	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL064029	B. WING		05/1	9/2016
	PROVIDER OR SUPPLIER	CY MOUNT 918 WES	DDRESS, CITY, S TWOOD DRI'			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  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)	JLD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		ensure Section and the Nash t of Social Services conducted n May 17-19, 2016.				
D 307	10A NCAC 13F .09 Service	04(e)(1) Nutrition And Food	D 307			
	(e) Therapeutic Die (1) All therapeutic of liquids shall be in we physician. Where a order shall be spectonsistency, such a diets, low sodium dunless there are wert definition of any the	04 Nutrition And Food Service ets in Adult Care Homes: diet orders including thickened riting from the resident's applicable, the therapeutic diet ific to calorie, gram or as for calorie controlled ADA iets or thickened liquids, itten orders which include the trapeutic diet identified in the emenu approved by a				
	review, the facility for Added Table Salts (prepared as ordere	et as evidenced by: ons, interviews and record ailed to assure to the No (NATS) pureed diet was d by a primary care physician Residents (#6) on the pureed				
	The findings are:					
	3/23/16 revealed: -The resident's diagpressure, abdomina -There was no diet Review of Resident	dent #6's current FL-2 dated gnoses included high blood al pain and hyperlipidemia. order on the FL-2. : #6's Care Plan dated 3/23/16 nt had an order for a NATS				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL064029	B. WING		05/	19/2016
	PROVIDER OR SUPPLIER	CY MOUNT 918 WES	DDRESS, CITY, S TWOOD DRIV MOUNT, NC 2	<del>-</del>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 307	-There was an orderesident's diet to the request." -The resident had to disorderThere was a curre the NATS pureed downward with the Data 12:16 p.m. reveal resident who received Review of the NATS 5/18/16 revealed the ounces (oz) baked cup green salad, 1 graham streusel cavegetable was ½ cuincluded a legend and salt on table.  Review of the Pure 5/18/16 revealed the oz pureed ham, ½ cuincluded a legend and salt on table.  Review of the Pure 5/18/16 revealed the oz pureed ham, ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham streus vegetable was ½ cuincluded and the pureed green bean 2 oz graham	t #6's record revealed: er dated 5/13/16 to "switch" the e pureed diet, "due to patient's emporomandibular joint (TMJ) nt diet order dated 5/18/16 for iet.  ist (not dated) revealed: in the NATS Pureed diet. er residents on the pureed diet. Dietary Supervisor on 5/17/16 aled Resident #6 was the only wed the pureed diet.  S diet lunch menu dated e resident was to be served 3 ham, 4 oz rice and gravy, 3/4 baked roll and 3 inch by 2 inch ke. The alternate green up broccoli. The same menu at the bottom, which revealed  ed diet lunch menu dated e resident was to be served 3 cup mashed potatoes, 1/2 cup s, 2 oz pureed baked roll and el cake. The alternate up pureed broccoli.  lunch meal on 5/18/16 at d Resident #6's meal included 2 cup chopped broccoli, 1/2 cup oll and one 3 inch by 2 inch				
	Interview with Resid	dent #6 on 5/18/16 at 12:14				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL064029	B. WING		05/	19/2016
	PROVIDER OR SUPPLIER	CY MOUNT 918 W	T ADDRESS, CITY, S VESTWOOD DRIV	/E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 307	p.m. revealed: -She was supposed -She received a che-She wanted the forwhat it was."  Observation on 5/1 -The Dietary Super meal was ok." -Resident #6 told the wanted the meal "towas."  Interview with the Dat 12:16 p.m. reveal to the pureed diet cate. The pureed diet cate. The pureed diet cate. The pureed diet cate. The Dietary Supervision on 5/1 the Dietary Supervision on the table and took it in the kill interview with the Atom 12:22 p.m. revealed. The pureed diet should be a took it in the kill interview with the Atom 12:22 p.m. revealed. The pureed diet should be shown on the pureed consistency.  Observation on 5/1 -The Administrator Supervisor on make. The Dietary Superbread and an unknown of the pure and and unknown of the pure and and an unknown of the pure and the pure	d to be on a pureed diet. opped diet. od "to be a little thicker than 8/16 at 12:15 p.m. revealed visor asked Resident #6 "if ne Dietary Supervisor she o be a little thicker than wha Dietary Supervisor on 5/18/1 nled: an be "liquidy." nl was prepared pureed 8/16 at 12:16 p.m. revealed sor removed Resident #6 ' s with the resident's permiss tchen. dministrator on 5/18/16 at d: nould be thick like baby food h meal was not prepared /. 8/16 at 12:25 p.m. revealed instructed the Dietary	the tit 6			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL064029	B. WING		05/1	9/2016
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
SOMERS	SET COURT OF ROCK	KY MOUNT	rwood dri' IOUNT, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 307	and unknown amout pureed the ham. The Dietary Super an unknown amout and pureed brocco the Supervisor until Observation on 5/1 Resident #6 was sepureed broccoli and bread.  Interview with Resident #6 ate all cups of tea.  Interview with the Odiet during the luncat 3:15 p.m. revealed "I president #6 ate all cups of tea.  Interview with the Odiet during the luncat 3:15 p.m. revealed "Her first time prepared machine" ble Resident #6 told her could eat it.  Resident #6 told her it.  Resident #6 just sidiet on Monday (5/2)  "The pureed diet we prepared it on 5/16. She had training of 6-7 years ago from	visor cleaned the blender, put unt of ham in the blender and the Administrator instructed the ham was pureed. visor cleaned the blender, put not of broccoli in the blender li. The Administrator instructed I the broccoli was pureed.  8/16 at 12:50 p.m. revealed erved 3 oz pureed ham, 1 cup do 1/2 cup pureed rice with the dent #6 on 5/18/16 at 12:54 effer food like this, because the as much."  8/16 at 1:03 p.m. revealed of her lunch meal and drank 2  Cook, who prepared the pureed ham hal on 5/18/16, on 5/19/16 ed: Cook at the facility.  aring the pureed diet with a nder " was on 5/18/16. er the meal was fine and she tarted preparing the pureed 16/16.) vas more mushy" when she	D 307			
	Interview with Resi	dent #6's primary care				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL0640	)29	B. WING		05/	19/2016
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
SOMER	SET COURT OF ROC	KY MOUNT		TWOOD DRI' IOUNT, NC			
(X4) ID PREFIX TAG		ATEMENT OF DEFIC Y MUST BE PRECE .SC IDENTIFYING I	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 307	Continued From particles physician on 5/18/1-Last week or two was diet because of TM-Resident #6 said state.  He expected Residet as ordered.  He was not aware the pureed diet as ordered diet as ordered was not aware the pureed diet as life he would have was received the puree anything differently.  Interview with a Nu 3:26 p.m. revealed Resident #6 had many the pureed diet.  Review of the NAT 5/18/16 included the pureed diet.  Review of the NAT 5/18/16 included the pureed diet.  Review of the NAT 5/18/16 included the pureed diet.  Review of the Pure 5/18/16 revealed no Review of the Pure 5/18/16 revealed the pureed chicken garden pasta salad	If at 2:45 p.m. weeks ago, revented to be placed.  If at 2:45 p.m. weeks ago, revented to be placed.  If at a control of the c	ealed Resident and on the pureed on the pureed and not received and not have done on 5/18/16 at an	D 307			

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	NT OF DEFICIENCIES OF CORRECTION	` '	R/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL064	4029	B. WING		05/	19/2016
	PROVIDER OR SUPPLIER	(Y MOUNT	918 WES	DRESS, CITY, S TWOOD DRI'			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 307	Continued From parbread.  Observation of Resmeal on 5/18/16 at -The resident's meapasta salad, 3 oz pubread with chicken and ½ cup of chopper Interview with the Data 5:50 p.m. revealed oranges for Reside Observation on 5/12. Dietary Supervisor oranges from Resident's permission kitchen.  Observation on 5/12-The Regional Nurs Supervisor on pure-The Dietary Superpre-pack of thicken amount of mandariin-She added the oth thickener to the ble-She opened a secut thickener, added has blended the mandarin oranges until it was Observation on 5/12-Resident #6 was s-Resident #6 did not the pureed oranges Interview with Resident	ident #6 durit 5:49 p.m. reval included ½ ureed bread, salad, 1 cupped mandarin bietary Superved she pureed the dent #6.  8/16 at 5:50 premoved the dent #6's table on and took the dent #6's table on and took the dent #6 see instructed the read blender and blender and bler ond 4 oz prealf the pack to rin oranges with er half of the noder and bler ond 4 oz prealf the pack to rin oranges. Set of the pre-part of the pureed consequence of the pre-part of the pre-	realed: cup pureed 6 oz pureed of tomato soup oranges in juice. visor on 5/18/16 d the mandarin  o.m. revealed the mandarin e with the ne oranges in the  o.m. revealed: the Dietary darin oranges. 2 of 4 oz ed an unknown h juice. pre-packed nded the oranges. pack of o the oranges and oack of thickener ended the istency.  o.m. revealed: conditions and oack of thickener ended the istency.  o.m. revealed: conditions are conditions or conditions	D 307			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER IDENTIFICA	/SUPPLIER/CLIA TION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL064	029	B. WING		05/1	19/2016
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOMER	SET COURT OF ROC	KY MOUNT		TWOOD DRI			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 307	Continued From para.m. revealed: -She got back on the (5/16/16) or TuesdShe had been on the lithelped her jaw feron 5/17/16 during diet was ground.  Interview with a sea.m. revealed: -The Cooks prepare. The pureed diet was foodShe had been preed diet was ground.  Interview with a sea.m. revealed: -The Dietary Superation of the pureed of the lithelped for one the lit	the pureed dietay (5/18/16) of the pureed dietel better. I lunch, was the cond Cook on red the pureed as supposed to paring the puree week. The cond any product.  Dietary Superved: The cooks on the cooks of the pureed on preparing the pureed on preparing the pureed on the pureed on the pureed on the pureed on the pureen on	this week. It in the past and It				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL064029	B. WING		05/	19/2016
	PROVIDER OR SUPPLIER	CY MOUNT 918 WES	DDRESS, CITY, S'STWOOD DRIV	Æ		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 307	prepared as ordered of she would have changed the consist. The Regional Direct dietary staff on this preparing the pured. The Dietary Superservice orientation of the Dietary Superpreparing the pured of the Sesident #6 's pured of the NATS 5/19/16. There was preparation of the robservation.  Review of the NATS 5/19/16 revealed the potatoes, ½ cup coalternate vegetable The same menu in which revealed no sesident #6 's pured of the Sesident #6 's pu	e the pureed diet was not d. known, she would have stency. ctor of Operations trained morning (5/19/16) on ed diet. visor had the state food training August 2015. visor has had other training or ed diet March 2016. e Cook, who prepared eed diet during the lunch meal night about preparing the as had hands on training where ed diet. ith the Administrator on a revealed: preparation of the meals in ouple of times a week." preparation of the meals for 6 and for breakfast on s no problem with the meal, during her last. So diet lunch menu dated he resident was to be served 3 key, ½ cup garlic herb mashed rn and 1 baked roll. The was ½ cup collard greens. cluded a legend at the bottom.				
	pureed roasted turk	key, ½ cup garlic herb mashed reed corn and 2 oz pureed				

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	IT OF DEFICIENCIES OF CORRECTION		/SUPPLIER/CLIA ATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL064	029	B. WING		05/1	9/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOMERS	SET COURT OF ROCK	CY MOUNT		TWOOD DRI'			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC <sup>N</sup> REGULATORY OR L		EDED 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
D 307	Continued From particles baked roll. The alter pureed collard greet.  Observation of the between 11:59 a.m. Resident #6 was segreens, ½ cup mass turkey, ½ cup pureed bread pudding, ½ cup pureed bread pudding, ½ cup pureed bread, mass turkey.  -Resident #6 did not meal.	ernate vegetalens.  lunch meal or and 12:20 p. erved ½ cup phed potatoes ed butter bear sup butterscote  9/16 at 12:45 aten all of the hed potatoes	n 5/19/16 m. revealed ureed collard , 4 oz pureed ns, ½ cup pureed ch pudding. p.m. revealed: pureed greens, and the pureed	D 307			
D 318	10A NCAC 13F .09 10A NCAC 13F .09 (e) Residents shal participate in activit interaction and acti enjoyment, a sense increased knowledge creative expression are crafts, painting, buddy walks, card public shall be sent to the Based on observation review, the facility fresidents currently opportunity to particular of a variety oweek that included	05 Activities F I have the opplies involving over the complise of accomplise of accomplise of accomplise of accomplise of accomples of accomples of accomples of accomples of accomples of a evidence on, interview, ailed to assurresiding in the cipate in a mire of planned ground of the complex of the comple	Program  Pro	D 318			

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL064029	B. WING		05/	19/2016
	PROVIDER OR SUPPLIER	CY MOUNT 918 WES	DDRESS, CITY, STATEMENT, STATEMENT, NO. 2	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 318	socialization, physicaccomplishment, cknowledge and lear The findings are:  Interview on 5-19-1 revealed: - There was nothing They only play bir Interview on 5-18-1 resident revealed: - The Activity staff w (facility) transportate appointments The Activity staff w activities The resident's familime to time.  Interview on 5-18-1 resident revealed: - The Activity staff stransportation duties The Activity staff of provide activities Arts and crafts we - Activities were cate she was higher fun Interview on 5-19-1 resident revealed: - The resident enjoy and birthday parties The facility activity wall outside the din - There was a shelf puzzles and other to - The Activity staff we	cal interaction, group reative expression, increased rning of new skills.  6 at 3:30 pm with a resident g to do for activities. go a few days a week.  6 at 11:45 am with a second vere also responsible for ion of residents to vas not available to provide ally took the resident out from 6 at 3:10 pm with a third pent most of their time doing is. id the best that she could to re offered on Wednesdays. Ered to demented residents, ctioning.  6 at 8:20 am with a fourth red playing bingo, Bible study, s. calendar was posted on the ing room. in the activity area that had	D 318			

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ווטופועום	of Health Service Re	guiation	1			,
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL064029	B. WING		05/1	9/2016
					1 00/1	0,2010
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SOMERS	SET COURT OF ROCK	CY MOUNT	rwood dri			
		ROCKY N	IOUNT, NC	27802		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGOLATOR OR E	oo ibentii tiido iid ordii. Citorij	TAG	DEFICIENCY)	TUTUL	
D 040	0 " 15		5.010			
D 318	Continued From pa	ge 10	D 318			
	on Wednesdays an	d Thursdays.				
		e more staff in the building for				
	activities.	ő				
		6 at 1:30 pm with a fifth				
	resident revealed:					
		d on Wednesday and				
	Thursday.					
	-Activities were don					
		supplies left out each day for				
	residents to use.					
	-The resident loved					
		id offer activities when not on				
	transportation duty.					
	- The Activity Stall w	as always out of the building.				
	Interview on 5-19-1	6 at 1:30 pm with a sixth				
	resident revealed:	o at 1.00 pm with a olixar				
		as not able to do many				
		she had to take people to				
	doctors' appointme	· · ·				
		es on Wednesday and				
	Thursday.	•				
	-The activities were	arts and crafts done by the				
	volunteer lady.					
		eeded help to do activities.				
		vity staff's fault that activities				
	were not being don	e.				
	Observation on F 1	0.16 of the facility activity				
	calendar revealed:	9-16 of the facility activity				
		lay 2016 had 10 hours of				
	-The first week of May 2016 had 10 hours of posted planned activities					
		of May 2016 had 11 hours of				
	posted planned act					
		May 2016 had 11 hours of				
	posted planned act					
		of May 2016 was one day and				
		for planned activities.				
		ar did have the minimum of 14				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		LE CONSTRUCTION		E SURVEY PLETED
		HAL064029	B. WING		05/	19/2016
	PROVIDER OR SUPPLIER	CY MOUNT 91	REET ADDRESS, CITY,  8 WESTWOOD DRI  OCKY MOUNT, NC	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 318	hours of a variety of full week.  Interview on 5-19-1 -Staff helped with a -Staff had a daught other weekend for -Facility staff did no of activities often.  Interview on 5-19-1 -They had not hear about activitiesThey saw resident -Residents have bir and FridaysThere is one outing -There is one staff -Activities last for 1  Interview on 5-18-1 Enrichment Coordir -She had been the appointments and i 2 yearsThere was no Activity - She wished there so she could focus program (activities)  Review of the trans appointments were mornings and after activities were schelling activit	f planned group activities  6 with a staff revealed: rts and crafts when they er that called bingo on e I hour. t have time to conduct a  6 with a second staff red d any residents complai s play a lot of games. Ingo on Mondays, Thurso g monthly. Who helped with activities to 1-1/2 hours apiece.  6 at 3:46 pm with the Lift hator revealed: facility transporter for re in charge of Activities for  vity Assistant. were a transportation di on the life enrichment  portation log revealed re scheduled during the w moons at the same times duled to be occurring.  6 at 8:45 am with the Re RCC) revealed: in could not engage in	could. every an hour vealed: n days, es. fe sident about river esident eek on s esident			

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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	
HAL064029		B. WING		05/	05/19/2016		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  918 WESTWOOD DRIVE  ROCKY MOUNT, NC 27802							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
D 318	most of the day and other staff member activities as they hare there was a volun Wednesdays and Tourner was a relimited facility staff control. The RCC had not about activities.  Interview on 5-19-1 Administrator reveaus and the activity program calendar was poster activities.  The Administrator say anything negation. There was a plan to weeks.	d did not have an assistant. ers could not assist with ave assignedresponsibilities. teer to assist with activities on hursdays weekly. If for activities and beyond heard any residents complain 6 at 9:05 am with the aled: m was satisfactory and a	D 318				

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