	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:		(X3) DATE SI COMPLE		
		HAL029010	B. WING		12/12/2016		
	ROVIDER OR SUPPLIER	6781 OL	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
D 000	The Adult Care Licer annual survey on 12 with a telephone exit	/07/16, 12/08/16, 12/09/16 t conference on 12/12/16.	D 000		1 DYach		
<ul> <li>The Adult Care Licensure Section conducted an annual survey on 12/07/16, 12/08/16, 12/09/16 with a telephone exit conference on 12/12/16.</li> <li>D 280 10A NCAC 13F .0903(c) Licensed Health Professional Support</li> <li>10A NCAC 13F .0903 Licensed Health Professional Support</li> <li>(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:</li> <li>(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;</li> <li>(2) evaluating the resident's progress to care being provided;</li> <li>(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and</li> <li>(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.</li> </ul>		D 280	The Administrator shall ensure Rule NCAC BF. 0905 Lin Wealth Holfessionel shall be followed & PHSCRule. The Pivector shall ensure UHPS tusks an assiss by an EN, Occugature ORSITE. review terae within 30days of ad and within 10 deg of Charge. The Admin / Will Ministrithe Ut are beyodone acco rule WA NCAC 13F Circled physical resi The Admin (Manage UHPS GI Minister	Admini Admini E sid therease therease in an inatic luissin a som han age therease sorof to ogo3. Noints) no illusi			
	reviews, the facility f Licensed Health Pro	t as evidenced by: ons, interviews, and record ailed to ensure the quarterly fessional Support (LHPS) mpleted within 30 days from		to ensure congliance will be dure weeky X 3.	Montans.		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/12/2016	
		HAL029010	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
			D US HWY 52			
SRAYSON	CREEK OF WELCON	LEXING	TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 280	Continued From pa	ge 1	D 280	1		1. 12.
	the date a resident	developed the need for the		$\backslash$		
		a physical assessment,				
		sident's progress to care, and			-	
		for changes in care for 5 of 5				
3		(Residents #1, #2, #6, #7 and				
		s of caring for physical				
	restraints.	e e euring for priyolour				
Let !!				$\mathbf{X}$	- 1 C	
	The findings are:			$\langle \rangle$		
		ent #6's current FL2 dated				
	07/24/16 revealed:	ent #0 S current FL2 dated				
		d Alzheimer's dementia.			121 121	
1.1.1		intly, ambulatory with walker,				
2.11	incontinent of blade	The second s				
	incontinent of blade					
_	1 Review of a phys	sician's order dated 09/28/16				
	revealed for "soft V					
					$\backslash$	
	Review of Resident	#6's Personal Care				
	Physician's authoriz	zation and Care Plan signed				
· · · · · ·	by the physician on					
		ed extensive assistance with				
		bulation, bathing, dressing,				
	grooming and trans					
	-The side rails and	Velcro strap were not			$\mathbf{\lambda}$	
_	documented as par	t of Resident #6's plan of care.				
	Observation on 12/	07/16 at 9:36 am during initial			N	
	tour of the facility re					
		d in the special care unit.			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	1
		itting in a wheelchair in the			- 16g C.M.	1
		n, in front of the television.				
		6" wide strap wrapped				
		's waist that extended around		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\
	the resident and the					\
		rap were attached to each				
		and prevented movement.				
		no attempts to move, but	1000		1.1.5	
	appeared to be wat	ching television.				

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If continuation sheet 2 of 44

STATEMENT	of Health Service Regination Regination of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL029010	B. WING		12/12/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE	
GRAYSON	CREEK OF WELCOME	the second s	D US HWY 52 TON, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 280	Continued From pag	e 2	D 280		
		#6's record revealed an order ian on 08/17/16 for "half side per request."			
	08/21/16.	d by resident's guardian on			
	hospital bed, it was to and comfort reasons get tangled up in or to rails will not be used	ed "½ rails were on the he best interest for safety , and the resident would not rapped in the ½ rails. The ½ as a restraint but more as a sitioning and getting out of			
	Support (LHPS) asse completed on 07/30/ documentation the R completed an LHPS	ed Health Professional essment for Resident #6 16 revealed there was no egistered Nurse (RN) assessment within 30 days usage (Velcro scrap) being			
	at 10:30 am with the (RCC) in the special -The strap was used was out of bed. -The strap was used	daily; any time Resident #6 to keep the resident from chair because the resident			
	revealed: -The resident was in wheelchair. -There was a 6" wide	7/16 4:32 pm of Resident #6 her room sitting in her e strap wrapped around the			
and a	resident's waist and wheelchair, attaching ath Service Regulation				49

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If continuation sheet 3 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL029010	B. WING		12	12/12/2016	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, 2	ZIP CODE			
			D US HWY 52				
GRAYSON	I CREEK OF WELCOM	E LEXING	TON, NC 27295			_	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETI DATE	
D 280	Continued From page	ge 3	D 280				
						1	
1.1.1	wheelchair, and pre					1	
		ed by attaching both ends		$\backslash$			
819 Y 3	using Velcro.	oving her loss around and					
2.4		noving her legs around and					
	the chair moved with						
		mined if the resident was				1	
	her bottom from the	because she could not raise					
	ner bottom from the	criair.				1.1.2	
	Observation on 12/	08/16 at 8:23 am of Resident					
	#6 revealed:	of to at 8.25 and the Resident				1	
		itting upright in a wheelchair					
5 .C. "	in the hallway, outsi						
4		vas wrapped around the				1.1.1	
1		the chair and closed behind				-	
t. 1	the back using Velc	and an and an entry and a second s		$\langle \rangle$			
1 XI	the back using void			$\mathbf{i}$			
	Observation on 12/0	08/16 at 11:43 am of Resident					
	#6 revealed:					1.1	
		o in her wheelchair in the				1.1	
1. C	common living room				1.5	1.1.1.1.1	
		vas wrapped around the				1.1.2	
7		the chair and closed behind					
	the back using Velc					1.10	
ž	and a second a second				$\backslash$		
	Interview on 12/07/*	16 at 3:38 pm with the Director					
š	of Operations revea						
-		"lap buddy" to keep the					
	resident from getting				$\mathbf{i}$	1	
ц., т		lap buddy was a restraint.	1				
- 2 <u>- 1</u>		an LHPS evaluation on			\		
		ly, but had not addressed			$\langle \rangle$	1.1	
	restraint care praction						
		complete LHPS evaluations					
111		ent #6's restraint because the					
1.1	Construction of the second statement of the	aware one needed to be				N	
	completed.					$\backslash$	
1.1	B. Review of Poside	ent #2's current FL2 dated					
-	06/13/16 revealed:	FIL #2 5 CUITERLE LZ UALEU					
	00/15/16 revealed:	and the second					

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If continuation sheet 4 of 44

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS A. BUILDING:		(X3) DATE SURVEY COMPLETED		
-		HAL029010	B. WING		12/1	2/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, ZI	PCODE			
GRAYSON	CREEK OF WELCOM	E	D US HWY 52 TON, NC 27295				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	TION SHOULD BE		
D 280	dementia with beha -Disorientation statu semi-ambulatory, and bladder. -The recommended care unit. Review of Resident and Care Plan signe 06/14/16 revealed: -Resident #2 require eating, toileting, am grooming, and trans -Side rails and Velc Resident #2's plan of Observation during 9:37 am revealed: -Resident #2 was ly -The resident was p wall and his back w inches from the half -The resident's whe not against the bed. Observation on 12/0 #2 revealed: -The resident was in the hallway, outside -Resident #2 had a around his body, the of the chair, and clo both ends with Velc -Resident #2 had silvelor strap under here	d Alzheimer disease, viors disturbance. Is was constant, ind incontinent of bowel and level of care was special #2's Physician Assessment ed by the physician on ed extensive assistance with bulation, bathing, dressing, offer. To strap were not addressed in of care. the initial tour on 12/07/16 at ing in the bed. lositioned with his face to the as positioned four to six is de rail. elchair was near the bed, but 07/16 at 11:45 am of Resident in a high back wheelchair, in the dining room. 6" wide soft strap wrapped e strap extended to the back used in the back by attaching ro. id down in the chair with the nis breast. s eyes closed, and made no	D 280				

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If continuation sheet 5 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
	- teret in Richard	HAL029010	B. WING		12/1	2/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
CRAVEON	CREEK OF WELCOM	6781 OL	D US HWY 52			
GRATSON	CREEK OF WELCOW	LEXING	TON, NC 27295		Station of	1
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 280	Continued From pa	ige 5	D 280			
t.	#2 revealed the res	ident was still slid down in the		$\backslash$		
	high back wheelcha breast.	air with Velcro strap under his		$\backslash$		
	Observation on 12/	07/16 at 12:05 pm revealed				
		resident up in the chair and				
	Observation on 12/ #2 revealed:	08/16 at 8:20 am of Resident				
		n a high back chair, in the				
	hallway outside the	is eyes closed, and the head				
1		was leaned back at the head,				1.6
÷., ;;		eet were propped up so that				
5		were level with each other.				
	-There was a 6" wid	de strap around the resident's				161
6 B 1		d around the chair and closed				-
	in the back of the c				<b>`</b>	
÷		e Aides (PCAs) pulled he chair, and took the resident			$\backslash$	
	and the chair to the					
	Observation on 12/	08/16 at 11:48 am revealed:				Sec. 1
		is eyes closed and in bed.				
		le rail on the left side of the				1. 3
3	bed, and the right s wall.	ide of the bed was against the				
11.1	30-570 A00	laced on his side with his face				1.1.1
1	toward the wall and	his back toward the half side				
	rail.					N I
		eelchair was placed at the end along side of the bed.				
	Review of the LHP: 10/30/16 revealed:	S evaluation completed on				
-	evaluation docume	urse (RN) completing the nted the tasks of fingerstick				
vision of Hea		sitory, ambulation and				

STATE FORM

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If continuation sheet 6 of 44

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
and the second	e.r	HAL029010	B. WING		12/12	2/2016
	ROVIDER OR SUPPLIER	6781 OL	DDRESS, CITY, STATE D US HWY 52 FON, NC 27295	ZIP CODE		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 280	usage. Interview on 12/08/16 shift PCA revealed: -A Velcro strap was p waist when the reside wheelchair to the kee -The chair was also le resident from sliding of -The strap was also u from sliding down. -Resident #2 slept a liget up, the strap was from sliding down and Interview on 12/09/16 Resident Care Coord -When the resident w wheelchair, the strap resident and the chair up. -Side rails were used the bed to keep the re- bed. Observation on 12/08 -Resident #2 was lyin closed. -There was a 1/2 bed bed and the right side the wall. -The resident's wheel bed.	ument the task of restraint at 8:27 am with the first ut around Resident #2's ent was up in the high back p the resident from sliding. eaned back to keep the down. used to keep the resident ot, and made no attempt to used to keep the resident ot, and made no attempt to used to keep the resident to the side in the chair. at 3:01 pm with the inator (RCC) revealed: as in the high back was wrapped around the any time the resident was when the resident was in esident from falling out of /16 at 11:48 am revealed: g in bed with his eyes rail on the left side of the of the bed was up against chair was at the foot of the was toward the wall and his side rail.	D 280	DEFICIENCY		
	Interview on 12/08/16 PCA revealed:	at 11:52 am with a first shift				

RAYSON CR	DER OR SUPPLIER	HAL029010 STREET A	D. WING	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	EEK OF WELCOME		, ZIP CODE	12/12/	2016				
MALID.	GRAYSON CREEK OF WELCOME 6781 OLD US HWY 52 LEXINGTON, NC 27295								
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE			
-Th roll spe -Re mu Ba det inte of 0 -Re wa -Re wh the -Th the -Th the -Th ress ress -Th Re ress -Th for nu C. 02/ -Di dia and -Di usi	ling out of the bed ecial for residents esident #2 was se uch, other than sle sed on record rev termined that Res erviewable. erview on 12/07/1 Operations reveal esident #2 had a " is in the assisted I esident #2 went to be need for the rest of the resident had no e need for the rest is in the assisted I esident #2 went to be resident had no e need for the rest is in the assisted I esident from doing a sident safe when i he RN completed isident #2 quarter isident #2 quarter isident #2 is res rise was unaware Review of Reside (10/16 revealed: iagnoses included ibetes, symbolic d emia, and hyperlip isorientation was of	ere to keep Resident #2 from and staff did not nothing with side rails. Idom awake, and did not do eping. iew, and observation it was ident #2 was not 6 at 3:38 pm with the Director ed: lap buddy" when the resident iving part of the facility. b Hospice two weeks and e resident was admitted to to been assessed to ensure raint. Resident #2's bed were not hey are not stopping the anything, but keeping the n bed. an LHPS evaluation on y, but did not address ies. omplete LHPS evaluations straint because the LHPS one needed to be completed. ant #1's current FL2 dated Alzheimer's dementia, ysfunction, depression,	D 280						

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If continuation sheet 8 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE : COMPL	
		HAL029010	B. WING		12/	12/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
GRAYSON	CREEK OF WELCOME		D US HWY 52			
NO ID	SLIMMARYS	TATEMENT OF DEFICIENCIES	TON, NC 27295	PROVIDER'S PLAN OF COR	RECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE
D 280	Continued From pag	je 8	D 280		19 - 19	
	physician on 07/06/1 -Resident #1 require eating, toileting, amb grooming, and trans	ed extensive assistance with bulation, bathing, dressing, ferring. related to the resident's need				
	the second s	#1's Profile and Care Plan aled no documentation for 1/2 side rails or				
	#1 revealed the resid	07/16 at 9:37 am of Resident dent was sitting in a cility's common living room.				
		07/16 at 9:47 am of Resident two 1/2 side rails were dent's bed.				5
	Review of the LHPS RN on 10/30/16 reve	evaluation completed by the ealed:			$\backslash$	
	hose, fingerstick blo ambulation.	valuated for the tasks of TED od sugar, transferring and aints and alternatives was not				2
	addressed as a task					1
	shift PCAs revealed	6 at 3:06 pm with a second Resident #1's 1/2 side rails ne resident was in bed.				
	attempted interview	view, observation and on 12/07/16, it was ht #1 was not interviewable.				$\backslash$
	Interview on 12/07/1 of Operations revea	16 at 3:38 pm with the Director				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE COM		(X3) DATE SURV COMPLETED		
	en a de de	HAL029010	B. WING		12	/12/2016	
IAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, Z	ZIP CODE			
		6781 OL	D US HWY 52				
RAYSON	CREEK OF WELCOM	E LEXING	TON, NC 27295				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
D 280	Continued From page	ge 9	D 280				
	not considered restr	ainte					
		rse completed an LHPS					
. C							
		ent #1 quarterly, but did not				1.1	
	address restraint ca	completed LHPS evaluations					
	for Resident #1 beca		1 2 2				
10 T 1		consider the side rails a					
		tell the nurse to evaluate the					
	side rails.						
1.0	Side rails.						
	D Review of Reside	ent #7's current FL-2 06/08/16					
	revealed:						
		d senile dementia-Alzheimer's					
	and the second	mental disorder, muscle					
	weakness, and joint						
		sident #7 was intermittently					
	confused.						
1.0				$\langle \rangle$		1. C	
~	Review of Resident	#7's Resident Register				1.0	
	revealed an admissi	ion date of 07/28/15.		$\langle \rangle$		10.00	
	<b>Review of Resident</b>	#7's Licensed Health					
	Professional Support	rt (LHPS) Review and					
	Evaluation dated 10	/30/16 revealed:			$\langle \rangle$		
		ed medication administration			$\backslash$		
	through injections.	a second the second				- 1 P	
		ed ambulation using assistive					
		d physical assistance.				201	
	-The resident receiv	ed assistance with	1.121			1.1.1	
	transferring.						
		a physical assessment as					
		s/current condition and				X	
		ovided of the resident was " ses wheelchair and staff					
		ne person assist with					
-	transfers.	ne person assist with					
11.		vas signed by a Registered					
	Nurse.	tuo orginou by a riegiotorou				1	
	Deview of Desident	#7's Care Plan dated					

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/12/2016	
	ROVIDER OR SUPPLIER				1 12/	12/2016
	KONDER OR SUFFLIER		ADDRESS, CITY, STAT	E, ZIP CODE		
GRAYSON	CREEK OF WELCOM	E	TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 280	Continued From page	g <mark>e</mark> 10	D 280			
	07/10/15 revealed:					
223		atory with wheelchair status.				
30. 14		assistance by staff with				
	toileting, ambulation	and locomotion, bathing,				
	dressing and transfe					
\$12 m		on the Care Plan: blood		$\mathbf{X}$		-
104		weekly, weight monthly, finger		$\mathbf{X}$		
1.		care of pressure ulcers, tration through injections,				2 - <sup>2</sup>
		on and monitoring, and TED				
	hose on in the am a					
				$\backslash$		
	<b>Review of Resident</b>	#7's Profile and Care Plan		\ \		2.) N
1000	dated 07/30/16 reve			$\langle \cdot \rangle$		1 <sup>24</sup> A. F.
Sec. 1		vision with ambulation.				
Street 1		assistance by staff with				
	toileting, ambulation	d extensive assistance with				
101.4	bathing.	d extensive assistance with	1.0	\		· · · ·
	and the second	on the Care Plan were for	1.1	\		
	medications adminis	stered through injections.				
1 1		signed by a Registered			$\backslash$	
1.1	Nurse and a physici	an.			$\backslash$	
	Observation of Resi am revealed:	dent #7 on 12/09/16 at 10:34				
6.5.5		ing in bed with eyes closed.			$\backslash$	
		oned with one side against			$\backslash$	-
1.5.72	the wall.					
20.2	-The opposite of the	bed had a half bed rail in the			$\backslash$	
Care 1	up position.					
		ocked into position against the				
		d, at the end of the side rail. ging behind the head of the				
	bed.					ſ
	Interview on 12/09/1	6 at 10:34 am with a				
1.5	Medication Aide (MA		1 1 <b>1</b> 1			
		ident with transfers, blood				
		weekly and monthly weights.				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		12	/12/2016
	ROVIDER OR SUPPLIER	6781 OL	NDDRESS, CITY, STATE D US HWY 52 TON, NC 27295	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIES	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X5) COMPLET DATE
D 280	Continued From pa	ge 11	D 280		n - New Sol	
	Sometimes she re	directed the resident due to	~	\ \		
100	dementia.	directed the resident due to		$\backslash$		
	dementia.					
e de la	Interview on 12/09/	16 at 3:15 pm with the				394 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		e (PCA) revealed she usually				
	helped Resident #7	with transfers and toileting				
	and a bath if neces	sary.				
						1000
		ent #8's current FL-2 dated				110
	04/26/16 revealed:					1.1
		d dementia, acute kidney		\		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		on, depressive disorder, history				Sec. Sec.
		ait, and hypertension.				
		bulatory and intermittently	10000	$\mathbf{i}$		
	confused.					1
	Poviou of Posidon	t #8's Care Plan dated				1.0
	04/26/16 revealed:		a la	$\langle \rangle$		
10 J		ervision with ambulation and			\ \	
	transfers.		A Press of			
19-1-13		d assistance with toileting,				
		ing and personal hygiene.				
		sive assistance with bathing			$\langle \rangle$	2 de -
1471	and dressing.					
6.J	-The care plan was	signed by a Registered Nurse				
(1994) 1994)	and a Physician.					
1.1					\	1.1
71 N		t #8's current care plan dated				
	08/01/16 revealed:				$\backslash$	
- Y		d assistance with bathing,				
1 - 1	dressing and toileti		5			
1.1	-She needed super transfers.	rvision with ambulation and	1.2.2			X
2		sed Health Professional				$\backslash$
		ersonal Care Tasks noted.				
÷.						
8. L - 7	Review of Residen	t #8's LHPS Review and				
A	Evaluation dated 0					1
- 1. s.	-She was confused	at times.				
	-She was ambulato	bry and required no assistance.				11 12

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If continuation sheet 12 of 44

STATEMENT	of Health Service Reg OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLE	
			B. WING			
		HAL029010			12/12	2/2016
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATI	E, ZIP CODE		
GRAYSON	CREEK OF WELCOM		TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLET DATE
D 280	Continued From pag	je 12	D 280			
	-She had no LHPS t	asked noted.		·	1 - E.	
				$\backslash$	1.1	
		<sup>#8</sup> 's Pre-admission Screening cial Care Unit dated 04/26/16	-			
A. A.		lly disorientation and inability				
	to understand.			$\langle \rangle$		
12.0	-She had occasiona		1.22			
-	-She required limited	d assistance with ambulation.			1.22	
	Observation with Re	sident #8 on 12/09/16 at		$\langle \rangle$		
Achieve a	10:34 am revealed:		1254	$\mathbf{X}$		
	-She was at the bott		3 S		1 1 L L L L	
입니다	-She was confused			$\mathbf{\lambda}$		
Frank	the end of the side r	along the side of the bed at	Sec. 2.			
	the end of the side in	an.				
	Interview on 12/09/1	6 at 3:15 pm with a Personal				
	Care Aide (PCA) rev	vealed:		. \		
		tance with personal care for				
64.15		ncluded dressing and bathing.		$\langle \rangle$	1.1.1	
	-Resident #8 was a had become much v	2 person assist because she	1.2625	$\langle \rangle$	1.5	
		ident to stand on her own and				
	follow commands".			N		
	Interview on 12/09/1	6 at 10:34 am with a			$\backslash$	
	Medication Aide (MA		10.2		$\backslash$	
		most total care and was not				
		eakness and not following			$\langle \rangle$	
	commands.		1000			
	-She is "stiff" and ha	ara to pivot.	1.1		-	$\backslash$
	Interview on 12/12/1	6 at 9:00 am with Resident	1.68			
	#8's Power of Attorn		1.5			
		ed with the care provided by				/
	the staff at the facilit					
nie in		few falls in the past three				
	months.	of Resident #8 becoming				
	alth Service Regulation	or resident no becoming				-

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If continuation sheet 13 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A, BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL029010	B. WING		12/12/2016
		6781 OL	DDRESS, CITY, ST D US HWY 52	ATE, ZIP CODE	
GRATSON	CREEK OF WELCOM	E LEXING	ON, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET
D 280	Continued From pag weaker. -He was not aware it physical therapy.	ge 13 f Resident #8 was getting	D 280		
	Restraints And Altern 10A NCAC 13F .150 And Alternatives (a) An adult care ho physical restraint, an device attached to o body that the resider which restricts freed access to one's body (1) used only in thos resident has medica use of restraints and convenience purpose (2) used only with a except in emergencia (e) of this Rule; (3) the least restrictiv provide safety; (4) used only after al safety to the resident decline in the resident tried and documente (5) used only after an planning process has emergencies, accord Rule; (6) applied correctly manufacturer's instru- order; and (7) used in conjunction effort to reduce restra Note: Bed rails are r	AlUse Of Physical Restraints me shall assure that a my physical or mechanical r adjacent to the resident's at cannot remove easily and on of movement or normal y, shall be: e circumstances in which the I symptoms that warrant the not for discipline or es; written order from a physician es, according to Paragraph we restraint that would ternatives that would provide t and prevent a potential nt's functioning have been d in the resident's record. n assessment and care s been completed, except in ling to Paragraph (d) of this according to the locions and the physician's on with alternatives in an	D 482	The Admistrator / Pired Shall ensure Eule 10A NCAC 13F . 1001 USE of Physical Restrie are followed Accords pHSK RUIES. The Adres Shall ensure the facility we rother to after as the planny press have been third - a order has been obto the Adrin / Pirkector v Maritor Resident Record to beene Residents to the need for physica Nonton will be dore u of minitro form. Ma will be done weeks K X3 then quarters to Maritors will be an for periors.	ift Magn Song Sesset Song

12/12/2016
PLAN OF CORRECTION (X5) TIVE ACTION SHOULD BE COMPLICED TO THE APPROPRIATE DATE EFICIENCY)

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If continuation sheet 15 of 44

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL029010	B. WING		12/12/2016
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE	12/12/2016
		6781 OL	D US HWY 52	., 2. 0002	
GRATSUN	CREEK OF WELCOME	LEXING	TON, NC 27295	A the second second	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE COMPLE E APPROPRIATE DATE
D 482	Continued From page	e 15	D 482	1.2	
	tour of the facility rev	ealed:			
4.00		in the special care unit.	1		
ateV= a v		ting in a wheelchair in the		$\backslash$	and the second second
18 <sup>-10</sup>		in front of the television.			
		5" wide strap wrapped			
		waist that extended around			
	the resident and the				100 C
		ap were attached to each			
		nd prevented movement. no attempts to move, but			
	appeared to be watch				
	appeared to be water				
	Review of Resident #	6's Personal Care			2
	Physician's authoriza	tion and Care Plan signed			1 A
	by the physician on 0				
		d extensive assistance with			
		ulation, bathing, dressing,			
	grooming and transfe			\ \	<b>\</b>
		s not documented as part of			
	Resident #6's plan of	care.			
	Review of the purse r	notes in Resident #6's record			
		specific to date, but no times			
	were documented as				
		nt #6 kept trying to get up			
	from wheelchair.	, , , , , , , , , , , , , , , , , , , ,			
		nt #6 keeps trying to get up			
	from wheelchair, "afra	aid, she will fall over leg			$\mathbf{i}$
	rest".				$\setminus$
		nt #6 would not stand for			$\backslash$
		wheelchair the resident tried			N
	to get up and stand.	nt #6 fall tanight in the TV	20 C 20 C 20 C		Ν
	-On 08/07/16 Resider	nt #6 fell tonight in the TV	States 1		
	contract of the second s	nt #6 got out of wheelchair			
	and put self on couch				
		nt #6 wanting to get up and	States -		
		, reaches out and grabs a	1. 1. 1. 1. 1. 1.		
	lot of things around h		Contraction of the		
		nt #6 is getting out of her	and the state of the state		1. S.

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If continuation sheet 16 of 44

	OF DEFICIENCIES OF CORRECTION	JIation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY
		HAL029010	B. WING		12	/12/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
GRAYSON	CREEK OF WELCOME	Searcher Charles	D US HWY 52 TON, NC 27295			
040.05	SLIMMADY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLETI DATE
D 482	Continued From pag	e 16	D 482			
	her wheelchair. -On 08/21/16 Reside wheelchair. -On 08/23/16 Reside up from wheelchair. -On 08/27/16 Reside wanting to walk with -On 11/01/16 "had to -On 11/02/16 "had to There were no notes resident's activity in 3 2016. Observation on 12/0 #6 revealed: -The resident was in wheelchair.	ent #6 kept trying to get out of ent #6 kept trying to get out of ent #6 keeps wanting to get ent #6 kept getting up and her walker. o use Velcro strap".				
	wheelchair, attaching wheelchair, and prev -The strap was close using Velcro. -The resident was m the chair moved with -It could not be deter	venting movement. ed by attaching both ends oving her legs around and the resident. mined if the resident was because she could not raise				
	#6 revealed: -The resident was si in the hallway, outsid -The 6" wide strap w	as wrapped around the the chair and closed behind				

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If continuation sheet 17 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	HAL029010	B. WING		12/12/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE	
GRAYSON	CREEK OF WELCOME		D US HWY 52 FON, NC 27295		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COR	RECTION (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET
D 482	Continued From page	e 17	D 482		1
	#6 revealed: -Resident #6 was up common living room. -The 6" wide strap wa	as wrapped around the he chair and closed behind			
	restraints from Decer the 1st and 2nd shift -The reason for the d had a Velcro restraint -Staff on the first and	ocument was Resident #6 t. second shifts document he velcro strap in place,			
	at 10:30 am with the (RCC) in the special -Resident #6 often tri- wheelchair. -The strap was used getting up out of the o -Resident #6 had Alz -The resident does no	ed to get out of her to keep the resident from chair. heimer's and was confused. ot remember she cannot			
	not stand on her legs -The resident now red ambulation and trans or move her legs. -In September 2016, strap to prevent her fr wheelchair. -She was not sure ho	quired two people for fer and was unable to stand Resident #6 was ordered a rom getting up out of the w the resident was able to dent #6 had gotten out of September 2016.			
	restraints on 30 minut				

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If continuation sheet 18 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY LETED
		HAL029010	B. WING		12/	12/2016
AME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DAVCON	CREEK OF WELCOM	6781 OL	D US HWY 52			
BRATSON	CREEK OF WELCOW	LEXING	TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
D 482	Continued From page	je 18	D 482			L.C.
	sometimes was rele	ased by putting her in the		1 6 4		
	bed.					1
2. 24	Interview on 12/07/1	6 at 4:35 pm with the second				
	shift Medication Aide					
201 - 1		ried to get up and previously				
1233	fell at another facility fall.	and broke her hip due to a				
2.		en tried to get up, but the		$\backslash$		
200		resident from getting up.				
1. A. 1. 1.	San Sin State Sta	, when Resident #6 got the		$\backslash$		1
1.2		operations informed staff to		$\langle \rangle$		
2 10	monitor the resident	every 30 minutes when in		$\langle \rangle$		
- States	the wheelchair.		-			
	lata a inu an 40/07/4					1.12
See 1		6 at 3:38 pm with the Director				
141	of Operations revea	led. 'lap buddy" to keep the				
8-2-2	resident from getting			\		
		lap buddy was a restraint.	The second			
S. St.	-Staff had been train	ed to use restraints.			·	2
1.6.24	-She verbally inform	ed staff in the special care			$\mathbf{X}$	
12-5-		s needed to be checked on at			$\backslash$	
100		es, and released every two				
1997	hours. -Staff should be door	umenting this on the form			$\backslash$	
	that she developed.				$\langle \rangle$	
		he physician had to write				
	orders specific to the	e need, hold and release			$\backslash$	
	times of the restrain	The second	1. Sec. 1			
Ser Sec.		omplete LHPS evaluations			\	
2		nt #6's restraint because she	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			X
		e nurse, being she was vas on the LHPS evaluation.				
12.5		hat restraint orders had to be				
		months, until it was bought				
	her attention by the		1			
	Interview on 12/12/1	6 at 2:25 pm with Resident				
5 R 8. 6	#6's guardian revea	and the second se				

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If continuation sheet 19 of 44

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONST			SURVEY
		HAL029010	B. WING		12	12/2016
	ROVIDER OR SUPPLIER	6781 OLD	DRESS, CITY, STATE, ZIP ( US HWY 52 DN, NC 27295	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 482	-The "lap belt" (Veloc Resident #6 in the w -The resident tried to and previously had to facility. -When Resident #6 had "ei- was confused, she g unaware what she w -Resident #6 had "ei- when she did not rea wandered, not follow who or where she w anything on those da -Recently, Resident storm" days. -On the "storming" d at the bottom of the -Her biggest fear wa another hip from fall -No one at the facilit other alternatives to Resident #6 from ge -She did feel Reside between the mattres why she and the fac prevent the resident -Also, there was the could smother if she especially on days p the resident was ver Refer to interview or 12/09/16 at 4:00 pm Operations. Refer to interview or the RCC.	to strap) was used to keep heelchair. a get up without assistance, broken her hip at another had "dark days," when she tot up and wandered and was ras doing. ectrical storms," which was cognize anyone and bring commands, had no idea as at, she can't understand ays. #6 had a lot of "electrical ays Resident #6 will end up bed and try to get out of bed. s that Resident #6 will break ing out of bed. y had offered or discussed using the strap to keep titing up out of the wheelchair. It #6 could get caught s and side rail, and that was ility staff used pillows to from getting trapped. possibility that Resident #6 rolled over into the pillow, reviously mentioned when y confused.	D 482			

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If continuation sheet 20 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL029010	B. WING		12/12/2016
		6781 OL	DDRESS, CITY, STATI	E, ZIP CODE	
SKATSUN	CREEK OF WELCO	LEXING	TON, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLET
D 482	Continued From pa	age 20	D 482		
	Refer to facility's re	estraint policy.		$\mathbf{h}$	
	order signed by the	lent #6's record revealed an e physician on 08/17/16 for family member request."			
	Review of Resider -A facility form sign 08/21/16. -The form docume hospital bed, it was and comfort reason get tangled up in o rails will not be use	at #6's record revealed: ned by resident's guardian on nted "½ rails were on the s the best interest for safety ns, and the resident would not r trapped in the ½ rails. The ½ ed as a restraint but more as a positioning and getting out of			
	bed." Interview on 12/09 Resident Care Coo -Resident #6 was a ambulation and tra -The resident had side of her bed wa resident from gettin -When the residen up and the wheelc bottom side of the to keep the resider -She could not iden	<ul> <li>1/16 at 10:34 am with the ordinator (RCC) revealed:</li> <li>a 2 person assist with insferring.</li> <li>1 side rail because the other is against the wall to keep the</li> </ul>			
	Observation on 12 #6 revealed: -Resident #6 was i -The bed rails were was against the was -Resident #6 was	/09/16 at 3:10 pm of Resident n bed. e up on the left side, the bed all on the right side. scooted down to the bottom of ankets wrapped around the			

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If continuation sheet 21 of 44

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL029010	B. WING		12/12/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE	
GRAYSON	CREEK OF WELCOME		D US HWY 52 TON, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE COMPLE
D 482	Continued From page	e 21	D 482		
	lower half of her bod blanket hanging off th	y, and leg wrapped in the he lower left side of the bed nd the resident was trying to			
	shift Personal Care A -A wheelchair and sid Resident #6 from get -The resident was "vo stand, and often wan -Resident #6 was alm	de rails were used to keep tting out of bed. ery stubborn" when trying to			
		via telephone on 12/07/16 hysician revealed no return iting the survey.			
	Based on record revi attempted interview of determined that Resi interviewable.	on 12/07/16, it was			
	12/09/16 at 4:00 pm Operations.	12/07/16 at 3:38 pm and with the Director of 12/09/16 at 10:34 am with			
	Refer to interview on second shift PCA.	12/09/16 at 3:15 pm with the			
-	Refer to facility's rest	raint policy.			
	B. Review of Resider 06/13/16 revealed: -Diagnoses included dementia with behavi -Disorientation status semi-ambulatory, and	iors disturbance. s was constant,			

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If continuation sheet 22 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE S COMPLI	
	and the second second	HAL029010	B. WING	· · · · ·	12/1	2/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
GRAYSON	CREEK OF WELCOME		D US HWY 52			
		LEXING	TON, NC 27295			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETI DATE
D 482	Continued From page	e 22	D 482			
88. B	bladder.			\ ·		
2012		evel of care was special				
	care unit.					
				7		
		cility's form titled "Resident		$\backslash$		
		n" revealed Resident #2 was				
6		ecial care unit (SCU) on		$\backslash$		
8 1	06/14/16 due a declir	ne in status.		$\langle \rangle$		
201	Poviou of the facility	s admission and screening			S.C.	
hard and	assessment form for				3	
5.42	06/14/16 revealed:	Resident #23 dated			-35	
1. 4	-Resident #2 had mo	derate impairment of				
	communication ability			$\mathbf{A}$		
1.5		soriented to time, place and			. 3	
	person.					
		d regular assistance with			-	
1.4	mobility.			\ \		
The second		all risk and had a restraint			Police III	
22.00	"Geri Chair."	ontinent requiring full				
S. 1. 1	-Resident #2 was inc	upervision and assistance		\ \	X	
		ig, dressing, eating, and			$\backslash$	
and - U. F	occasionally wandered		1.00		$\backslash$	
					$\backslash$	
	Review of an order si	gned by the physician on			$\backslash$	
	04/27/16 (prior to adr	nission to the SCU) revealed			$\backslash$	
13.53		elcro restraint to prevent	3			
	falls."				$\backslash$	
	There was as undete	d order for the Valers			$\backslash$	
전 등 - 1		d order for the Velcro nt #2 was transferred to the			$\backslash$	
	SCU.					
1.2.1						$\backslash$
E (1)	Review of Resident #	2's Personal Care	11 - Sate 14			
		tion and Care Plan signed				
10.11	by the physician on 0					
1.1		d extensive assistance with				
0		ulation, bathing, dressing,				
8 - 8	grooming, and transfe	er.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
		HAL029010	B. WING		12/12/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE	
		6781 OL	D US HWY 52		
GRAYSON	CREEK OF WELCOM	LEXING	TON, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 482	Continued From page	je 23	D 482		
	The Volera restraint	was not documented as part	1	1	Contraction and
100	of Resident #2's plan	was not documented as part			
	or resident #2 5 pld	i or oare.			
	Observation on 12/0	7/16 at 11:45 am of Resident			
	#2 revealed:			$\langle \rangle$	
		a high back wheelchair, in			
	the hallway, outside				
		6" wide soft strap wrapped			
	around his body, the	strap extended to the back		$\backslash$	
	of the chair, and close	sed in the back by attaching			
	both ends with Velcr	0.			
	-Resident #2 had sli	d down in the chair with the		\	
	Velcro strap under h				1.5 M - 1. M
2		s eyes closed, and made no			2 P I 2 P
	movements on his o				
	[1] [2] [a, a, b,	ent #6 was still slid down in			
	and the second	chair with Velcro strap under			
	his breast.	A sufficient the second second second second			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		A pulled the resident up in im to the dining room.			
	Observation on 12/0 #2 revealed:	7/16 at 4:32 pm of Resident		\	
		a high back wheelchair, in			
	the hallway outside	-			
	-Resident had a 6" v	vide soft strap wrapped	100		
,		t also extended to the back of	A Contractor		$\langle \rangle$
		ends of the strap attached	C. C. Starter		
	together with Velcro				X
		s eyes closed, and staff			$\backslash$
	moved the resident	into the dining room.			
	Observation on 12/0	8/16 at 8:20 am of Resident			
	#2 revealed:		- Sealese		
	-Resident #2 was in	a high back chair, in the			\ 
	hallway outside the		a deleta en		
-		eep, and the head of high			
		ed back, and the resident's			문의 19 <b>1</b> 9 <b>1</b> 96
		p so that this head and feet			
	were leveled with ea	ch other	No. Contraction of the		-

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If continuation sheet 24 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMP	SURVEY
		HAL029010	B. WING		12/	12/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DAVEON	CREEK OF WELCOME	6781 OL	D US HWY 52			
SKAISON	CREEK OF WEECOME	LEXING	TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 482	Continued From pag	e 24	D 482		1-V 5.0	
		e strap around the resident's		\		E
	upper waist near the			$\backslash$		1.
1.5		around the chair and closed				
	in the back of the cha -Two Personal Care					
31 4		hair, and took the resident		$\backslash$		
	and the chair to the o					
	Review of the facility	's 30 minute check for				
		mber 1 through 8th, 2016 on				
	the 1st and 2nd shift					
	-The reason for the c	document was Resident #6				
	had a Velcro restrain	it.		$\langle \rangle$		
		second shifts document				
		m December 1st through 8th,			**************************************	
	2016.					
		6 at 8:27 am with the first		$\backslash$		
	shift PCA revealed:					
5. A. A.		und Resident #2's waist when				
		e high back wheelchair.				
51513	from sliding down.	ed back to keep the resident			$\backslash$	
		used to keep the resident	- da,		$\backslash$	
	from sliding down.				$\langle \rangle$	
		e high back wheelchair and				
		ent came to the special care				
	unit.		r and so in the			
		rations had instructed staff to				
		nt was checked every 30			/	
	minutes.	ually put in bed after	1999 J. 191			
		up one hour to 30 minutes	A CANER OF			X
	before lunch.		122			$\backslash$
		a lot, and made no attempt	30 3 4 S			
	to get up, the strap v	was used to keep the resident				
	from sliding down an	nd to the side in the chair.				
	Interviews on 12/09/	16 at 10:00 am and 10:34 am				
ikar-	with the RCC reveal alth Service Regulation		N. ST.			

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If continuation sheet 25 of 44

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		12/12/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
GRAYSON	CREEK OF WELCOME		D US HWY 52 TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLE	
D 482	Continued From pag	e 25	D 482		1	
	was so "out of it" you understand when cou- Resident #2 used the keep him from sliding the resident had loss muscle strength. -Resident #2 had the admission to the SCU -She was unaware if resident's use of the to the SCU.	the physician assessed the Velcro strap since he moved				
	RCC revealed: -Resident #2 slid dow back wheelchair and keep the resident fro -Resident #2 was tot staff for all his health -The resident mostly to get out of bed. -The Director of Ope document every 30 m	ally dependent on facility care needs. slept and made no attempts				
	#2's family member r -The resident used to and there was a fear strap was ordered. -Lately, Resident #2's feet were weak from was unable to bear w -He visited the reside Resident #2 was alw -Staff had told him th	6 at 2:45 pm with Resident evealed: b have issues with getting up of the resident falling, so the s muscles in his legs and non-use, and the resident veight on his legs and feet. ent every other day, and ays sleep when he visited. at sometimes Resident #2 around, but he had not				

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If continuation sheet 26 of 44

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
18.00	Ast I.	HAL029010	B. WING	<u> </u>	12/12/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		6781 OL	D US HWY 52			
JRAT SUN	CREEK OF WELCOM	LEXING	TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 482	Continued From pa	age 26	D 482	1		
	wheelchair when h leaned the head of	always put in the high back e was up, and facility staff the chair back and propped up so he could not get up, if he				
		on 12/07/16 at 3:38 pm and m with the Director of				
	Refer to interview of the RCC.	on 12/09/16 at 10:34 am with				
	Refer to interview of second shift PCA.	on 12/09/16 at 3:15 pm with the	-33 M.			
	Refer to facility's re	estraint policy.		$\backslash$		
	at 9:37 am reveale			$\backslash$	$\backslash$	
1.14	-Resident #2 was h	positioned with his face to the	1.0		$\backslash$	
		vas positioned four to six			$\langle \rangle$	
	inches from the ha				$\langle \rangle$	
	-The resident's who not against the bec	eelchair was near the bed, but I.				
	-Resident #2 was s	/08/16 at 11:48 am revealed: sleep in bed. e was toward the wall and his				-
	back toward the ha				`	
	Interview on 12/08 PCA revealed:	/16 at 11:52 am with a first shift	12			$\backslash$
1944 - No. 1		a lot, they usually had to wake				
	the resident to eat.		2 2 A			
		perations instructed staff to				
	initial they had che	cked on Resident #2 every 30				
	minutes when the back chair. back chair.	resident was up in his high				

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If continuation sheet 27 of 44

	of Health Service Reg OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		10/10/00/10	
			ADDRESS, CITY, STATE		12/12/2016	
		6781 OL	D US HWY 52	, 21F 000L		
GRAYSON	CREEK OF WELCOME	LEXING	TON, NC 27295	A Stranger		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLE E APPROPRIATE DATE	
D 482	Continued From pag	e 27	D 482			
	rolling out of the bed for residents with sid	ldom awake, and did not do				
	revealed; -Resident #2 had a g help with pressure po -Resident #2 had 1 s	6 at 10:00 am with the RCC gel cushion in the chair to pints. de rail on the left side and t the wall to keep him from				
	#2's family member r -He had never seen bed. -He would be concer rails because he cou	the resident try to get out of ned if there were no side Id see Resident #2 rolling out				
		via telephone on 12/07/16 nysician revealed no return				
	Based on record revi determined that Resi interviewable.	ew, and observation it was dent #2 was not				
	Refer to interview on 12/09/16 at 4:00 pm Operations.	12/07/16 at 3:38 pm and with the Director of			$\backslash$	
	Refer to interview on the RCC.	12/09/16 at 10:34 am with				
	Refer to interview on second shift PCA.	12/09/16 at 3:15 pm with the				

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If continuation sheet 28 of 44

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE S COMPL	ETED
	-	HAL029010	D. WING		12/*	2/2016
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
GRAYSON	CREEK OF WELCOM	E	D US HWY 52 TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 482	Continued From page	ge 28	D 482			
	Refer to facility's res	straint policy.		$\backslash$		
		ent #1's current FL2 dated				
		d Alzheimer's dementia, dysfunction, depression, pidemia.				k.
	-Disorientation was	constant, semi-ambulatory and incontinent with bowel				-5
		#1's record revealed a "side rails," signed by the 15.				
		#1's record revealed: d by resident's guardian on				
	hospital bed, it was and comfort reasons get tangled up in or rails will not be used	ted " $\frac{1}{2}$ rails were on the the best interest for safety s, and the resident would not trapped in the $\frac{1}{2}$ rails. The $\frac{1}{2}$ d as a restraint but more as a sitioning and getting out of				
	Review of Resident	#1's Personal Care Physician are Plan signed by the				
		ed extensive assistance with bulation, bathing, dressing,				
	-No documentation for the side rails or u	related to the resident's need use of alternatives.				
	#1 revealed the resid	07/16 at 9:37 am of Resident dent was sitting in a cility's common living room.				$\setminus$
	Observation on 12/0	07/16 at 9:47 am of Resident				

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If continuation sheet 29 of 44

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/12/2016	
		HAL029010	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
PAVSON	CREEK OF WELCOM	6781 OL	D US HWY 52			
SKATSOF	CREEK OF WELCOM	LEXING	TON, NC 27295	·		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 482	Continued From page	ge 29	D 482			
	#1's room revealed	two 1/2 side rails were	-			
100	attached to the resid					
11. I						
10.00	Interview on 12/08/1	16 at 3:06 pm and 3:15 pm				
	with a second shift I					
	-Resident #1 was no	on-ambulatory and needed				
		e with bathing and dressing.		$\mathbf{X}$		10 S
		rails were put up to keep the				- T
-	resident from rolling					100
		concerns because the				
	resident could not tr					
	-The resident moves	s around in the bed.				
	Interview on 12/09/1	6 at 10:34 am with the RCC				
	revealed:					
		2 person assist, because the				
		k, just stand and pivot.				
		be redirect a lot because she				
		and was confused about	1.00		(	
	commands.				$\backslash$	
		heelchair against her bed			$\backslash$	
		the resident from getting out	- 27		$\langle \rangle$	-
	of bed and falling.					
	and blanket.	get tangled up in the sheets			$\langle \cdot \rangle$	0
		the resident was caught				
		and side rail she could get			$\backslash$	15.1
	herself out.					
	-She was unable to	recall the resident			1	
	experiencing falls sin	nce admission to the facility in			1	
	2014.					X
	Interview on 12/08/1	6 at 3:03 pm with Resident				1
	#1's guardian reveal		1000			2.2
		eclined since her admission				
	to the facility in 2014					
		ails were used to help the	1.1.1			
-	resident reposition h	erself in bed.	1. 1. 1. 1. 1. 1.			
	-If the resident was r	no longer was able to use the				
	side rails for repositi	oning then she was okay with				1997

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If continuation sheet 30 of 44

STATEMENT	of Health Service Reg of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP	SURVEY LETED
		HAL029010	B. WING		12/	12/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GRAYSON	CREEK OF WELCOM	E	D US HWY 52 TON, NC 27295			
	SUMMARYS	STATEMENT OF DEFICIENCIES	· · · · · · · · · · · · · · · · · · ·	PROVIDER'S PLAN OF C	OPPECTION	(ME)
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 482	Continued From page	ge 30	D 482	-		
	facility.	o incidents of falls at the esident does not have the				
	shift PCA revealed: -Resident #1 had 2 keep the resident fro -The resident did no sleep. -If the resident was	16 at 4:35 pm with the second side rails, which were used to om falling out of the bed. of try to get up but rolled in her caught between the side rail could not get herself out.				
	shift PCA revealed: -Resident #1 had tw prevent the resident -The resident did no due a fear of falling. -Resident #1 did no	16 at 11:48 am with the first yo side rails that were used to t from falling out of bed. ot move much when in the bed t like staff turning her on her sident feared falling out of				
	-Prior to coming to t fall that resulted in a had a fear falling ou -The resident did no afraid of falling out o "no, no" when staff on her side. -The resident's fami resident had a previ broken hip.	the facility, Resident #2 had a a broken hip; now the resident at of bed. bt verbally tell her she was of bed, but the resident yelled tried to reposition the resident ily member told her the ious fall that resulted in a ot falls since her admission to				
		view, observation and attempt 16, it was determined Resident wable.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		12/12/2016	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE	12/12/2010	
CRAVEON	I CREEK OF WELCOME	6781 OI	D US HWY 52			
GRATSON	CREEK OF WELCOME	LEXING	TON, NC 27295			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET	
D 482	Continued From page	e 31	D 482		and free file of the	
		via telephone on 12/07/16 hysician revealed no return iting the survey.				
	Refer to interview on 12/09/16 at 4:00 pm v Operations.	12/07/16 at 3:38 pm and with the Director of				
	Refer to interview on the RCC.	12/09/16 at 10:34 am with				
	Refer to interview on second shift PCA.	12/09/16 at 3:15 pm with the				
	Refer to facility's restr	raint policy.				
	D. Review of Resider revealed:	nt #7's current FL-2 06/08/16	-	\ \		
	Review of Resident # 07/30/16 revealed:	7's current care plan dated				
	transfers.	ision with ambulation and				
	(LHPS) Personal Car administered through	injections.			$\backslash$	
	-She is a wanderer ar staff.	nd requires redirection by			$\setminus$	
	revealed:	of Resident #7's record				
	minute checks noted -There was 4 falls doo	nentation on the every 30 per the facility's policy. cumented this year to date				
sion of Hea	with injuries requiring Ith Service Regulation	an emergency room visit				

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If continuation sheet 32 of 44

STATEMENT	of Health Service Regu of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
		HAL029010	B. WING	······································	12/12/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E, ZIP CODE		
CRAVSON	CREEK OF WELCOME	6781 OL	D US HWY 52			
GRAISON	CREEK OF WELCOME	LEXING	TON, NC 27295			
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 482	Continued From page	e 32	D 482	$\backslash$	ал, 1	
	contusion, a hip and with ambulation and a pelvis contusion and sutures and glue. -A signed physicians bed rails due to fall ri- -A restraint form sign side rails for mobility getting out of bed but restraint. Observation of Resid am revealed: -She was lying in bec -The bed was position the wall. -The opposite of the l up position. -A wheelchair was loo bottom 1/3 of the bec	ed by POA for the use of aid in repositioning and t not to be used as a ent #7 on 12/09/16 at 10:34				
	Care Coordinator (RC -The side rail is in the wheelchair was place resident was in bed to falling out of the bed. -The resident could n it was up to the staff the resident could ge -She has seen the re bed around and over wheelchair. -The resident is not p bed independently, s	e up position and the ed against the bed when the o prevent the resident from not let the side rails down and to let the side rails down so t out of bed. sident attempt to get out of the bed rails or the ohysically able to get out of o the wheelchair is parked d of the bed so they can				

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If continuation sheet 33 of 44

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
			B. WING		
		HAL029010			12/12/2016
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE	
GRAYSON	CREEK OF WELCOM		D US HWY 52 TON, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET
D 482	Continued From page	je 33	D 482		
	capable of walking v did not allow her to a because she is a hig hold her weight alon -The resident moves -She does not consi- the wheel chair at th the side of the bed to exiting and/or falling -She considers restr belts) and tie downs -She feels that placin the siderail up and the end of the siderail for help but can see that dementia could be a Interviews on 12/09/ Personal Care Assis -The side rail was in wheelchair was place resident was in bed falling out of the bed -The resident could ge -She had never seer out of bed around or wheelchair. -The resident is not p bed independently, s and locked at the en-	a around in the bed. der side rails or positioning of e end of the side rails, along o prevent the resident from out of bed a restraint. aints as "lap belts (velcro ". ong the resident in the bed with he wheelchair placed at the rces the resident to call for t with the resident having t risk for injury. 16 at 3:15 pm with a tant (PCA) revealed: the up position and the ed against the bed when the to prevent the resident from not let the side rails down and to let the side rails down so et out of bed. the resident attempt to get over the bed rails or the physically able to get out of so the wheelchair is parked d of the bed.			
	capable of walking w did not allow her to a because she was a h not hold her weight a	I risk and was not physically where she wanted to, but staff imbulate independently high risk for falls and could alone. hove around in the bed and			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
1364		HAL029010	B. WING		12/	12/12/2016	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
RAYSON	CREEK OF WELCOM	E	D US HWY 52				
		LEXING	TON, NC 27295			10000	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE	(X5) COMPLETE DATE	
D 482	Continued From page	ge 34	D 482	1			
2.11	has been known to	"scoot" to the bottom of the					
1.00	bed to get out.			\			
1.00		ider side rails or positioning of				-	
Sec. 1		ne end of the side rails, along					
1.1		to prevent the resident from					
1.		out of bed a restraint.					
18-1-1		e wall, with the other side rail		\			
	177.0	air at the bottom of the rail		\			
1.		n the bed and then they must					
1. 32		us to help them out. "This is					
100	how we are trained"	비행 영향 가슴					
	Intonview on 12/12/	16 with Resident #7's Power	1.1.1.1				
182	of Attorney (POA) a		1 L 1 1				
		o keep the resident in the bed		\			
1400		llen many times but only once	1.0			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	at the facility.	men many times but only once	1992 - 19			1	
		not have enough strength to					
		I up in the bed or to get herself	1. Sec. 14				
		ped between the mattress and				1	
	side rail.				$\backslash$		
		rned about falling out of bed					
	and getting a broke				$\backslash$		
and the	•	the side rails to keep from					
		d stated that she could get			$\backslash$		
	-	ts and blankets trying to get			$\backslash$		
		let the side rail down.			$\backslash$		
	Refer to interview o	n 12/07/16 at 3:38 pm and			$\backslash$		
		n with the Director of	4 1		1	6 I D	
	Operations.						
	Refer to interview o	on 12/09/16 at 10:34 am with					
	the RCC.						
	Refer to interview or second shift PCA.	on 12/09/16 at 3:15 pm with the					
	Refer to facility's re						

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If continuation sheet 35 of 44

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
		HAL029010	B. WING	- 12/12/2016
	ROVIDER OR SUPPLIER	6781 OL	ADDRESS, CITY, STATE, ZIP CODE D US HWY 52 TON, NC 27295	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PREFIX (EACH CORRE TAG CROSS-REFERE	S PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE COMPLETE NCED TO THE APPROPRIATE DATE DEFICIENCY)
D 482	Continued From page	je 35	D 482	i, la contra de
	04/26/16 revealed: -Diagnoses included depressive disorder, gait. -The resident was se intermittently confus Review of Resident : 08/01/16 revealed: -She required super transfers. -She had no License Support (LHPS) Per Review of Resident : 04/30/16 revealed: -She was confused a	ed. #8's current care plan dated vision with ambulation and ed health Professional sonal Care Tasks noted. #8's LHPS Evaluation dated		
	Assessment of Spec revealed: -She had occasional to understand. -She had occasional -She required limited Interview and observ 12/09/16 at 10:34 an -She was lying in be -The bed was position the wall. -The opposite of the position. -A wheelchair was loo bottom 1/3 of the bed	8's Pre-admission Screening ial Care Unit dated 04/26/16 lly disorientation and inability wandering. d assistance with ambulation. vation with Resident #8 on n revealed:		

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED
- Starter		HAL029010	B. WING		12/12/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE	
GRAYSON	CREEK OF WELCOME		D US HWY 52 TON, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
D 482	Continued From page	e 36	D 482		
	and gets out that way	bots to the bottom of the bed y". the bottom of the bed often.			
	Review of Resident # revealed a signed ph 08/03/16 for side rails				
	revealed a facility for	#8's record on 12/09/16 m signed by POA for the use ity aid in repositioning and t not to be used as a			
	revealed: -A resident care note	#8's record on 12/09/16 dated 11/11/16 thru entation of: resident #8 not			
	person assistance, re	ng to stand even with a 2 esident found in floor in			
	without assistance an	ntinuing to get up and walk nd falling a lot because her o anymore, a fall in the			
	bathroom, getting up put words together a	and stumbling, not able to nd more confusion.			
		#8's record revealed no nt or care plan documented			
	Care Coordinator (RC				$\backslash$
	wheelchair was place	the up position and the ed against the bed when the o prevent the resident from			
	-The resident could n	not let the side rails down and to let the side rails down so			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			LETED
	and the second second	HAL029010	B. WING		12/	12/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
GRAYSON			D US HWY 52 TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC 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 482	bed around and over wheelchair. -The resident was no bed independently, s and locked at the en keep her from getting -The resident was a physically capable of to, but staff did not a independently becau falls and could not he -The resident is capable between the mattress tangled up in the coval and then could fall. -She does not conside the wheel chair at the the side of the bed to exiting and/or falling restraint. -She considers restra belts) and tie downs <sup>10</sup> -She feels that placing the siderail up and the end of the siderail fo help but can see that dementia could be a Interviews on 12/09/ Personal Care Assisti- -The side rail was in wheelchair was place	esident attempt to get out of r the bed rails or the ot physically able to get out of so the wheelchair is parked d of the bed so they can g out of the bed. fall risk and was not f walking where she wanted llow her to ambulate use she was a high risk for old her weight alone. able of becoming trapped s and side rail and could get vers trying to get out of bed der side rails or positioning of e end of the side rails, along o prevent the resident from out of bed constituted a aints as "lap belts (velcro '. ng the resident in the bed with he wheelchair placed at the rces the resident to call for t with the resident having t risk for injury. 16 at 3:15 pm with a tant (PCA) revealed: the up position and the ed against the bed when the to prevent the resident from	D 482			
	it was up to the staff the resident could ge -She had never seen	not let the side rails down and to let the side rails down so et out of bed. In the resident attempt to get over the bed rails or the				1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL029010	B. WING		12/1	2/2016
	6781 OL	DDRESS, CITY, STATI D US H <mark>WY 52</mark>	E, ZIP CODE		
ONEER OF MELOOM	LEXING	ON, NC 27295			
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLET DATE
wheelchair. -The resident was n bed independently, and locked at the er keep her from gettin -The resident is a fa capable of walking w did not allow her to because she is a hig hold her weight alor -The resident does n -She does not consi the wheel chair at th the side of the bed t exiting and/or falling -The bed against the up and the wheelch keeps the resident in use the call bell for	ot physically able to get out of so the wheelchair is parked ad of the bed so they can g out of the bed. Il risk and is not physically where she wanted to, but staff ambulate independently gh risk for falls and could not ie. move around in the bed. der side rails or positioning of ie end of the side rails, along o prevent the resident from o ut of bed a restraint. e wall, with the other side rail air at the bottom of the rail in the bed and then they must us to help them out. "This is	D 482			-, <del>,</del>
#8's Power of Attorn revealed: -Most of the residen of bed, and changin with rails to prevent of bed and falling at -The resident is som "forgets" to call for a her own. -The resident "scool get out and will clim end of the bed. -The resident used f falling out of bed an trapped in the sheet out if staff does not	t's falls were while getting out g clothes and he was fine the resident from getting out night. hetimes confused and assistance and will try to do on ts" to the bottom of the bed to b over the wheelchair at the the side rails to keep from d stated that she could get s and blankets trying to get let the side rail down.				
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page wheelchair. The resident was no bed independently, s and locked at the en- keep her from gettin The resident is a fa- capable of walking w did not allow her to a because she is a high hold her weight alon The resident does no She does not consi- the wheel chair at the the side of the bed t exiting and/or falling The bed against the up and the wheelchair keeps the resident in use the call bell for u- now we are trained" Telephone interview #8's Power of Attorn revealed: Most of the resident of bed, and changin with rails to prevent of bed and falling at The resident is som 'forgets" to call for a her own. The resident well changes and the well changes to be and falling at the resident used to falling out of bed an- trapped in the sheet out if staff does not	CREEK OF WELCOME         LEXING1           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)           Continued From page 38           wheelchair.           The resident was not physically able to get out of bed independently, so the wheelchair is parked and locked at the end of the bed so they can keep her from getting out of the bed.           The resident is a fall risk and is not physically capable of walking where she wanted to, but staff did not allow her to ambulate independently because she is a high risk for falls and could not hold her weight alone.           The resident does move around in the bed.           She does not consider side rails or positioning of the wheel chair at the end of the side rails, along the side of the bed to prevent the resident from exiting and/or falling out of bed a restraint.           The bed against the wall, with the other side rail up and the wheelchair at the bottom of the rail keeps the resident in the bed and then they must use the call bell for us to help them out. "This is now we are trained".           Telephone interview on 12/12/16 with Resident #3's Power of Attorney (POA) at 9:00 am revealed:           Most of the resident's falls were while getting out of bed, and changing clothes and he was fine with rails to prevent the resident from getting out of bed, and changing to thes and will try to do on ner own.           The resident is sometimes confused and 'forgets" to call for assistance and will try to do on ner own.           The resident used the side rails to keep from falling out of bed and stated that she could get trapped in the sheets and blank	LEXINGTON, KC 27295           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG           Continued From page 38         D 482           Wheelchair.           The resident was not physically able to get out of bed independently, so the wheelchair is parked and locked at the end of the bed so they can keep her from getting out of the bed.           The resident is a fall risk and is not physically capable of walking where she wanted to, but staff did not allow her to ambulate independently because she is a high risk for falls and could not nold her weight alone.           The resident does move around in the bed.           She does not consider side rails or positioning of the wheel chair at the end of the side rails, along the side of the bed to prevent the resident from exiting and/or falling out of bed a restraint.           The bed against the wall, with the other side rail up and the wheelchair at the bottom of the rail keeps the resident in the bed and then they must use the call bell for us to help them out. "This is now we are trained".           Telephone interview on 12/12/16 with Resident #8's Power of Attorney (POA) at 9:00 am revealed: -Most of the resident's falls were while getting out of bed, and changing clothes and he was fine with rails to prevent the resident from getting out of bed and falling at night. -The resident used the side rails to keep from failing out of bed and stated that she could get trapped in the sheets and blankets trying to get out if staff does not let the side rail down.	CREEK OF WELCOME     LEXINGTON, NC 27293       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSTER PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PREVIX TAG     PROVIDER'S PLAN OF CC (EACH DEFICIENCY MUSTER PRECEDED BY FULL PREVIX TAG     PREVIX PREVIX TAG     PROVIDER'S PLAN OF CC (EACH DEFICIENCY MUSTER (EACH DEFICIENCY MUSTER)       Continued From page 38 wheelchair.     D 482     V1482       The resident was not physically able to get out of bed independently, so the wheelchair is parked and locked at the end of the bed so they can eeep her from getting out of the bed.     D 482       The resident is a fall risk and is not physically apable of walking where is he wanted to, but staff tid not allow her to ambulate independently because she is a high risk for falls and could not hold her weight alone.     No.       The resident does move around in the bed.     She does not consider side rails on positioning of the wheel chair at the end of the side rails, along he side of the bed to prevent the resident from exiting and/or falling out of bed a restraint.     The bed against the wall, with the other side rail up and the wheelchair at the bottom of the rail seeps the resident in the bed and then they must use the call bell for us to help them out. "This is now we are trained".       Telephone interview on 12/12/16 with Resident #8's Power of Attorney (POA) at 9:00 am evealed:     Nost of the resident from getting out of bed, and changing clothes and he was fine with rails to prevent the resident from getting out of bed, and changing clothes and he was fine with rails to prevent the wheelchair at the and of the bed.     Nost of the bed to raped in the sheets and blankets trying to get uil if staff does not let the side rails	CREEK OF WELCOME       LEXINGTON, NC 27295         SUMMARY STATEMENT OF DEFICENCIES (EACH CORRECTIVE VISIE PRECEDED BY FULL REGULATORY OR LSC DERTIFYING INFORMATION)       D D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRATE DEFICIENCY WISIE PRECEDED BY FULL REGULATORY OR LSC DERTIFYING INFORMATION)       D D D D D D D D D D D D D D D D D D D

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMPL	
		HAL029010	B. WING		12/1	2/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
GRAYSO	N CREEK OF WELCOM	E	D US HWY 52 FON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES VCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 482	12/09/16 at 4:00 pm Operations. Refer to interview o the RCC. Refer to interview o second shift PCA. Refer to facility's rea Interview on 12/07// 4:00 pm with the Di -She did not consid full side rails as rest -She had been prev were not restraints, told her. -She was aware sta against the side of t rail to block the resi and falling. -She was aware fac restraint protocol be considered restraint -She did not consid resident's bed, at th bottom of the bed to -She did consider it became tangled in t tried to get out of th the side rails. -Staff had been trail 2 restraints or a haza -Per the facilities po checks on all reside -She only had two r (Velcro strap).	n with the Director of n 12/09/16 at 10:34 am with n 12/09/16 at 3:15 pm with the straint policy. 16 at 3:38 pm and 12/09/16 at rector of Operations revealed: er ½ side rails restraints, or traint. Yously told that ½ bed rails but was unable to recall who aff were placing the wheelchair the bed, at the end of the side dents from exiting the bed bility staff did not follow ecause ½ rails were not ts. er a wheelchair beside a te end of a side rail to the o be a restraint. an issue if the residents the sheets and blankets and e bed over the wheelchair or ned to use restraints because buddies, which were	D 482	Facility Lestrain Thocoluus vie NTH facility str Administrator on Pocumentation at facility for R	te reviewe	12/12/

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL029010	B. WING		12/	12/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		6781 OL	D US HWY 52			
GRATSUN	CREEK OF WELCOM	LEXING	TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI DATE
D 482	Continued From pag	je 40	D 482	\		
	nothing else is need	od				
12		mentation for the use of		\		1
1921		ints because she had not				
		e was unaware of the type of				
	alternatives to use.	was unaware of the type of		$\backslash$		
S. 61	alternatives to use.					
신이방법	Interview on 12/09/16 at 10:34 am with the RCC					
	revealed:					
		o be let out of the bed by staff				
	because of the side			\ \		
		le rails to keep residents from		$\langle \rangle$		
	getting out of bed an					2
100		were in bed staff always put	12 A.	$\sim$		
1. A 17 1	the side rails up.	nore in see ean antaje par		$\langle \rangle$		
1997		s parked at the end of the				
1 1 2		e bed rail to keep the resident		$\langle \cdot \rangle$		
2.0.26	from getting out of th					
		t tangled in the sheets and				
		Il over the wheelchair or side				
	rail.		Color III			1.2
	1.1	0.4045				
	shift PCA revealed:	6 at 3:15 pm with the second			$\backslash$	
1.2.1	-Wheelchairs were k	ept beside most residents'			\	
1	bed, placed at the er	nd of the side rail to keep the			- \	
	resident from getting		1			· · ·
1.12	-Residents could get	t caught up in the sheets and				
	covers and could ge		1.1		$\mathbf{h}$	
1.0		o fall over the wheelchair or				
10-3	side rails, but wheele	chairs and side rails were not				
	restraints.				$\backslash$	
	Povious of the feelit	la rootraint policy rouseled	1.0		/	
		's restraint policy revealed:			\	
100		e used for discipline or staff	1. The second			
1		an only be applied for medical	19-10-1			$\backslash$
		confusion with the risk of falls				
		ous behaviors to self or	1 2 2			
1000	others.	e tried before the use of	- 2 J			
and the second se	physical restraints a	nd documented such as:				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE COMP	
		HAL029010	B. WING		12/	12/2016
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE		
GRAYSON	CREEK OF WELCOM		D US HWY 52 TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
D 482	Continued From pag	ge 41	D 482			
	<ul> <li>physical therapy to restore mobility, devices that assist, frequent monitoring by staff, pain control, family involvement, communication.</li> <li>Physician restraint order must be obtained prior to application of restraints, and must include the following: resident's name, medical reason for restraints, type of restraint to be used, time period restraint is to be used, time intervals the restraint must be checked, loosened, and removed, signature of physician.</li> <li>A consent for physician restraint use that consist of benefits and risk shall be signed by the resident and/or resident representative.</li> <li>A restraint assessment and care plan shall be developed.</li> <li>Staff shall document on the restraint use oversight record.</li> </ul>					
	and care planning, a alternatives to restra their wheelchair (Res side rails and the res the resident from fall 5 of 5 sampled resid #7 and #8). The facil residents put resider falling over the whee caught between the which was detriment the residents and co On 12/09/16, the fac Protection as follows -The facility will make restraints.	s order, provide assessment ind document attempted ints, strapping 2 residents to sidents #2 and #6), and using sident's wheelchair to keep ling and getting out of bed for ents (Residents #1, #2, #6, lity's failure to monitor the nts at substantial risk of elchairs or smothering getting mattresses and bed rails al to the health and safety of nstitutes a Type B Violation.				

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	INT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		12/12/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		6781 OL	D US HWY 52			
GRATSUN	CREEK OF WELCOM	E LEXING	TON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLET DATE DATE	
D 482	Continued From page	ge 42	D 482			
t faste Ref ann vig d	to regulations.				· · · · · · · · · · · · · · · · · · ·	
Re ar		ss all residents need for				
	restraints.					
		struct all staff on the use and				
월 일 - 11 -	documentation of re	straints.				
	-The Director will en	sure the nurse assesses all				
	residents for the res	traints and makes adequate				
	documentation.					
S	CORRECTION DAT	E FOR THE B VIOLATION				
	SHALL NOT EXCER	ED JANUARY 26, 2017.				
D912	G.S. 131D-21(2) De	claration of Residents' Rights	D912	The Admirtune Shall ensure a desidents lights the Admin/Mar ensure Lesidet Court services adlequate, age in congenie c Still Louis.		
			1	the Almithate	o Manager 11	
	G.S. 131D-21 Decl	aration of Residents' Rights		IVE I LOCAL		
1.		have the following rights:	1.00	Shall ensure	43 1312-21(2)	
		and services which are		land + Pitt	an Lelland	
1. N. 19		te, and in compliance with		residens uses	angride	
		state laws and rules and	100	4P. Adam/Ma	nace shall	
	regulations.			The Manual I	- Cocene	
15.00			1 Sec. 1	ensure Restau	Siecente	
				Car + services	whichare	
	This D. L. Sanatana			Cric - L	ninnet	
	This Rule is not me			adequate, and	graphic .	
		ons, interviews and record	1.		lederal +	
		failed to ensure residents ervices which were adequate,		mansaine	6	
		compliance with relevant		State lass.		
		ws and rules and regulations			PI m.D	
	regarding use of res		1 A 1 - 1	See love 1 - Coli	unn Tab	
				Stufe loubes. See Page 1-Coll Page 14-Co	lumn 4.	
	The findings are:		1.20	ingent		
	Based on obconvet	on intensiow and readed	1. K. 1993			
		on, interview and record ailed to assure physical				
		side rails were used only after				
		care planning process had				
		d used only after alternatives				
		a physician's order obtained				

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STATEMENT	of Health Service Reg of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE C A. BUILDING: B. WNG		(X3) DATE SURVEY COMPLETED 12/12/2016			
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE				
GRAYSON CREEK OF WELCOME 6781 OLD US HWY 52 LEXINGTON, NC 27295								
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLET			
D912	#6, #7 and #8) with i	ge 43 esidents (Residents #1, #2, restraints. [Refer to Tag 482, 11 (a) (Type B Violation).]	D912					
<u> </u>								
	Ith Service Regulation	19.18		leti:				

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Received and accepted on 2/13/17 by Diana Spalding, RN, BSN