/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
		291 COM	IERCIAL DRIV	F		
CROWN C	OLONY		/ILLE, NC 281			
			TILLE, NC 201			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		DATE
IAG			IAG	DEFICIENCY)		
D 338	Continued From page	e 13	D 338			
	fomale resident's reco	m without another staff				
	member present.	in without another stan				
	•	he form to the staff on her				
	shift and had them re					
		_				
		he form to Staff A, MA and				
	•	d stated "Why because I was				
		es" and then signed the				
	form.					
	Internalian with Otaff I	DCA 1/11/10 11/15				
	Interview with Staff I, PCA, on 1/11/16 at 11:15am					
revealed: -She worked 1st shiftAt times when she would come in to find Staff A,						
	MA "standing at the cart and [the residents he					
	was responsible for getting up and dressed] on					
	his hall wouldn't be up					
		wouldn't get up, but I would				
	say well let's go get the					
	-She had never gone	in to any rooms on the				
	men's hall and "found	l anyone soaked" from not				
	being changed prope	rly.				
	-"He was a good worl	ker."				
		g residents up like he was				
		sion, she had never noticed				
	anything else being le					
	, , ,					
	Interview with the Cod	ok on 1/8/16 at 3:05pm				
	revealed:	·				
	-"I was working the m	orning of the incident."				
-"I got here at 5:15am" that morning.						
	~	in early and sit down and				
	relax before going to work."					
		ff F's name] and she said to				
	me why is [Staff A's n					
		gned to care for the male				
	resident halls.	grica to care for the male				
		the kitchen and started to				
		the kitchen and started to				
		pened to go in the dining				
room and I saw through the window [Staff A] was						

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motioning for [Resident #1's name] to come on"

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Division o	of Health Service Regu	ilation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
		B. WING		С		
		HAL049010	B. WING		01/11/	/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		291 COM	MERCIAL DRIVI	F		
CROWN C	OLONY		VILLE, NC 281'			
		WOORES	VILLE, NC 201	15		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG		,	IAG	DEFICIENCY)		
D 338	Continued From page	e 14	D 338			
	down the hall towards	a the regident's room				
		aff A] take [Resident #1]				
	·	and told [Staff F's name]				
		was taking [Resident #1's				
	name] back to her roo					
		more about it. I went back				
	and started cooking."					
	Interview with Resident #1's Power of Attorney					
	(POA) on 1/8/16 at 11:50am revealed:					
	-She visited Resident	t #1 one to two times a				
	week.					
-Resident #1 had		scular dementia.				
	-Resident #1's short term memory "was gone."					
	-There were "some day	ays" the resident struggled				
	to hold a conversation	n due to the advancing				
	dementia.					
	-The POA had not no	ticed any recent behavioral				
	changes in Resident					
	-Resident #1 had nev	ver mentioned any				
	inappropriate "encour	-				
		cently been very content				
	here."	,				
	-Resident #1 met with	n a mental health provider 3				
	times since the event on 1/5/16 and the resident					
	"hasn't remembered a					
		had any concerns with the				
		nt #1 in the facility until the				
		l occurred with Staff A, MA.				
	-"The facility had bee					
	[Resident #1's name]					
	[INESIDEIII # I S Hairie]	•				
	Interview with Decide	ent #1 and POA on 1/8/16 at				
		ent #1 and POA on 1/6/10 at				
	12:21pm revealed:	over having been forced to				
		ever having been forced to				
		not want to do by anyone in				
	the facility.					
		anyone in the facility forced				
her to have sex with them.						

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-When Resident #1 was asked did she feel safe

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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	
		A. BUILDING.		С		
HAL049010		B. WING	B. WING		01/11/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CROWN C	OLONY		ERCIAL DRIVE			
240.45	CLIMMADV CT		ILLE, NC 2811		1	0.50
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	e 15	D 338			
	in the facility? The resident stated "Yes." -The POA stated "I want to make sure its safe and happy here?" and Resident #1 responded "I like it here." Interview with the Resident Care Coordinator (RCC) on 1/8/16 at 9:50am revealed: -The only concern that had ever been brought up to her concerning Staff A, MA, was some residents complained he had awakened them too early during the night to do fingerstick blood sugars. -She had counseled Staff A on 11/14/15 and told him he could not wake any of the residents until after 6am to perform fingerstick blood sugars. -On Christmas Eve she had come to the facility to hand out some small gifts to the staff and Staff F had said Staff A "was not himself" and I told her to talk to the Administrator about it. -Staff F "didn't mention any concerns about involvement with female residents, but that he just wasn't himself."					
	on 1/11/16 as follows -Employee [Staff A] w -Administrator will me reporting issues invol concerns.	vas terminated on 1/5/16. set with staff regarding ving staff and resident dsman will be conducting ing on 1/20/16.				
	VIOLATION SHALL N 10, 2016.	IOT EXCEED FEBRUARY				
D912	G.S. 131D-21(2) Dec	laration of Residents' Rights	D912			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING		C	
	HAL049010		B. WING		01/11/2016	
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CROWN C	OLONY		ERCIAL DRIVI			
	CHIMMA DV CT/		ILLE, NC 2811			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D912	Continued From page	: 16	D912			
	G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.					
	reviews, the facility fa received care and ser appropriate, and in co	n, interviews and record illed to assure all residents rvices which were adequate, ampliance with relevant and rule and regulations				
	The findings are:					
	failed to assure 4 of 5 C, and D) had a crimin accordance with G.S. [Refer to Tag 0139 10	nd record review, the facility sampled staff (Staff A, B, nal background check in 114-19.10 and 131D-40. A NCAC 13F .0407 (a)(7) ons (Type B Violation)].				
D914	G.S. 131D-21(4) Decl	aration of Residents' Rights	D914			
	review, the facility faile	as evidenced by:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED			
	A A		A. BUILDING:						
HAL049010 B. WING			C 						
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CROWN C	COLONY		IERCIAL DRIV						
240.45	CLIMMADV CT	ATEMENT OF DEFICIENCIES	ILLE, NC 281	PROVIDER'S PLAN OF CORRECTION	N	0.50			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE			
D914	Continued From page	e 17	D914						
	The findings are:								
	Based on observatior reviews, the facility fa [Resident #1] was fre								

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