			A. BUILDING:		
NANAS A					R
NANAS A		HAL081051			10/27/2016
	ROVIDER OR SUPPLIER		DRESS, CITY, ST (LAND ROAD		
	SSISTED LIVING FA	CILITY # 2	CITY, NC 280		
PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET
{D 000}	Initial Comments		{D 000}		
	Rutherford County conducted a follow-	ensure Section and the Department of Social Services up survey on October 26, y telephone on October 27,			
{D 079}	10A NCAC 13F .03 Furnishings	06(a)(5) Housekeeping and	{D 079}		
	Furnishings (a) Adult care hom (5) be maintained i orderly manner, fre hazards;	06 Housekeeping and es shall in an uncluttered, clean and e of all obstructions and ly to new and existing			
	failed to assure the obstructions and ha	facility was free of all azards as related to extension handle, and a bathroom door			
	The findings are:				
	10/26/16 from 9:15 -Room 28: Extensi a surge protector. -Room 27: Extensio	dent rooms during tour on am to 2:00pm revealed: ion cord from the television to on cord from the coffee pot to			
	conditioner to left w of bathroom door to	on cord from window air all which crossed floor in front o an outlet. on cord from television to			

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

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL081051	B. WING			R 27/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2	KLAND ROAD			
		FOREST	CITY, NC 280)43		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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
{D 079}	Continued From pa	age 1	{D 079}			
	outlet.	on cord from television to on cord from television to				
	room #27 on 10/26	esident who was residing in at 11:25am revealed he was not allowed to have extension				
	room #26 on 10/26	esident who was residing in /16 at 11:27am revealed he is not allowed to have an				
	#25 on 10/26/16 at	ent who was residing in room 11:30am revealed he needed because he only has one outle s room.	t			
	room #15 on 10/26	esident who was residing in /16 at 11:32am revealed the s in the room when she moved for her television.				
	room #12 on 10/26	esident who was residing in /16 at 11:35am revealed the onged to her and she was not ot allowed.				
	at 3:20pm revealed -Some residents wa purchased their ow	alked to the local store and				
	extension cords.	the building daily to look for ge protectors with longer cords	6			

Division of Health Service STATE FORM

ZK6512

If continuation sheet 2 of 11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING			R 27/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2	KLAND ROAD			
-			CITY, NC 280		0000000000	
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 079}	Continued From pa	ige 2	{D 079}			
	to assure the reside cords.	ents would not use extension				
	on 10/26/16 at 2:15	ne facility living room exit door ipm revealed the inside one ime off the handle cylinder				
	at 2:15pm revealed -The door handle ju -They had a work of the handle. -They wrote a work the maintenance st	ust came off "this morning." rder in for maintenance to fix order for the door handle for				
	10/26/16 at 3:20pm	the exit door handle needed				
	at 9:55am revealed	esident room #22 on 10/26/16 I the door to the bathroom It room #24 could not be				
	bathroom door was with room #22, but shared bathroom to	dent room #24 revealed the open to the bathroom shared the door leading out of the o room #22 appeared to have door frame with one large				
	on 10/26/16 at 9:55	esident residing in room #22 am revealed: r was locked and he could not				

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI F	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
						R
		HAL081051	B. WING			27/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2 2270 OA	KLAND ROAD	i de la companya de l		
NANA5 /	ASSISTED LIVING FA	FOREST	CITY, NC 280)43		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH	HE APPROPRIATE	DATE
				DEHOLENO)	
{D 079}	Continued From pa	age 3	{D 079}			
	-He did not know h	ow long the bathroom door				
	had been locked.	g the common bathroom down				
	the hall.					
	latan isuu uith tha C)				
	10/26/16 at 10:05a	Supervisor-In-Charge on mice of the mice o				
	-They had been us	ing room #22 as an office until				
	recently and must h					
	-She said she could	d not get the door to open.				
		Regional Manager on 10/26/16				
		I they wrote a work order for				
	maintenance to ope	en the bathroom door.				
		ne Maintenance staff on				
	10/26/16 at 3:20pm	n revealed: the resident bathroom door				
	would not open.	the resident bathroom door				
	-He would come fix	t it "today."				
D 272	10A NCAC 13F .09	102(b) Hoolth Coro	D 273			
D 213	TUA NUAU 13F .09	OZ(D) Health Care	D 273			
	10A NCAC 13F .09					
		Il assure referral and follow-up and acute health care needs				
	of residents.	and acute health care heeds				
	This Rule is not me	et as evidenced by:				
		ions, interviews, and record				
		failed to assure referral and sampled resident (#2) who				
		with a physician's order to use	•			
	a Continuous Posit	ive Airway Pressure (CPAP)				
	machine.					
	The findings are:					
	ealth Service Regulation					

Division of Health Service Regulation STATE FORM

ZK6512

If continuation sheet 4 of 11

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING			R 27/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA	CILITY # 2	KLAND ROAD CITY, NC 280			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
D 273	Continued From pa	age 4	D 273			
	revealed: -Diagnoses which i myocardial infarction retardation. -Physician order for at bedtime." (used Observation of Res 9:28am revealed: -A twin bed on the l against the left wall the hall wall. -The bed covered the left wall to the hall of available for a beds -The CPAP maching feet beyond the food	r "CPAP-apply CPAP machine for sleep apnea) sident #2's room on 10/26/16 a left side of the room was I with the headboard against the entire floor area from the doorway frame leaving no area side table. In was on a dresser at least 4	t			
	revealed: -He had not used th month" because he bed for a bedside to close to the bed to -He would use it if h -He told "staff" one nowhere to put the remember who he Interview with the F	he had a place to put it. month ago that he had CPAP machine, but did not told. Regional Manager on 10/26/16	5			
	at 11:30am reveale -Resident #2 move month ago but she -Resident #2 had b he resided in the ot needed a new hose	ed: d to this room less than one did not know exactly when. eeen refusing the CPAP when ther room because he said he e on it. new hose and attached it and				

Division	of Health Service Re	egulation			1 ONW	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING			R 27/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NANAS	ASSISTED LIVING FA					
	SI IMMADY STA	TEMENT OF DEFICIENCIES	CITY, NC 280	PROVIDER'S PLAN OF ((XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 5	D 273			
		the CPAP. led his primary care physician was refusing the CPAP.				
	Physician on 10/26 -The facility had no refusing the CPAP	e CPAP machine, it could	5			
	2016 electronic Me Records revealed: -Entry for "distilled v	#2's September and October dication Administration water, use as needed." any of the days for either				
	3:45pm revealed: -He had moved to a bedside table with a top.	ident #2 on 10/26/16 at another room where he had a a CPAP machine placed on a CPAP to pour in distilled				
{D 317}	10A NCAC 13F .09	05 (d) Activities Program	{D 317}			
	10A NCAC 13F .09	05 Activities Program				
	variety of planned g include activities the physical interaction creative expression learning of new skil exclusively for resid exempt from this re	a minimum of 14 hours of a group activities per week that at promote socialization, , group accomplishment, , increased knowledge and ls. Homes that care dents with HIV disease are equirement as long as the trate planning for each				

Division	of Health Service Re	egulation			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING			R 27/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	ASSISTED LIVING FA	CILITX # 2 2270 OA	KLAND ROAD			
NANAS /	ASSISTED LIVING FA	FOREST	CITY, NC 280	43		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 317}	Continued From pa	ige 6	{D 317}			
	Examples of group dancing, games, ex parties, discussion council meetings, b appreciation, review spelling bees. This Rule is not me Based on observati review the facility fa 14 hours of planned promote socialization accomplishment, co	ent in a variety of activities. activities are group singing, kercise classes, seasonal groups, drama, resident book reviews, music v of current events and et as evidenced by: ion, interview, and record ailed to provide a minimum of d group activities per week that on, physical interaction, group reative expression, increased e learning of new skills.	t			
	The findings are:					
	2016 activities cale of the dining room r -The week of 10/3/ hours of activities. -The week of 10/10 hours of activities. -The week of 10/17 hours of activities.	6 at 11:30am of the October ndar posted on a wall outside revealed: 16 through 10/9/16 listed 28 1/16 through 10/16/16 listed 29 1/16 through 10/23/16 listed 23 1/16 through 10/30/16 listed 28				
	the week of 10/24/1 -Activities on 10/24, hours) and "Nature -Activities on 10/25, hours) and "Porch -Activities on 10/26, hours) and "Movie/	/16: "Morning Inspiration" (2 Talk" (2 hours). /16: "Morning Inspiration" (2 popcorn" (2 hours). /16: "Pastor" (2 hours) and				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.			R
		HAL081051	B. WING			27/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ASSISTED LIVING FA		KLAND ROAD			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE
{D 317}	Continued From pa	ige 7	{D 317}			
	"Health Talk" (2 hou -Activities on 10/29 "Game Day" (2 hou -Activities on 10/30 hours) and "Bingo" Observations on 10 activities did not tal Confidential intervie residents regarding -One resident state but couldn't remem played. -A second resident games but that had ago. -A third resident state coloring books and offered but no one about a year ago th bowling pins." -A fourth resident state bingo and arts/craft since they played a -A sixth resident state played cards but di	 /16: "Exercise" (2 hours) and Irs). /16: "Inspirational Speaker" (2 (2 hours). //26/16 revealed the scheduled the place. //26/16 revealed the scheduled the activities revealed: //26/16 with 10 the activities revealed: //26/16 there was bingo sometimes ber the last time it had been stated they sometimes played been at least three months //26/16 there are no activities at the they sometimes set up to be an a few weeks 	d			
	in during the week not in the last few v -An eighth resident is to do is get up ar	stated, "The only thing there nd go to bed."				
	crafts, board game	ated they use to do arts and s, and bingo but that all k and there are no activities				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL081051	B. WING			R 27/2016
IAME OF F	PROVIDER OR SUPPLIER	L	DDRESS, CITY, ST	ATE, ZIP CODE		
	ASSISTED LIVING FA	2270 🕰	KLAND ROAD			
		FOREST	CITY, NC 280	43		1
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 317}	Continued From pa	ge 8	{D 317}			
	outings because the -Several residents a play games more in they have. "We talk every day and that's Interview on 10/26/ Activities Director re -She had been in the -She had never fun -She did not have the facility was going to available classes. -The Resident Care	16 at 12:12pm with the				
	revealed: -The facility set up a never participated. -"For example, just pumpkins to paint a the activity." -The "Chat Times" residents and staff as an activity. -She provided the A	16 at 3:35pm with the RCC activities but the residents the other day there had been and no one wanted to complete had been set up where the could talk about various topics Activity Director with guidance til she received the required				
{D 319}	10A NCAC 13F .09	05 (f) Activities Program	{D 319}			
	10A NCAC 13F .09	05 Activities Program				
		hall have the opportunity to st one outing every other				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL081051	 В. WING			R 27/2016
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE	1	
	ASSISTED LIVING FA	CILITY # 2 2270 OA	KLAND ROAD			
ANAS	ASSISTED LIVING FA	FOREST	CITY, NC 280	43		1
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 319}	Continued From pa	ige 9	{D 319}			
		interested in being involved in e frequently shall be o.				
	failed to assure tha	et as evidenced by: and record review, the facility t each resident shall have the cipate in at least one outing				
	The findings are:					
	residents regarding -One resident state facility to go to the s them out and when appointments. -A second resident anywhere but some the store near the f -A third resident state except to go to the -A fourth resident s	d the residents only leave the store, when their family takes they have doctor's stated they are never taken e of the residents can walk to acility. ted he had not left the facility doctor in probably 6 months. tated they don't ever get to d have to ask the staff to get				
	-A fifth resident cou they had gone on a walk to the store do -A sixth resident sta to church on Sunda	Idn't remember the last time n outing but some of them own the road. ated some residents get to go				
	the store near the f but had never been van. -An eighth resident	acility, when he had money, taken anywhere in the facility said the staff had taken him to to time, but it was not for				

STATE FORM

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.			R
		HAL081051	B. WING			27/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NANAS A	ASSISTED LIVING FA		KLAND ROAD CITY, NC 280			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
{D 319}	Continued From pa	age 10	{D 319}			
	long, and it's been	over two months ago.				
		16 at 12:12pm with the				
	Activities Director r -She had been in th	evealed: nat position for a few months.				
	-She had never fun	ctioned in that position before.				
		raining in activities but the o sign her up for the next				
	available classes.	e Coordinator (RCC) had taker	,			
		and provided supervision in				
	Interview on 10/26/ revealed:	16 at 3:35pm with the RCC				
	transporting resider handicapped acces					
	front.	didn't run and were parked out				
	which was not hand	s a seven passenger mini-van dicapped accessible, it tery and had no registration				
	tag. -The fourth van, w	hen it was running, was				
	usually "tied up" tal appointments.	king resident to doctor's				
	-It had been difficul facility on outings d when it was running					
	regular passenger accessible	om another facility was a mini-van, not handicapped				
	-The facility had six	non-ambulatory residents.				