	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	BENNI IONION NOMBEN.	A. BUILDING:			
		HAL047011	B. WING			R 29/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
THE CRO	DSSINGS AT WAYSID			OAD		
			RD, NC 28376		CORRECTION	
(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 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	County Department an annual and follo investigations on 09 complaint investiga	ensure Section and the Hoke t of Social Services conducted w-up survey and complaint 9/27/16 - 09/29/16. One of the tions was initiated by the Hoke t of Social Services on	2			
D 338	10A NCAC 13F .09	09 Resident Rights	D 338			
	all residents guarar Declaration of Resi	09 Resident Rights e shall assure that the rights of nteed under G.S. 131D-21, dents' Rights, are maintained sed without hindrance.				
	failed to assure the phone calls and con members via phone to facility staff failing	et as evidenced by: ions and interviews, the facility residents were able to receive mmunicate with family e during reasonable hours due g to answer the phone at times one system not working				
	The findings are:					
	Unit on 09/27/16 at -There was a statio station for residents telephone calls. -Staff members wo nurse's station to us	sident in the Safe Haven Unit				
	-All incoming calls	were routed through the main				

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		HAL047011	B. WING			R 29/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S ⁻	TATE, ZIP CODE		
THE CR	OSSINGS AT WAYSID	F	ETTEVILLE R D, NC 28376	OAD		
(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 ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 338	Continued From pa	age 1	D 338			
	Safe Haven Unit. -Residents were at someone called to Confidential intervie revealed: -The family member when calls were may be "days no one wood -The family member because that would be difficult for staff -There was no deside answer the phone. -The family member enough staff to ansi- -At times, when a con- the call would be tra- or to an outgoing re- leave a message would be returned and allow a message to -There were numer but there were no re- -The family member resident during 2 re- exception rather tha- -The family member concerns with the pro- and with Corporated the resident to spear resolution had been Confidential intervier member revealed: -The family member facility 2 to 3 times	ew with a family member er could never get through ade to the facility; there would build answer the phone". er avoided calling during meals d be a busy time and it would to answer the phone. ignated person at the facility to er felt the facility did not have swer the incoming phone calls. call was placed to the facility, ansferred to another number ecording that gave the option to with instructions. The call and at times would not even b be left. rous times messages were left, eturn calls received. er was able to speak with the ecent attempts but "this was an an the rule". ers were "irritated". er had shared their ongoing previous Executive Director e staff regarding the inability of ak with the family but no n provided. ew with a second family er visited a resident at the per week. er rarely called the facility but				

VSW711

Division	of Health Service Re	eaulation			FURIN	APPROVE
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		HAL047011	B. WING			R 29/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		_ 8398 FAY	ETTEVILLE R	OAD		
THE CR	OSSINGS AT WAYSID	E RAEFOR	D, NC 28376			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From pa	age 2	D 338			
	were issues with no -During the family r phone never rang, must have resolved -The family member reach a receptionis Confidential intervier revealed: -Since their family r a resident to the fam phone; a recorded would not allow a m -The family member number used to cal number by calling t corporate did not kn additional informati member was able t day. -Unsuccessful calls the facility had rang phone at all, a reper calls, or messages return call. -The family member members that the p 6:00 p.m. - The resident lover was wrong for the r speak with her fam -There was one occ 5 times in one day up after no one was -The family member the phone; What if -There had been af	ew with a third family member member had been admitted as cility no one would answer the message was received but nessage to be left. er attempted to clarify if the II the facility was the correct he corporate office, however, now and did not offer any on at that time but the family to reach the resident the next is to speak with the resident at ged from no one answering the etitive phone ring only, dropped left on a voicemail with no er was told by one of the staff phones were "turned off" at d to hear from her family and it resident not to be able to ily. casion the family member tried to get a call through but gave				

VSW711

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		COM	E SURVEY PLETED
		HAL047011	B. WING			R 29/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE CRO	DSSINGS AT WAYSID		ETTEVILLE R D, NC 28376	CAD		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
D 338	Continued From pa	ige 3	D 338			
	a surveyor to the fa number on 09/27/1 -The number was of telephone ring. -The call was conn- instructions to hold -There were greate -A recorded messa was available. -The telephone call disconnected. Observation when a surveyor to the fa a family member of revealed: -The number was of telephone ring. -The call was conn- transferred to a ger	a telephone call was placed by icility's webpage contact 6 at 7:40 p.m. revealed: dialed followed by one ected to a recording with for than 15 telephone rings. ge was received that no one connection was automatically a telephone call was made by icility using a number given by n 09/28/16 at 11:28 a.m. dialed followed by one ected to a recording and then heral mailbox that gave the leave a message on the				
	Confidential intervie revealed: -At one time the ph ring" in late the late physically picking u -The caller would b number and in orde	ew with a staff member ones were placed on a "night evening instead of someone p the phone. e directed to call a different er to speak with someone at r would have to know the				
	extension to dial. -There were severa members that they when they called. -The facility's Inforr had to get involved	al complaints made by family could not reach the residents nation Technology (IT) group with the telephone issue. meeting with staff about a				

If continuation sheet 4 of 10

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED R
		HAL047011	B. WING			29/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
THE CRO	DSSINGS AT WAYSID	F	ETTEVILLE R D, NC 28376	OAD		
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
D 338	Continued From pa	age 4	D 338			
	that the telephone i -The staff person w family complaints re- since the meeting a -The staff member telephone message mailbox voice mail Confidential intervie revealed: -The family member a staff member cor- weeks ago. -The family member staff person but left call. -The family member A few days later, t	was unsure who checked es that were left on a general				
	revealed: -The family member someone to pick up -A month ago, the f times during the mini- anyone to answer the leave a message. -She did not tell any there would be any -The facility needed the phones.	d someone full time to answer edication aide on 09/29/16 at				
	6:25 p.m. revealed: -The phone was se					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
	or contraction		A. BUILDING:			
		HAL047011	B. WING		R 09/29	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	DSSINGS AT WAYSID		ETTEVILLE R	OAD		
	1	RAEFOR	D, NC 28376			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE
D 338	Continued From pa	age 5	D 338			
D 330	 -If one of the staff picked up the phone and needed to transfer it, they did. -If no one answered the transferred call, it would ring back to the original transfer point. -If the person who answered the phone did not know how to transfer the call, they could put it on "PARK" then let staff know which extension to answer. 					
	09/29/16 at 6:40 p. -Two months ago a stated she could no by phone. -The resident's fam number she had di go to voice mail. -The resident's fam calling to check on to leave a voice ma -The resident's fam receiving a return p -The PCA told the no employee) what the not being able to co by phone. -The PCA was not the information abo	a resident's family member of reach anyone at the facility hily member stated the phone aled would just ring and then hily member stated she was a resident and was only able ail. hily member did not mention	t			
	(RCC) on 09/29/16 -The residents on t facility had their ow -If someone called could transfer them phone in their resid -If the resident did	Resident Care Coordinator at 6:45 p.m. revealed: he assisted living side of the m phones in their rooms. the main facility line, staff to the individual resident's lent room. not answer, it would ring back and staff were supposed to				

Division	of Health Service R	egulation				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		HAL047011	B. WING			R 29/2016
	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST		•	
		8398 FAY	ETTEVILLE R			
THE CRO	DSSINGS AT WAYSID		D, NC 28376			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
D 338	Continued From pa	age 6	D 338			
	resident.					
		ing resident care and unable to				
	answer the phones					
		ot have access to check any				
		main phone system.				
		nave complained to her about ver when they called the				
	facility.	ver when they called the				
		en busy and unable to answer				
	the phone.	, , , , , , , , , , , , , , , , , , ,				
		Confidential interview with a sixth family member				
	revealed:	mes had a problem getting				
		er the phone when they called				
	to speak to the res					
		e main number to the facility				
		ent had dementia and did not				
	have a phone in the					
		the facility's main number, no				
	one would answer.	to wait a while and call back to				
		to answer so they could talk to				
	the resident.		,			
		ew with a seventh family				
	member revealed:	archian acting compare to				
		broblem getting someone to when they called the facility.				
		call the facility's main number				
		ent had dementia and did not				
	have a phone in the					
		alled the facility, sometimes a				
		would pick up and it would				
	•	is voice mail and say leave a				
		uld cut off and a message				
	could not be left.	a person would answer and				
		the nurses' station, it would				
		would not pick up and it would				
ision of H	ealth Service Regulation	· · ·	ji .			1

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R	
		HAL047011	B. WING			29/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
THE CRO	DSSINGS AT WAYSID	F	YETTEVILLE R RD, NC 28376	OAD		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
D 338	Continued From pa	age 7	D 338			
	-The family member resident at least tw would go to the loo -The family had co	mplained in the past to the ney still had a problem getting				
	a surveyor to the fa a family member of revealed: -The number was of telephone ring. -The call was conn transferred to a get	a telephone call was made by acility using a number given by n 09/29/16 at 6:52 a.m. dialed followed by one ected to a recording then neral mailbox that gave the leave a message on the				
	 9:35 a.m. revealed The facility's phon had gone down due 09/28/16. There were crews the lines but the ph currently working. This was her seco and she was not av phones or staff ansi 	Administrator on 09/29/16 at e line and computer system e to a storm last night on currently working on repairing ones and computers were not and week working at the facility ware of any problems with the swering the phones prior to the storm last night on 09/28/16.	,			
	(RDO) on 09/29/16 -In August 2016, sh to the facility and n recording. -On 08/24/16, she and requested repa	Regional Director of Operations at 4:30 p.m. revealed: he had made some phone calls oticed it would roll to a notified the corporate office air for the phone system. orate IT department remotely				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			R
		HAL047011	B. WING			29/2016
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
HE CRC	SSINGS AT WAYSID	F	ETTEVILLE R D, NC 28376	OAD		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 338	Continued From pa	age 8	D 338			
D918	the facility's compu- No family member the phone system a communicate with -She was not award problems with the p staff or the phone li Interview with the F revealed: -A lightning strike fr of 09/28/16 had de and crews had bee 09/29/16. -It was causing a d not working since ti computer system. -New parts had to b arrival and repair ti and the latest was -The facility had es use at the facility to called the responsi and notified them of contact the facility to made. -The facility staff we physicians and noti facility phone numb -Once repaired, the ringing to the appro- staff were answerin the residents. G.S. 131D-21(8) D	rs had complained to her abour and not being able to the residents. e there were any current ohones not being answered by ines not working appropriately. RDO on 09/29/16 at 6:00 p.m. rom the storm on the evening stroyed a power data switch in trying to repair it today on ata block and the phones were hey were connected with the be ordered and the earliest me was Saturday, 10/01/16 Monday, 10/03/16. tablished a cell phone line for oday on 09/29/16 and they had ble parties for the residents of the temporary number to until the repairs could be ould also contact residents' ify them of the temporary ber. ey would assure the lines were opriate facility phones and that ng phones so calls could get to eclaration of Resident's Rights				
		laration of Resident's Rights Il have the following rights:				
	-	5.0				

STATEMENT OF DEFICIENCIES(X1) PROVIDER/SUPPLIER/CLIAAND PLAN OF CORRECTIONIDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL047011	B. WING			R 29/2016
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	DSSINGS AT WAYSID		ETTEVILLE R	OAD		
		RAEFOR	RD, NC 28376			1
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
D918	Continued From pa	age 9	D918			
	without restriction v of her own choice of initiative and any re This Rule is not m Based on observat failed to assure eve communicate witho members via teleph The findings are: Based on observat failed to assure the phone calls and co members via phone to facility staff failin and the facility's ph properly. [Refer to	et as evidenced by: ions and interviews, the facility ery resident had the right to out restrictions with family				

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