	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		1 ' '	CONSTRUCTION	(X3) DATE S	
				A. BUILDING: _			
		FCL011235		B. WING		04/0	5/2016
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	S - UNIT H		R AVENUE DUNTAIN, NC	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
C 000	Initial Comments			C 000			
	The Adult Care Licens complaint investigatio 4/1/16 and on 4/4/16 4/5/16.	n on 3/30/16 through					
C 246	10A NCAC 13G .0902	2(b) Health Care		C 246			
	10A NCAC 13G .0902 (b) The facility shall a to meet the routine ar of residents.	assure referral and foll	-				
	This Rule is not met a TYPE B VIOLATION	as evidenced by:					
	Based on observations, interviews, and record reviews, the facility failed to assure referral and follow-up for 1 of 6 residents (#1) who exhibited threatening behaviors with a knife and for 1 of 6 residents (#3) who refused two medications without staff notifying the prescribing physician.						
	The findings are:						
	3/30/16 at 8:15am rev -He came to work at t the SIC and had been	his facility in March, 2 n there less than 1 mo	016 as nth.				
	-He lived at the facility and nights weekly excon Thursday when a large -The facility had a cerarrived, but currently	cept from 9:00am to 7 Relief Staff person can nsus of 6 residents wh	:00pm me in . en he				
	Resident #1 was disc "sister facility." -While Resident #1 re	harged two weeks agossided in this facility, h	o to a				
	a roommate, Residen -Resident #1 was trar where a private room	nsferred to a sister fac	•				

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

(X6) DATE TITLE

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY PLETED
		FCL011235	B. WING		04	/05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
		134 CEN	ITER AVENUE			
SOUNDVI	EW FAMILY CARE HOME	ES - UNIT H BLACK	MOUNTAIN, NC 28	3711		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 246	Continued From page	e 1	C 246			
	was exhibiting threate roommate.	ening behaviors to his				
	resided in this facility, had diagnoses of den disease, hypertension no information related Review of Resident R	at #1's last FL2 when he dated 9/9/15, revealed he nentia, chronic kidney n, and diabetes mellitus with d to inappropriate behavior.  Register revealed Resident te facility on 9/11/15 and 6.				
	Review of Resident #1's Assessment and Care Plan, dated 2/19/16, and completed by Staff E, a Co-Administrator, revealed "No concerns at this time."					
	revealed: -He had a roommate, -Resident #1 had son remember thingsResident #1 had a w working, so Resident watch to have it repai -When Resident #3 b Resident #1, the watch Resident #1 could no -Resident #1 was ver watch repair shop of the watchResident #1 was so living room where Re where the Relief Staff couch, waved his ope kept saying to Reside again and again."	rought the watch back to ch was one hour off and of get it to set correctly. It is upset and accused the taking out the mechanics of upset that he came into the sident #3 was standing and f, Staff D, was sitting on the en pocket knife around and ent #3, "I'm going to cut you, and and physically shaking				

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STATE FORM SGJQ11 If continuation sheet 2 of 27

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVI	
			A. BUILDING: _			
		FCL011235	B. WING		04/05/20	016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOLINDVI	EW FAMILY CARE HOME	134 CENTE	R AVENUE			
COUNDYI	EW TAIMET GARE HOME	BLACK MC	DUNTAIN, NC	28711		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) COMPLETE DATE
C 246	Continued From page	2	C 246			
C 246	"I backed up and sat -When Resident #1 the into the kitchen to cal a sister facility to com-Resident #1 finally can knife in his pocket and take the knife away frowhen the former SIC facility that evening, Find knife incident to him.  Resident #3 did not be incident, but it happen November or December. Resident #3 remember around the holidays be the knife incident to Sich best to not ruin the holicident and that he was from Resident #1.  Staff A continued to a knife, but it took 3 day the knife to Staff A.  Resident #3 reported three days and nights same room with Resi-Resident #1 was alw stolen his money or use member where he be saft A was "fired Resident #3 in the min in the air threatening. The new SIC reported management and soot was transferred to an Interview with Staff Day 126am revealed:	down on the couch." Inreatened him, Staff D went I another SIC, Staff E, from the over to help. I almed down and put the I did the Relief Staff did not toom Resident #1. Inc. Staff A, came back to the Resident #3 reported the I common the holidays," in the properties of the incident happened the recause when he reported the staff A, Staff A said it was collidays by reporting the the vould get the knife away  ask Resident #1 for the the she had to sleep in the dent #1 retaining a knife. The resident #1 woke up did he was very afraid for the the had to sleep in the dent #1 retaining a knife. The resident #1 woke up did he was very afraid for the the had to sleep in the dent #1 retaining a knife. The resident #1 woke up did he cane incident to the deat him up. The resident #1 woke up did he cane incident to the on afterwards, Resident #1	C 246			
	out his knife and threa					

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STATE FORM SGJQ11 If continuation sheet 3 of 27

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		FCL011235	B. WING		04/05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SOUNDVI	EW FAMILY CARE HOME	ES - UNIT H	ER AVENUE		
		BLACK M	OUNTAIN, NC	28711	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
C 246	Continued From page	2 3	C 246		
	Resident #1 threatenesso Resident #1 would -She did not call Staff facilityShe did not ask Resi-She did not tell any consince it blew over and -She knew now that sereported the incidentShe did not document records.  Interview with Reside	ed Resident #3 with a knife calm down.  E to come over to the dent #1 for the knife. other staff about the incident I no one was hurt. She was supposed to have the incident in any			
	Interview with Resident #1 on 3/31/16 at 8:15am revealed: -He did not mention any incidents about his knife being taken away, his watch not working, nor about any items that were stolen from himHe did report that he sometimes walked with a "stick." -He did not know why he had to move to another facility.				
		Inteview with Staff A, the 16 at 2:21pm was not			
	12:25pm revealed: -She was not aware of "today." -She had not seen an incidentShe did not know Stateshe did not know Stateshe became aware of behaviors after Staff of thereStaff were supposed	of the knife incident until  by documentation of the knife  sesident #1 had a knife and  if A took it away from him.  of Resident #1's threatening  A was no longer working  to write			

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under chart notes.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COM	LETED
		FCL011235	B. WING		04/	05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOM	ES - UNIT H	TER AVENUE IOUNTAIN, NC 2	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 246	expected Staff A to concidents/accidents/b-After Staff A left, Resemanks to Resident the doorway of their I-The SIC reported the Administrator and staphysician because of A few days later, Resident #3 in the morane and the facility sister facility while was placement, but at the private room.  Resident #1's family move to a facility in the facility revealed Resident #1 threaten and no documentation from Resident #1.  Interview with Resident 10:00am revealed: She did not find out March 2016 when Resident #3 until March 2016 revealed: She was not aware Resident #3 until March 2016 revealed: Diagnoses included	eading all the chart notes, but all her with all ehaviors. Sident #1 made threatening #3 one day while standing in pedroom. It is incident to the aff took Resident #1 to the finis mental health. Sident #1 again threatened iddle of the night with his discharged Resident #1 to a aiting on a permanent other facility he had a member wanted him to the state where she lived.  In Medication (e-MAR) chart notes from 1/16 (while Staff A worked at no documented incident of ing Resident #3 with a knife on that he took the knife away that he took the knife away that #3's guardian on 4/5/16 at about the knife incident until esident #3 texted her about Resident #1 had threatened rech.  In #3's current FL-2 dated bipolar disorder, e. post-traumatic stress	C 246			

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	· /	E SURVEY IPLETED
		FCL011235		B. WING		0	4/05/2016
	ROVIDER OR SUPPLIER	ES - UNIT H	134 CENTE	RESS, CITY, STA			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	JLL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 246	included disulfiram (a treatment of alcoholis generic brand antabut tablets every day and tablet take 2 tablets of pernicious anemia).  Review of Resident of care plan dated 7/9/1-A check in the box for abuse.  -The comment that the facility was by his when and where he chad established men abuse care.  Review of Resident of revealed:  -An admission date of clin the personal infort block is checked with avoid relapse (substated administered was "in Review of physician 12/17/15 revealed codisulfiram 250mg taked and table ta	etion of the form. In orders, dated 6/17/15, a medication used in the sm and equivalent to the sm and equivalent to the set of vitamin B-12 1,000mc every day (a vitamin used) 250mg tablet take it divitamin B-12 1,000mc every day (a vitamin used) 3's current assessment 15 revealed:  The resident's placement is guardian, he was limited to be supported to the set of 12/4/15.  The comments "supervision and substance abuse)."  The sylvation section the "other of 12/4/15.  The comments "supervision and alcohol "  The orders for Resident #3 of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the medicine 2 tablets every day and the sylvation of the sy	e e e e e e e e e e e e e e e e e e e	C 246	DEPICIENC		
	mouth every day at 8	ram 250mg take 2 table 3:00AM. the medications were	ts by				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X3)  A. BUILDING:			
		FCL011235	B. WING		04	/05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	S - UNIT H	NTER AVENUE MOUNTAIN, NC 28	3711		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 246	except during the per 3/30/16 (these dates medication aide's initi-Documented commedisulfiram on 3/20/16 resident to take later facility.  -Documented commedisulfiram for the peri 3/30/16 were "resider Review of Resident # revealed:  -The order for vitamin 2 tablets every day at -Documentation that administered at every except during the per 3/31/16 (these dates medication aide's initi-Documented commedisulfiram on 3/20/16 resident to take later of the facility).  -Documented commedisulfiram for the peri 3/31/16 were "resider Review of Charting N 3/18/16 at 12:17pm re-The "resident took it [appointment] with his about discontinuing s like he needs."  - "SIC [Supervisor-in-phone number to gua follow up with it herse stable."	opportunity as ordered iod of 3/20/16 through had circles around the als). Ints for not administering the and 3/21/16 were "given to "while he was out of the od of 3/22/16 through hat refused."  3's eMAR for March, 2016  B-12 1,000mcg tablet take 8:00AM. The medications were opportunity as ordered iod of 3/20/16 through had circles around the als). The for not administering the and 3/21/16 were "given to (when Resident #3 was out ents for not administering the od of 3/22/16 through hat refused."  other for not administering the od of 3/22/16 through hat refused."  other for not administering the od of 3/22/16 through hat refused."  other for Resident #3 on evealed:  upon himself to set up appt. It is primary care doctor to see ome meds he doesn't feel  Charge] gave the doctors redian so she coupld [sic]	C 246			

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INME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JIP CODE  30UNDVIEW FAMILY CARE HOMES - UNIT H  134 CENTER AVENUE BLACK MOUNTAIN, NC 28711  SUMMARY STATEMENT OF DESCRIPCION (FRACH EPRICISION MUST BE PRECEDED BY PILL PRICE OF TAG  CODE OF TAG  CONTINUED FROM PAGE 15 CHORNATON SHAD THE PRECEDED BY PILL PRICE OF TAG  CONTINUED FROM PAGE 15 CHORNATON ON TAG  CODER THE CODE OF TAG  CONTINUED FROM PAGE 7  3/20/16 at 12:11PM revealed the resident was out of the facility at home with a family member and due to return to the facility the following evening.  Review of Charting Notes for Resident #3 on 3/21/16 at 5:13PM revealed: -The resident had signed back into the facilityThe chose not to go to his appt, to meet with his previous primary care physician but came to supervisor and said he was going to be refusing his [vitamin] B-12 meds and his anti-buse [sic] meds.**  Review of Charting Notes for Resident #3 on 3/29/16 at 5:23pm revealed "Resident and SIC has called primary care to try and get meds being refused discontinued haven't here if sici presponse answering [sic] machine said give 24 hours for response back.*  Review of Charting Notes for Resident #3 on 3/30/16 at 3:30pm revealed "Courried haven't here is continued here is continued here.  Review of Charting Notes for Resident #3 on 3/30/16 at 3:45pm revealed:  -The SIC returned the disulfiram to the pharmacy because Resident #3 was refusing it, but the physician had not discontinued it.  -After Resident #3 was		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUF			CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER  SOUNDVIEW FAMILY CARE HOMES - UNIT H  134 CENTER AVENUE BLACK MOUNTAIN, NC 28711    PROVIDER'S PLAN OF CORRECTION   PROVIDER'S PLAN OF CRASH OF CORRECTION   PROVIDER'S PLAN OF CRASH	7.1.12 . 27.11 .		.52.00.00		A. BUILDING: _		00 2	
SOUNDVIEW FAMILY CARE HOMES - UNIT H    DIAD   DIAD   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDERS PLAN OF CORRECTION (LEACH OPERIOD MAN TO BE PRECEDED BY PLLL   PROVIDERS PLAN OF CORRECTION (LEACH ORNECTIVE ACTION SHOULD BE PRECEDED BY PLLL   PROVIDERS PLAN OF CORRECTION (LEACH ORNECTIVE ACTION SHOULD BE PRECEDED BY PLLL   PROVIDERS PLAN OF CORRECTION (LEACH ORNECTIVE ACTION SHOULD BE CROSS-REFERENCED IN THE APPROPRIATE DATE OF CROSS-REFERENCED OF CROSS-REFERENCED IN THE APPROPRIATE DATE OF CROSS-REFERENCED DATE O			FCL011235	l	B. WING		04/0	5/2016
SOUNDYEW FAMILY CARE HOMES - UNIT H   BLACK MOUNTAIN, NC 28711	NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SULMMARY STATEMENT OF DEFICIENCIES   DESCRIPTION   SULMMARY STATEMENT OF DEFICIENCIES   PRECED   PRECED BY FULL   PRECED	SOUNDVI	EW FAMILY CARE HOME	S - UNIT H			28711		
3/20/16 at 12:11PM revealed the resident was out of the facility at home with a family member and due to return to the facility the following evening.  Review of Charting Notes for Resident #3 on 3/21/16 at 9:13PM revealed:  -The resident had signed back into the facility.  -The chose not to go to his appt. to meet with his previous primary care physician but came to supervisor and said he was going to be refusing his [vitamin] B-12 meds and his anti-buse [sic] meds."  Review of Charting Notes for Resident #3 on 3/29/16 at 5:23pm revealed "Resident and SIC has called primary care to try and get meds being refused discontinued haven't herd [sic] response answering [sic] machine said give 24 hours for response back."  Review of Charting Notes for Resident #3 on 3/30/16 at 3:30pm revealed "Guardian stated she did not feel comfortable with him going home off of his anti-buse meds because of previous conditionsResident then started calling his family and asking could they pay for this med which is costly"  Interview with the SIC on 3/30/16 at 3:45pm revealed:  -The SIC returned the disulfiram to the pharmacy because Resident #3 was refusing it, but the physician had not discontinued it.  -After Resident #3's guardian found out Resident #3 was refusing it, but the physician had not discontinued it.  -After Resident #3's guardian found out Resident #3 was refusing the disulfiram was not going to allow Resident #3 to go for his home visit on 4/2/16 for the week-end.  -Now Resident #3 was very upset that he was not	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDE	NCIES D BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	) BE	COMPLETE
going to be allowed his home visit and wanted to resume the disulfiram so he would be allowed to	C 246	3/20/16 at 12:11PM roof the facility at home due to return to the facility at 13:21/16 at 9:13PM register and said has [vitamin] B-12 memeds."  Review of Charting N 3/29/16 at 5:23pm register and discontinued answering [sic] mach response back."  Review of Charting N 3/30/16 at 3:30pm register and disconditionsResident family and asking counditionsResident family and asking counditionsResident family and asking counditionsResident family and asking counditionsInterview with the SIC revealed:  -The SIC returned the because Resident #3 physician had not dis -After Resident #3's gray and said an	evealed the resid- with a family menticility the following otes for Resident vealed: ned back into the to his appt. to mente exphysician but can exphysician for Resident expected "Resident expected "Resident expected "Guardian explored the expected "Guardian explored the expected th	mber and g evening.  #3 on facility. et with his me to e refusing use [sic]  #3 on and SIC meds being response	C 246			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII		` '	CONSTRUCTION	(X3) DATE	SURVEY
AND FLAN	OF CORRECTION	IDENTIFICATION NO	IIVIDEN.	A. BUILDING: _		COMP	LETED
		FCL011235		B. WING		04	/05/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOLINDVI	EW FAMILY CARE HOM	ES - LINIT H	134 CENTE	R AVENUE			
	EW FAMILE OAKE HOW	20 - ONIT 11	BLACK MC	UNTAIN, NC	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
C 246	Continued From pag	e 8		C 246			
	go home.  -The SIC had returned the disulfiram back to the pharmacy and was not aware there were any funds to pay for the disulfiram.						
	3/3/0/16 at 4:00pm r -Resident #3 had no disulfiram because to other arrangements -The Administrator s	t been paying for the he facility paid for it o	r made t the				
	Review of Charting Notes for Resident #3 on 3/30/16 at 9:13pm revealed "Meds came in 9pm was relieved he got them and can continue back on them."  Interview with the Property Manager on 4/1/16 at 9:20am revealed: -She became aware of Resident #3's medication refusal on 3/29/16 when Resident #3 told herThe SIC was supposed to have called Resident #3's physician to inform him of the refusal.						
	at 2:36pm revealed: -Resident #3's medicular was a "planned" and physician was aware -Resident #3 told he planning on taking h 3/21/16 and the physician was told the would discontinue the itPayment for the medication	r his family member w im to the physician or sican knew he was go	ouse at #3's was n bing to ysican refused				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	UPPLIER/CLIA ON NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDIEAN	or dortheories	IDEIVII IOATI	ON NOMBER.	A. BUILDING: _		OOM! L	LILD
		FCL0112	35	B. WING		04/0	05/2016
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOLINDVI	EW FAMILY CARE HOME	S - IINIT H	134 CENTE	R AVENUE			
	EW TAIMET GARE HOME		BLACK MC	UNTAIN, NC	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFIC Y MUST BE PRECED LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
C 246	-If a resident refused a medication, the physician		ne physician	C 246			
	was to be notified after						
	could also depend on						
	-A discontinuation ord	•					
	physician for a medic to be returned to the		elused for it				
	-The SIC should not I		nedication				
	back to the pharmacy.						
	-Staff should look at the reason why a medication was being refused and to seek guidance from the Property Manager or Administrator.						
	-A staff member in the corporate office checked		ce checked				
	the computerized MA						
	and to make the appr	opriate referrals	3.				
	Telephone interview	-					
	Resident #3's physici 10:40AM revealed:	an's office on 4	/1/15 at				
	-The resident had an	appointment or	n 3/21/16 but				
	was a "no-show." -The office received a	voice mail me	seage by an				
	unidentified person of						
	discontinuation of Ant		•				
	refused to take and the						
	the resident to first ha	ave an appointm	nent				
	scheduledThe physician had n	ot written a disc	continuation				
	order for the Antabus						
	-The physician's plan		ident to				
	continue his medicati	on.					
	Telephone interview v	with the Contrac	ct Pharmacy				
	pharmacist on 3/31/1	6 at 1:55pm rev	vealed:				
	-The Pharmacy had r		on order on				
	file for Resident #3's -An automatic refill or		/16 with the				
	delivery of 6 tablets of						
	low stock) and of 54 t	**	•				
	-The tablets were ser						
	3/23/16 for which the	resident's acco	unt was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	, ,	IDER/SUPPLIER/CLIA IFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	FC	L011235	B. WING		04/	05/2016
NAME OF PROVIDER OR SUPPLI	R	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SOUNDVIEW FAMILY CARE	HOMES - UNIT H		ER AVENUE DUNTAIN, NC	28711		
PREFIX (EACH DEF		DEFICIENCIES PRECEDED BY FULL PING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
3/30/16Facilities sent reither due to a calletter due to blood serious medical resident to take their wishes to a medication with the prescribing refuses, documented is system] and no linterview with Frevealed: -He refused the expensiveHe refused the	there were no e re-dispensed nedications bac iscontinuation of needed a physical part of the administration tab available for the administration tab available for the administration of the administration of the administration of the administration of the vitamin B-8:00am on 4/1/16. The Vitamin B-8:00am on 4/1/16 is resident is refusive pressure, diable conditions encountinue or continue	and delivered on  the to the pharmacy order or a refusal. Ician's order to  dedications on alled disulfiram 250 and the Vitamin or administration.  In 4/1/16 at  Tration of disulfiram 12 1,000 mcg had 16.  To refusal policy sing medications betes and other ourage the and to discuss thange the are physician or sident still in [name of atton record in."  In 1/1/16 at 9:35am are six and the	C 246			

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL011235	B. WING		04/05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
SOUNDVI	EW FAMILY CARE HOME	S - UNIT H	TER AVENUE MOUNTAIN, NC 2	8711	
(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
C 246	3/21/16 because he for Medication Administration Interview with Reside 10:00am revealed the about the medication have expected them to the Plan of Protection 4/5/16 revealed:  -The Plan of Protection 4/5/16 revealed:  -The facility staff will roby telephone call to A immediately.  -Staff will notify the proportion and all appropriate parand medications refused incidents/accidents are charts.  -All referrals will be do documented according -Staff will receive add accidents/incidents are -The Administrator will follow-up with staff.  DATE OF CORRECT	ation. Ohysician appointment on orgot to bring a copy of his ation Record.  Int #3's guardian on 4/5/16 at a facility did not call her refusals, but she would o do so.  In provided by the facility on approvided by the facility on eport all incidents/accidents dministrator designee  Imary care mental health arties of accidents/ incidents als. Is signee will follow-up on all and document in residents'  In provided and refusals g to facility policy. In provided by the facility policy. In provided by the facility on the facility policy. In provided by the facility policy. In provided by the facility on the facility policy. In provided by the facility on the facility policy. In provided by the facility policy. In provided by the facility policy. In provided by the facility on the facility policy. In provided by the facility policy. In provided by the facility on the facility on the facility policy. In provided by the facility on the	C 246		
C 311	all residents guarante	Resident Rights nall assure that the rights of ed under G.S. 131D-21, nts' Rights, are maintained	C 311		

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.1	5. GG.M.EG.11G.N		A. BUILDING: _			
		FCL011235	B. WING		04/	05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOMI	FS - UNIT H	TER AVENUE			
		BLACK N	IOUNTAIN, NC	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
C 311	Continued From page	e 12	C 311			
	This Rule is not met TYPE A2 VIOLATION  Based on observation reviews, the facility fawere free of abuse as Supervisor-in-Charge mentally abusing two exposing the other 4 #5, and #6) to the verallowing one Resider	as evidenced by:				
	The findings are:					
	A. Interview with the current Supervisor-in-Charge (SIC) on 3/30/16 at 8:45am revealed: -He just started working there about "three weeks ago." -He lived at the facility and was on duty 7 days and nights weekly except from 9:00am to 7:00pm on Thursday when a Relief Staff person came inThe other SIC, Staff A, left before he was hiredResident #1 was transferred to another facility on 3/14/16.					
	-He was hired June, 2 Supervisor-in-Charge -A criminal record che 6/5/07. -A health care persor completed on 6/5/07 substantiated.	e. eck was completed on nnel registry check was				

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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	
		FCL011235		B. WING		04	1/05/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUNDV	IEW FAMILY CARE HOM	ES - UNIT H	134 CENTE BLACK MO	R AVENUE UNTAIN, NC	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 311	-He last received trai 3/5/15.  Interview with the Ad at 10:15am revealed -The former SIC, Stafacility, as of 2/27/16 -She discharged Reswhere a private room his threatening beharather the current census -Staff were supposed behaviors in the Chambedication Administration were supposed to call always read the Chambedication Administration were supposed to call ways read the Chambedication Administration were supposed to call ways read the Chambedication Administration were supposed to call ways read the Chambedication Administration were supposed to call ways read the Chambedication and while he lived at this confidential interview during the survey revestaff A would yell at especially Residents -Staff A would "rant all and go on and on like -Staff A "was hard to -Staff A "did not known mental illness." -Staff A would make a Resident #1 and #2 with the and the staff aroundStaff A "was argument was a staff aroundStaff A "was argument with the staff aroundStaff A "was	ministrator/Owner on 3:  ff A, no longer worked  sident #1 to a sister fact was available because viors.  was 5 since Resident #  to chart any unusual rt notes on the electror ation Records (e-MAR II her because she did rt notes.  in a sister facility in an rk in that facility in 201. SIC for that facility. a bedroom with Reside facility.  vs with with 4 residents realed: residents "all the time" #1 and #2. and rave for 1 and 1/2 h e a tyrant." deal with." v how to treat people w Any problems here, we loud insulting remarks when there were no oth	at the dility e of #1 left. hic s) and not other 2 ent #3 hour dith keep about her	C 311			

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room for them.

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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	
			The Bolesmon			
		FCL011235	B. WING		04/05/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	S - UNIT H	R AVENUE	00744		
	CLIMMADY CT		DUNTAIN, NC		N	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETE
C 311	Continued From page	e 14	C 311			
	-Staff A treated reside "who they were."	ents differently depending on				
	Attempted telephone 4/5/16 at 2:21pm was	interview with Staff A on not successful.				
	in this facility, dated 9	at #1's last FL2 while residing 0/9/15, revealed he had ia, chronic kidney disease, abetes mellitus.				
	Review of the Reside Resident #1 was adm 9/11/15, was his own discharged on 3/14/1	nitted to the facility on guardian, and was				
	problem remembering easy like taken a sho -The physician wrote "dementia/neurocogn	n for visit," "Resident have g. He forgets things very wer" diagnoses of				
	10:40am revealed: -Resident #1's family touch with Resident # Attorney (POA)Resident #1's POA p Resident #1 but has o care.	member recently got in the standard previously lost contact with chosen to be involved in his strying to find a facility for				
	Plan, dated 2/19/16, a Co-Administrator, rev	n1's Assessment and Care and completed by Staff E, a realed: erbal cuing and supervision				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ` '			3) DATE SURVEY COMPLETED	
		FCL011235		B. WING		04	1/05/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
COLIND\/I	EW FAMILY CARE HOME	C UNITU	134 CENTE	R AVENUE			
SOUNDVI	EW FAMILY CARE HOME	S-UNII H	BLACK MC	UNTAIN, NC	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B LSC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 311	Continued From page only."  -"No concerns at this -Bathing, dressing, at as Resident #1 required Confidential interview. The former SIC, Start to take a shower and to taking showers.  -Staff A "would ride his embarrass Resident : -Staff A would make of Resident #1 which inc "You stink," and "This -Resident #1 would ready showered.  -Staff A would have the bathroom to obse and dry towel in front Resident #1 was not -On occasions, (the tid dates not known) Start to eat at the table because of Resident him sit at a desk in the -Resident #1 was required "mostly at breakfast," supposed to be compered to be compered to be compered to be compered to the	time."  Ind grooming were a ring limited assistant with 4 residents ref f A, would ask Resirement (Resident #1 was ref f A, would ask Resirement (Resident #1) are f into showering. It is room stinks." It is port to Staff A that the other 5 residents rive the dry shower of Resident #1 to pitelling the truth. In mes not known and ff A would not allow with the other reside f a would not allow with the other reside f a would not allow with the other reside f a would not allow with the other reside f a would not allow with the other reside f a shower. It is shampoo as a his skin so Staff A as a shower. It is shower what a shower what is a	vealed: dent #1 esistant and try to to to he had go into curtain rove I the Resident ents required esk to eat ers were ast. body would " hen he d say ent #1 if	C 311			
	standing in the hall?" -Staff A would not wa	sh Resident #1's clo	othes for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) D			
	FCL011235	B. WING		04/05/2016		
ROVIDER OR SUPPLIER	S	TREET ADDRESS, CITY, S	TATE, ZIP CODE			
W FAMILY CARE HOME	S - UNIT H	34 CENTER AVENUE				
W TAMIET OAKE HOM	В	LACK MOUNTAIN, NO	28711			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE		
. •		C 311				
realize his clothes ne-Staff A would not cha and wash his linens f-Because of Residen forget where he had people of stealing the Staff A did not speak some "yelling and scient". He was vulgar and Observation of the did 10:00am revealed:  -A dining room table worther was no desk in Interview with the SIC revealed after he can	eded washing. ange Resident #1's sheets or him. t #1's dementia, he would blaced things and accuse em. much to residents but did reaming." abusive."  hing room on 3/30/16 at with 6 chairs. In the dining room.  C on 3/30/16 at 3:15pm he to work there, he move					
Interview with Reside at the facility where he-Staff A "acted like he-"Don't treat me like a much." -"I sat at the desk whe-He did not know why eat"I'm paying a lot of musiness treating me-Staff A would not talk talk to others about he-"He was louder than -"I don't think they're that." -"I've been a man a ke-"I kept to myself so t something else."	ent #1 on 3/31/16 at 8:15ar e was residing revealed: was running a prison." a kid, I been through too en I ate, and it tee' d me of he had to sit at the desk noney and he had no that way." a to him directly, but would im. anyone else." supposed to run a place li	off." to				
	ROVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENC REGULATORY OR I  Continued From page him and Resident #1 realize his clothes ne -Staff A would not cha and wash his linens forget where he had people of stealing the -Staff A did not speak some "yelling and scro". He was vulgar and scro". He was vulgar and scro". He was no desk in the desk to the office cabinet in it's place in the desk to the office cabinet in it's place in the desk to the office cabinet in it's place in the desk to the office cabinet in it's place in the desk who will be at the facility where he staff A "acted like he "Don't treat me like a much."  "I sat at the desk who he did not know why eat.  "I'm paying a lot of me use that the was louder than the was louder than the was louder than "I don't think they're that."  "I've been a man a louder than "I kept to myself so t something else."	FCL011235  ROVIDER OR SUPPLIER  SEW FAMILY CARE HOMES - UNIT H  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 16  him and Resident #1 had dementia and did not realize his clothes needed washing.  -Staff A would not change Resident #1's sheets and wash his linens for him.  -Because of Resident #1's dementia, he would forget where he had placed things and accuse people of stealing them.  -Staff A did not speak much to residents but did some "yelling and screaming."  -"He was vulgar and abusive."  Observation of the dining room on 3/30/16 at 10:00am revealed:  -A dining room table with 6 chairs.  -There was no desk in the dining room.  Interview with the SIC on 3/30/16 at 3:15pm revealed after he came to work there, he move the desk to the office and placed a display cabinet in it's place in the dining room.  Interview with Resident #1 on 3/31/16 at 8:15ar at the facility where he was residing revealed:  -Staff A "acted like he was running a prison."  -"Don't treat me like a kid, I been through too much."  -"I sat at the desk when I ate, and it tee' d me of the did not know why he had to sit at the desk eat.  -"I'm paying a lot of money and he had no business treating me that way."  -Staff A would not talk to him directly, but would talk to other about him.  -"He was louder than anyone else."  -"I don't think they're supposed to run a place lithat."  -"I've been a man a long time."  -"I've been a man a long time."	FCORRECTION  FCL011235  STREET ADDRESS, CITY, S  B. WING	FOUNDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  134 CENTER AVENUE BLACK MOUNTAIN, NC 28711  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 16  C 311  D PROVIDER'S PLANT (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE  C 311  PREPIX TAG  PREPIX TAG		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	, , ,	DATE SURVEY COMPLETED		
		FCL011235		B. WING		04	1/05/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOMI	ES - UNIT H		R AVENUE			
			BLACK MC	DUNTAIN, NC	28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 311	Continued From page	e 17		C 311			
	they can say anything -"Some people get a with it." -"I don't know why the here." -Sometimes it was no way he said it." -Resident #1 reporter about taking showers -Resident #1 did not his clothes or his line -Resident #1 never to said, "Some people y might lead to someth -"I never mentioned to treated me."  Interview with Reside revealed: -He was Resident #1 and Resident #1 was -The room always ha #1 would not take she wash Resident #1's change Resident #1's -Staff A came into the air freshener real hea Resident #3 were in to -There continued to be after Resident #1 mo Staff was cleaning, so underwear" under the stuff." -Staff A always made their bedroom door co -Resident #3 said he	g to me."  little authority and run ey made me move ov ot what Staff A said, be d he did not know any s. remember if Staff A w ns. old Staff A of any pain rou can't talk to becaus ing else." o anyone how he [Staff A w ent #3 on 3/30/16 at 8: "s roommate in this far resistant to taking sh d an odor because Re owers, Staff A would re clothes, and would not as sheets. e room daily and spray avily while Resident #	er  ut "the  thing  ashed  and  se it  aff A]  50am  cility owers. esident not  yed an 1 and  oom Relief ir of wing  keep stench. open				
	-After Staff A left, the "started to clean the	Relief Staff and the n place up."	ew SIC				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUI			CONSTRUCTION	(X3) DATE S	
,			A. BUILDING: _		"""		
		FCL011235	5	B. WING		04/0	05/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	ES - UNIT H		R AVENUE OUNTAIN, NC	28711		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIE		ID ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDE LSC IDENTIFYING INF	D BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
C 311	Continued From page 18			C 311			
	Review of Chart note Medication Administra 10/2/15 through 2/26/-Notes were written d-The first documentat showers was on 12/2 "Resident has refused last 5 days." -Other days that Staff #1's shower refusal w 1/15/16, 1/16/16, 1/25/2/16/16After Staff A was not a relief staff document Resident #1 "took a schanged his bed sheel laundry from his dreseverything."	ation Records (el '16 revealed: aily by Staff on d ion of Resident re 2/15 by Staff A w d to take a showe A documented F /// // // // // // // // // // // // //	MARs) from  uty. efusing tho wrote, er for the  Resident 16, 1/13/16, /16, 2/2/16,  If the facility, hat be oon and we he dirty				
	Telephone interview of Attorney (POA) on 3/3 -She lived in another with Resident #1 until POAThe facility did not had until recentlyShe did not visit the did live but had visited. She had no knowled treated while he was -Resident #1 had told facility had spoken to	31/16 at 5:50pm state and had los recently and now ave her contact in facility where Red his current facilige how Resident in the "other" facili her that someon	revealed: st contact w is his  nformation sident #1 ity. #1 was ility.				
	Telephone interview of Staff C, on 4/4/16 at 6 -Residents had never inappropriate to the re-She never heard Staresidents.	6:10pm revealed: told her that Sta esidents.	ff A was				

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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	
			B. WING			
		FCL011235		<del></del>	04/05/2016	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	S - UNIT H	ER AVENUE DUNTAIN, NC	28711		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETE
C 311	Continued From page	e 19	C 311			
	-Staff A normally talked personality.	ed loud because that was his				
	Refer to interview with 3/31/16 at 12:25pm.	n the Administrator on				
	Refer to interview with the Property Manager on 4/4/16 at 9:20am.					
	diagnoses which inclu hypertension, tobacco					
		legister revealed Resident e facility on 10/1/06 and that lian.				
	revealed: Staff A insulted me '	nt #2 on 3/30/16 at 10:15am  'quite a few times." eless," and that "I was a				
	-Staff A said "I smoke row."	too many [cigarettes] in a				
	always "very angry." -Management said "If they would have to sh	they got rid of him [Staff A], nut down."				
	out."	I wanted things to work  morning and night, fire and				
	-"We have a better SI	C now."				
	-Staff A called Reside -Staff A "was argumen "about his hygiene an	with 3 residents revealed: nt #2 "fat and overweight." ntative" with Resident #2 d smoking." ot respond to Staff A's				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		FCL011235	B. WING		04	/05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	ES - UNIT H	ENTER AVENUE K MOUNTAIN, NC	28711		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
C 311	Continued From page	e 20	C 311			
	insults.					
	Refer to interview with 3/31/16 at 12:25pm.	h the Administrator on				
	Refer to interview with 4/4/16 at 9:20am.	h the Property Manager on				
		nt #3's current FL-2 dated gnoses which included				
	bipolar disorder, polys					
	post-traumatic stress	syndrome, and anxiety.				
	Review of the Reside admitted to the facility	nt Register revealed he was y on 12/4/15.				
	Interview with Reside revealed:	nt #3 on 3/3/0/16 at 8:45am				
	-Resident #1 had son	Resident #1, until recently. ne dementia and could not				
	remember thingsResident #1 had a w	rist watch that had quit				
	working, so Resident watch to have it repai	#3 volunteered to take the red/replace battery.				
		rought the watch back to ch was one hour off and				
		t get it to set correctly.				
	-Resident #1 was ver	y upset and accused the				
	watch repair shop of the watch.	taking out the mechanics of				
		upset that he came into the				
		sident #3 was standing and				
		person, Staff D, was sitting				
		his open pocket knife ng to Resident #3, "I'm going				
	to cut you, again and					
	-Resident #1 was "ma	ad and physically shaking"				
	when he made the th					
	on the couch."	'I backed up and sat down				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	FCL011235	B. WING		04/05/2016	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOUNDVIEW FAMILY CARE HOME	S - UNIT H	ER AVENUE OUNTAIN, NC	28711		
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION (X5)	
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
C 311 Continued From page	21	C 311			
-Staff D went to the kit - Resident #1 finally ca knife in his pocket and knife away from Resid -When the former SIC facility that evening, R knife incident to himResident #3 did not k the incident happened November or Decemb -Resident #3 remembe around the holidays be the knife incident to St best to not ruin the hol incident and that he w from Resident #1Staff A continued to a knife, but it took 3 day knifeResident #3 reported three days and nights same room with Resid he kept asking Staff A -He was not aware of actions related to Resi with a knife and allowi for three daysAfter Staff A was "fire the middle of the night cane in the air over hir upThe new SIC reported management and soor was transferred to and Interview with the Adm 12:25pm revealed: -She was not aware of "today."	tchen during the threats. almed down and put the d Staff D did not take the dent #1. The Staff A, came back to the desident #3 reported the desident #3 reported the desident #3 reported the desident #3 reported the desident #4 reported the decause when he reported the decause	C311			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL011235	B. WING		04/0	5/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	S - UNIT H	R AVENUE			
			DUNTAIN, NC		1	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
C 311	Continued From page	e 22	C 311			
C 311	incidentShe did not know Reshe did not know Staf-She became aware obehaviors after Staff AthereStaff were supposed incident/accidents/beunder chart notesShe had not been reexpected Staff A to caincidents/accidents/be-After Staff A left, Resremarks to Resident Athe doorway of their b-The SIC reported this Administrator and staphysician because of A few days later, Resident #3 in the micane and the facility osister facility while waplacement, but at the private roomResident #1's family move to a facility in the Review of the eMAR through 2/21/16 (whill facility) revealed no desident #1 threateniand no documentation from Resident #1.	esident #1 had a knife and if A took it away from him. of Resident #1's threatening A was not longer working  to write havior issues on the eMAR ading all the chart notes, but all her with all ehaviors. sident #1 made threatening #3 one day while standing in bedroom. Is incident to the iff took Resident #1 to the his mental health. Isident #1 again threatened ddle of the night with his discharged Resident #1 to a sitting on a permanent other facility he had a  member wanted him to he state where she lived.  chart notes from 10/2/15 e Staff A worked at the ocumented incident of hig Resident #3 with a knife in that he took the knife away  the Relief Staff person on	C311			
	3/31/16 at 9:26am re -She was at the facilit out his knife and threa he would cut his "hea	evealed: by when Resident #1 pulled atened Resident #3 saying				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		FCL011235	B. WING		04	1/05/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOMI	FS - UNIT H	ENTER AVENUE			
OOONDVI	EW FAMILE GARL HOM	BLACK	K MOUNTAIN, NC 28	3711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 311	Continued From page	e 23	C 311			
	-She did not call any facilityShe did not ask Res -She did not tell any of since it blew over and -She knew now that is reported the incidentShe did not docume records.  Refer to interview wit 3/31/16 at 12:25pm.	other staff about the incident d no one was hurt. she was supposed to have				
	12:25pm revealed: -When she found out showers, on 3/7/16, staught on "Bathing Cl-She did not always re-MAR, but Staff A sh the shower refusalsShe was not aware to verbally abused the residents told her who abuseShe was not aware to that Staff A required Fat the desk to eatShe said she often to none of the residents Staff A was employedNone of the Staff represental abuseShe reported Staff A	read the Chart notes on the nould have called her about until Staff A left that he had residents and then the en questioned about the until the surveyor told her Resident #1 to sometimes sit alked to the residents and mentioned the abuse while dithere.				

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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	
		FCL011235	B. WING		04/0	5/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDR				TE, ZIP CODE		
SOUNDVI	EW FAMILY CARE HOME	20744				
04.0.4=	CLIMMADV CT		DUNTAIN, NC	PROVIDER'S PLAN OF CORRECTION		0.50
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
C 311	Continued From page 24		C 311			
	4/4/16 at 9:20am revershe knew Resident at the odor in his room.  -She became aware is resistant to bathing, it scheduled a class on -She never heard any being dangerous.  -She did not know ab 3/31/16.  -She never heard Staresidents.  The Plan of Protection 4/1/16 revealed:  -All staff will immediating instances of abuse, in -Residents will be enconcerns to manager suggestion boxes, the and regular interviews a week.  -Additional training for neglect, and exploitating the toll free complaiting posted in the home a residents.  -The local ombudsma with routine visits to the toll the part of the control of the control of the part of the part of the toll of the home and the part of the	#3 had complained about recently Resident #1 was but the Administrator had Bathing Basics. rthing about Resident #1  out the knife incident until  Iff A talk disrespectful to the  In provided by the facility on tely report any possible eglect, and/or exploitation. couraged to relate any ment using confidential e Administrator cell phone, is with administrative staff. with residents at least twice or staff on resident abuse, ion. In thotline number will be and used for staff and  an will be contacted to assist				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL011235	B. WING		04/05/2016	j	
NAME OF PI	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA	TE, ZIP CODE			
SOUNDVI	EW FAMILY CARE HOME	S - UNIT H	CENTER AVENUE CK MOUNTAIN, NC	28711			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMP	PLETE	
C 912	Continued From page 25		C 912				
C 912	G.S. 131D-21(2) Declaration of Residents' Rights		C 912				
	Every resident shall h 2. To receive care an adequate, appropriate	ration of Resident's Rights have the following rights: and services which are and in compliance with state laws and rules and					
	reviews, the facility fa received care and ser appropriate, and in co federal and state laws	as evidenced by: ns, interviews, and record iiled to assure all residents rvices which were adequate, compliance with relevant s and rules and regulations referral and follow-up.					
	The findings are:						
	review, the facility fail follow-up for 1 of 6 re threatening behaviors residents (#3) who re without staff notifying	ns, interview, and record ed to assure referral and sidents (#1) who exhibited with a knife and for 1 of 6 fused two medications the prescribing physician. 13G .0902(b) Resident ion).]					
C 914	G.S 131D-21(4) Decl	aration Of Resident's Rights	C 914				
		nave the following rights: al and physical abuse, ion.					
	reviews, the facility fa	as evidenced by: ns, interviews, and record illed to assure all residents nd physical abuse, neglect,					

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AND DUAN OF CODDECTION DEPOTION NUMBER.	X2) MULTIPLE CONSTRUCTION  . BUILDING:	(X3) DATE SURVEY COMPLETED							
FCL011235 B.	3. WING	04/05/2016							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
SOUNDVIEW FAMILY CARE HOMES - UNIT H  134 CENTER AVENUE BLACK MOUNTAIN, NC 28711									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)								
C 914 Continued From page 26 and exploitation as evidenced by the Supervisor-in-Charge verbally and mentally abusing residents.  The findings are:  Based on observations, interviews and record reviews, the facility failed to assure residents were free of abuse as evidenced by the former Supervisor-in-Charge (Staff A) verbally and mentally abusing two of six residents (#1 and #2), exposing the other 4 of the 6 residents (#3, #4, #5, and #6) to the verbal and mental abuse, and allowing one Resident (#1) to maintain a knife for 3 days after threatening his roommate (Resident #3) with the knife. [Refer to 10A NCAC 13G .0909 Resident Rights (Type A2 Violation).]	C 914								

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