



PRINTED: 08/20/2017
FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		FACILITY NAME HAYWARD	FACILITY TYPE RESIDENTIAL	REGISTRATION NUMBER 0
NAME OF FACILITY OR SUPERVISOR THE HERITAGE OF CEDAR ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE 191 CHESTNUT DRIVE MOOREVILLE, NC 27028		
DATE OF VISIT 10/19/17	TIME OF VISIT 10:00	VISIT TYPE RE-INSPECTION	REASON FOR VISIT PROVIDERS PLAN OF CORRECTION REACH CORRECTIVE ACTION SHOULD BE OBTAINED TO THE APPROPRIATE AUTHORITY	DATE 10/19/17
D 078 10A NCCAC 19F 0908(a)(3) Housekeeping And Furnishings				
10A NCCAC 19F 0308 Housekeeping And Furnishings				
(2) Adult care rooms shall (3) have furniture clean and in good repair. This Rule shall apply to new and existing facilities.				
This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure the two couches in the common area (day room located in the front of the facility) were kept clean and in good repair. The findings are: Observations on 8/22/17 between 18:30 and 19:30 PM during the initial tour revealed: -The facility had a common day room area with two small blackish color plastic upholstered couches. -One couch was against the back wall and the other was against the right wall. -The couch that was against the back wall had three large brown areas approximately 10 to 12 inches long and 1.5 inches wide across the right armrest of the couch, exposing the foam padding. -Both couches had some of worn material (padding) in the corners of the seat cushions.				
Furnishings had been ordered for Home on 7/11/17. Couches were not a part of the order. We will have these couches replaced by 10/31/17. New Furnishings were installed on 10/19/17.				

Division of Health Service Regulation
 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION SUPERVISOR/PATIENT'S SIGNATURE
 DATE: 10/19/17
 SIGNATURE: *Maryanne Newby*

Jeanne S Robinson RN

10/20/17 Acknowledged and reviewed

SOUTHERN MATTRESS CO. INC.

1812 COKEY ROAD

ROCKY MOUNT, NC 27801

July 12, 2017

Donna

please enter my order for:

40 2 Drawer Night Stands Creekside group 3822200

20 Double Dressers Creekside group 3656600

20 Mirrors Creekside group 3864400

40 Splat Headboards Creekside group 3574430

20 4 Drawer Chest Creekside group 3844400

I understand this order will Aprx. Be ready for pick up

The week of 9/18/2017. Please call me when ready.

Thank you for your prompt attention.

Amble L. Evans



CEGAR ROCK
FURNITURE ORDER

*Yellow
LTC
3/19/17
005*

- 387200 - 2 DRAWER NIGHTSTAND (40)
- 385600 - DOUBLE DRESSER (20)
- 385400 - MIRROR 30 X 34 (20)
- 387450 - SPLAT HEADBOARD (40) [SEE IF BED RAILS COME WITH THIS]
- 384400 - 4 DRAWER CHEST (20)
- 3/3 SET SOUTHERN MAID MATT/BOXSPRING (40)

REHLANDS
FURNITURE ORDER

- 382200 - 2 DRAWER NIGHT STAND (40)
- 385800 - DOUBLE DRESSER (20)
- 385400 - MIRROR 30 X 34 (20)
- 387450 - SPLAT HEADBOARD (40) [SEE IF BED RAILS COME WITH THIS]
- 3/3 SET SOUTHERN MAID MATT/BOXSPRING (40)

SUGAR HOLLOW/INMAN
FURNITURE ORDER

- 382200 - 2 DRAWER NIGHT STAND (40)
- 384500 - 5 DRAWER CHEST (20)
- 385400 - MIRROR 30 X 34 (20)
- 387450 - SPLAT HEADBOARD (40)
- 3/3 SET SOUTHERN MAID MATT/BOXSPRING (40)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/CLINIC/REGISTRATION IDENTIFICATION NUMBER

03/20/2017

NAH00007

0

NAME OF PROVIDER OR SUPERVISOR

3100 WEST 10TH STREET
MOCKEYVILLE, NC 27025

THE HERITAGE OF GREAT ROCK

141 CRESTVIEW DRIVE
MOCKEYVILLE, NC 27025

REGULATORY AGENCY
REGULATORY ON LSC, HEALTH AND WELFARE

03/20/2017

PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE SUBMITTED TO THE APPROPRIATE AGENCY

03/20/2017

D 07B

D 07B

<p>Continued From page 1</p> <p>The cushions were sagging and the upholstery was worn around the edges of all the corners. Both of the couches appeared to be sagging in the middle and appeared to be unstable to sit on.</p> <p>Interview on 03/21/17 at 11:10 am with a facility manager revealed:</p> <ul style="list-style-type: none"> -The couches had been torn for several months. -The manager said on the contrary and he never saw any one else sit on the couches. -The manager said that he never saw any one else sit on the couches. -The manager said that he never saw any one else sit on the couches. <p>Interview on 03/21/17 at 1:00 pm with the Director revealed:</p> <ul style="list-style-type: none"> -The owner was in the process of remodeling the building. -The plan was to purchase new furniture by December 2017. -There was no documented plan that stated specifically what furniture was going to be purchased in December. <p>03/20 10A NCAO 12F 0303(a)(9) Housekeeping And Furnishings</p> <p>10A NCAO 12F 0306 Housekeeping And Furnishings</p> <p>(a) Adult care homes shall have a supply of bath sponges, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on</p>	<p>D 07B</p>	<p>PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE SUBMITTED TO THE APPROPRIATE AGENCY</p>	<p>03/20/2017</p>
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Division of Health Service Regulation

STATISTICAL OPERATIONS ASSISTANT SUPERVISOR	001 PROGRESSIVE/PERNELLIA IRENE/ELSON/ALBERT	03/20/2017 0
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE OF OCEAN ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 191 CREATIVEN DRIVE MOCKSVILLE, NC 27058	08/25/2017
0660 PREFIX 104	02 PREFIX 104	03/20/2017 0
0 000 Contained from page 2	0 000	0
Hand at all times. This rule shall apply to new and existing facilities. This rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all residents had a ready, accessible supply of pillow cases, clean towels, and clean wash cloths on hand for use at all times. The findings are: Observation on 08/23/17 at 10:54 am revealed the facility had a census of 33 residents. Observation on 8/23/17 at 12:00 pm of the laundry room revealed: -There were 0 washcloths folded and on the shelf behind the door of the laundry room. -There was one bath towel folded on the top of the dryer. Observation on 8/23/17 of the shower room located on the 100 unit revealed there were two bath towels which appeared to be clean folded on the shelf in the shower room with a resident's clothes and a bath towel lying folded on top of the towels. Observation on 8/23/17 between 12:40 PM and 1:10 pm of the resident's rooms located on the 100 unit revealed: -There were two residents in room 103, there was one bath towel hanging on the bathroom door. -There was one bath towel in room 104, hanging on the bathroom door. -There were two residents in room 106, there were no bath towels in the room. -There was one resident in room 108, there were	I do not agree with this finding. On 8/25/17, I conducted an inventory review of these items. There is a copy attached. You will notice that there is enough of each item present and there was no order received since Survey was completed.	0

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR LICENSEE: **MAJORS0017**
 STATE OF PENNSYLVANIA
 COUNTY OF COBERGUS
 CITY OF CHESTER

DATE OF VISIT: **08/22/2017**

NAME OF FACILITY: **THE HERITAGE OF CLEAR ROCK**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **191 CRESTVIEW DRIVE, MOCKSWILL, NC 27058**

DEFICIENCY NUMBER: **0**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DEFICIENCY NUMBER: **D 030**

DEFICIENCY TITLE: **Continued From page 3**

DEFICIENCY NUMBER	DEFICIENCY TITLE	DEFICIENCY DESCRIPTION	DEFICIENCY STATUS	DEFICIENCY DATE
D 030	Continued From page 3	<p>no bath towels in the room or shared bathroom.</p> <p>-There were two residents in room 108. There were no bath towels in the room or in the shared bathroom.</p> <p>-There were two residents in room 107. There were no bath towels in the room.</p> <p>Observation on 08/23/17 at 10:20 pm of the laundry room revealed:</p> <p>-There were four bath towels folded on the shelf in the laundry room.</p> <p>-There were 3 washcloths stacked on the shelf in the laundry room.</p> <p>Interview on 08/23/17 at 12:45 pm shed at 11:50 am with three residents revealed:</p> <p>-There were no bath towels in the room. "You had to ask for one."</p> <p>-In the morning the staff used the towels for shower. "So I had to take my shower later in the day."</p> <p>-If you ask for a towel the staff would get you one if they had a clean one."</p> <p>-One resident said "usually you can find a washcloth."</p> <p>Observation on 08/23/17 at 10:15 am revealed:</p> <p>-Towels observed in the laundry were five face towels folded on the shelf.</p> <p>-Bath towels: 4 were severely faded with bleach spots. 2 white towels were discolored to a darkened ash gray.</p> <p>-3 hand towels were observed in residents' bathrooms.</p> <p>-7 wash cloths were observed in residents' bathrooms.</p> <p>Observation of resident rooms revealed no towels.</p>	<p>RESIDENTS ADVISED THAT TOWELS WERE NOT AVAILABLE IN THE ROOMS.</p> <p>RESIDENTS ADVISED THAT TOWELS WERE NOT AVAILABLE IN THE BATHROOMS.</p>	

Division of Health Service Regulation

PRINTED ORIGINATOR
FORM APPROVED

STATEMENT OF COMPLAINTS AND NUMBER OF CONNECTIONS	DATE PRODUCE/ISSUED/STATION CONNECTIONS (MM/DD/YYYY)	ORGANIZATION/COMPANION A. BUSH	DATE ENTERED/COMPLETED
08/23/2017	08/23/2017		0
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CROAN ROCK			
ADDRESS/ADDRESS, CITY, STATE, ZIP CODE 191 CREATIVEM DRIVE MOCKSVILLE, NC 27058			
DATE OF THIS REPORT	ISSUE/REGULATORY OR LEGISLATION	INquiry	PRIVACY PLAN OF CONNECTION SEARCH/CONNECTIONS SHOULD BE CHECKED/REFERENCED TO THE APPROPRIATE (REFERENCE)
08/23/2017	08/23/2017		
<p>D-001 Confined from page 4</p> <p>were in the rooms as follows:</p> <ul style="list-style-type: none"> -Room 210, one resident, there were no bath or paper towels. -Room 208, two residents, there were no bath or paper towels. -Room 205, two residents, there were no bath or paper towels. -Room 204, two residents, there were no bath or paper towels. -Room 202, two residents, there were no bath or paper towels. -Room 201, two residents, there were no bath or paper towels. <p>Interview on 08/22/17 at 10:50 am with one resident in room 209 revealed:</p> <ul style="list-style-type: none"> -She never had towels in the bathroom. -She used her bathroom, but went to the resident's common bathroom to wash her hands because there were paper towels in that bathroom. <p>Interview on 08/22/17 at 10:42 am with one resident in room 206 revealed there were no paper towels or cloth towels in the bathroom.</p> <p>Based on observation on 08/22/17 and record review it was determined that both residents in room 204 were not interviewed.</p> <p>Interview on 08/22/17 at 11:10 am with one resident in room 202 revealed there were never towels in the bathroom.</p> <p>Based on observation on 08/22/17 and record review it was determined that the resident in room 202 was not interviewable.</p> <p>Interview on 08/23/17 at 10:40 am with the second shift Personal Care Aide (PCA) revealed:</p>			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

NOI PROVISIONAL PERMITS
REGISTRATION NUMBER

ASSISTIBLE CONSTRUCTION
A. BUILDING

ISSUE DATE
COMPLETED

08/25/2017

B. WAYS

08/25/2017

NAME OF FOLLOWER OR SUPPLY, ETC.

SHREVEPORT, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

101 GREENVIEW DRIVE
MOOREVILLE, NC 27028

DATE
PREFIX
RISK

ID
PREFIX
RISK

APPROPRIATE FOR CORRECTION
COMPLETION DATE SHOULD BE
CORRECTED TO THE APPROPRIATE
CEREBRALITY

COMPLETION
DATE

D 0201 Continued From page 5

D 0202

-Third kitchen staff were supposed to wash towels and put them in the bathrooms.
-Fourth kitchen staff were supposed to wash towels in the bathrooms.
-He did not put one towel per resident because he did not know each resident should have a towel.

Interview on 08/24/17 at 1:55 pm with the General Manager (GM) revealed:
-The common bathrooms had color towels.
-The resident rooms should have towels.

Interview on 08/23/17 at 10:53 pm with the staff working in the laundry room revealed:
-She worked 7:00 pm to 7:30 am.
-There were just not enough towels.
-She washed towels daily, but there was not one for each resident.

Based on observation and interviews there were only 15 towels for the 35 residents, there were not enough towels for each resident.

Interview on 08/23/17 at 10:30 pm with the housekeeper revealed:

-She worked at the facility for 14 years.
-Some days there were cloth hand towels in the bathroom, but most days there were no towels in the residents' bathrooms.
-There was never one towel per resident, but only hand towel was in the bathroom for all residents to use.

Interview on 08/23/17 at 10:40 with the Regional Care Aide revealed all towels, bath towels and washcloths were stored in the laundry room.

Interview on 08/23/17 at 12:38 with the Area Manager revealed:
-Resident Care Director (RCD) and the Office Manager revealed:

Division of Health Service Regulation
STATE # 0201

008

807411

84476627 Page # of 137

Division of Health Service Regulation

STATE OF VERMONT
DEPARTMENT OF HEALTH SERVICE REGULATION
DIVISION OF HEALTH SERVICE REGULATION

REGULATORY DIVISION
A. BUREAU

DATE SURVEY
COMPLETED
09/28/2017

NAME OF PROVIDER OR SERVICE: **HERITAGE OF CUMBER NOOK**
STREET ADDRESS, CITY, STATE, ZIP CODE
**78 CROFTVIEW DRIVE
MORRISVILLE, VT 05648**

THIS PAGE NO.	STANDARD STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATION OR LAW IDENTIFYING INFORMATION)	IS PARENT PAGE	REGULATORY DIVISION OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PROCESSED THROUGH THE APPROPRIATE OFFICE(S))	AND COMPLETE DATE
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D 080	Continued from page 8 -Shin was between the facility and not have enough towels. -The third shift staff were responsible for washing towels and ensuring towels were put in every bathroom used by a resident. -No one checked to ensure the third shift staff put towels in the bathroom.			
D 087	10A NCAC 19F-0306(b)(1) Housekeeping And Furnishings 10A NCAC 19F-0309 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid coil springs and an-see inventory on item mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if installed by a resident and permitted by the home. Each bed shall have the following: (A) atleast one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings, as needed. This Rule shall apply to new and existing facilities.	D 087		
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 13 of the facility's 33 residents had pillow, top and bottom sheets, and bedspreads clean and in good repair. The findings are:		As it relates to the items that were on the beds at time of Survey, there was no excuse as to why the beds did not have Fetal Sheets on the Beds. As noted earlier there was enough on hand for each bed to have such. I reiterated to staff these are to be on beds at all times. (Compliment 9/28/17)	

Division of Health Service Regulation

STATEMENT OF CERTIFICATES
AND PLAN OF CORRECTION

PHI PROVIDENCE HEALTH SERVICES
CERTIFICATION NUMBER

DOI BUILDING CONSTRUCTION
A. BUILDING

CRIMINAL SURVEY
COMPLETED

NAME OF PROVIDER OR OPERATOR

HAARNDORF

E. WINGS

08/28/2017

THE PREMISES OF CERTAIN ROOM

191 CRESTVIEW DRIVE
MOOREVILLE, NC 27028

STANDARD STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
RESOLUTION OR SOLUTION STRATEGY/INTERVENTION

13
398784

PROVIDER'S PLAN OF CORRECTION
GIVEN CERTIFICATE AFTER Satisfactory
DISSEMINATION OF PLAN OF CORRECTION

DATE
08/28/2017

D-087 Continued From Page 7

D-087

Observation on 8/22/17 between 10:30 am and 12:30 pm at the 109 bed revealer:
-Room 101 had two beds in the room, the first bed near the door had a bottom fitted sheet, no top sheet, a pillow in a pillow case, and a bedspread. The second bed had a bottom sheet, a top sheet, a pillow in a pillowcase, and a bedspread.
-Room 105 had two beds in the room, both beds had a fitted bottom sheet, no top sheet, a pillow in a pillow case, and a bedspread.
-Room 107 had 2 beds in the room, the first bed near the door had a fitted sheet, no top sheet, a pillow in a pillow case, and a bedspread. The second bed had a bottom sheet, a top sheet, a pillow in a pillowcase, and a bedspread.
Observation of room 212 at 10:12 am, revealed:
-Two residents resided in the room.
-Both beds had a mattress cover over the vinyl mattress, and a blanket covering the bed.
-There were no fitted or flat sheets on the beds.
-The resident in the bed by the window did not have a pillow.
Observation on 8/22/17 at 10:14 am revealed:
-The housekeeper brought the resident in the bed by the window a pillow.
-The pillow case had a hole larger than a quarter.
-The hole had frayed and shredded material that was loose and hanging.
Interview on 08/22/17 at 10:10 am with one resident residing in room 212 revealed:
-She had lived at the facility for several months.
-She had asked for a pillow over a week ago, but she did not get one until just now.
-The housekeeper came into the room and handed the resident a pillow.

We do not agree with finding. We never knowingly allow a resident to sleep on a bed with no pillow. There was an ample supply of pillows on hand. There is a history of a resident taking pillows off of beds in piling them up in the room.

Division of Health Service Regulation Division of Professional Practices AND BUREAU OF CONSTRUCTION		DATE: 08/26/2017	BY: DATE SURVEY COMPLETED: 08/26/2017
NAME OF PROVIDER OR SUPPLIER	HALSBROOK	LOCATION	DATE SURVEY COMPLETED
THE HERITAGE OF CEDAR ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE	PROVIDER'S STATE OF REGISTRATION	DATE SURVEY COMPLETED
	MOSCORNILLE, NC 27028 <td>NC</td> <td>08/26/2017</td>	NC	08/26/2017
DATE OF VISIT	PROVIDER'S STATE OF REGISTRATION	PROVIDER'S TYPE OF CONSTRUCTION	DATE SURVEY COMPLETED
08/26/2017	NC	PROVIDER'S TYPE OF CONSTRUCTION (EACH SUBSECTION ACTION SHOULD BE REFERENCED TO THE APPROPRIATE SECTION)	08/26/2017
DESCRIPTION OF WORK	PROVIDER'S TYPE OF CONSTRUCTION	PROVIDER'S TYPE OF CONSTRUCTION	DATE SURVEY COMPLETED
Continued from page B	REPAIRS	REPAIRS	08/26/2017
<p>The resident said that he just got a pillow because the pillow was in the room.</p> <p>The lady thinks that he had a bedspread on the bed.</p> <p>There was a mattress cover that was currently on the bed.</p> <p>There was a mattress cover, and a blanket.</p> <p>Observation of room 208 at 10:32 am revealed:</p> <ul style="list-style-type: none"> -Two residents resided in the room. -Both beds had one flat sheet, and a blanket. -There were no flat sheets. <p>Interview on 08/24/17 at 10:00 am with one resident in room 208 revealed:</p> <ul style="list-style-type: none"> -She lived at the facility for several years. -There was usually a flat sheet on the bed. -There was never a flat sheet on the beds. <p>Observation of room 204 at 10:40 am revealed:</p> <ul style="list-style-type: none"> -Two residents resided in the room. -There were a flat sheet and blanket on each bed. -There were no flat sheets on the beds. <p>Interview on 08/23/17 at 10:42 am with one resident in room 204 revealed the beds were made the same way with a flat sheet and blanket.</p> <p>Observation of room 204 at 10:44 am revealed:</p> <ul style="list-style-type: none"> -Two residents resided in the room. -Both beds in the room had flat sheets and blankets. -There were no flat sheets on the beds. <p>Based on observation on 08/23/17 and record review it was determined that both residents in room 204 were not interviewable.</p>			

Division of Health Service Regulation

STATEMENT OF SERVICES
AND PLACEMENT CONNECTIONS

THE HERITAGE OF CEDAR ROCK

181 CRESTVIEW DRIVE
MOOREVILLE, NC 27038

08/25/2017

NAME OF PROVIDER OR SUPPLIER	RALEIGH	DATE MULTIPLE CONSTRUCTION A. FILE DATE:	FILE DATE REPORT COMPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE	181 CRESTVIEW DRIVE MOOREVILLE, NC 27038		

STATE FACILITY TYPE	SNOWY MOUNTAIN OR DANBURY'S EACH PROVIDER MUST BE PRECEDED BY FULL REGISTRATION OR CERTIFICATION INFORMATION	IS PROVIDER TYPE	INDICATE PLAN OF CONNECTION AND CONNECTIONS TO BE MADE CROSS-REFERENCED TO THE APPROPRIATE IDENTIFIER	IS COMPLETE DATE
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D-087	Continued from page 8	D-087		
<p>Observation of room 202 at 10:55 am revealed:</p> <ul style="list-style-type: none"> -Two residents resided in the room. -The two beds had one fabric sheet each and a blanket. -There was no fabric sheet on the beds. <p>Interview on 08/22/17 at 11:10 am with one resident in room 202 revealed:</p> <ul style="list-style-type: none"> -Beds were always made the same. -What was observed on the bed is what was put on the bed everyday. <p>Based on observation on 08/22/17 and record review it was determined that the reported resident in room 202 was not interviewed.</p> <p>Observation on 8/23/17 at 12:30 pm of the laundry room revealed:</p> <ul style="list-style-type: none"> -There were 13 top sheets folded and on the shelf. -There were approximately 20 or 40 fitted white sheets on a shelf near the back wall of the laundry room. -There were 11 handkerchiefs on the top shelf, and above the washers/dryers there were multiple resident blankets. -There were 3 pillow cases on one of the shelves in the laundry room. -There were other items. <p>Interview on 8/23/17 at 1:40 pm with a Medication Aide (MA) revealed:</p> <ul style="list-style-type: none"> -The Personal Care Aide (PCA) removed the residents' sheets and took them to the laundry room for washing. -All staff, the PCAs, and housekeeping assist with the laundry on a daily basis. -The PAs made the residents' beds in the morning and as needed, if they got soiled. -The MA was not aware residents were interviewed. 				

Division of Health Service Regulation

SECTION OF SERVICES
TYPE OF OPERATION

001 Residential/Residential
Use/Residential/Other

130 MULTIPLE COMMERCIAL
A. BUILDING

002 DATE SURVEY
COMPLETED

04/20/2017

NAME OF PROVIDER OR SUPPLIER

THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CHESTNUT DRIVE
ARROWVILLE, NC 28028

DATE
FINDER
TAG

STANDARD STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
REFERENCE TO THE DEFICIENT INFORMATION

ID
NUMBER
TAG

PROVIDER'S PLAN OF CORRECTION
EACH CORRECTIVE ACTION SHOULD BE
CROSS REFERENCED TO THE APPROPRIATE
DEFICIENCY

DATE
CORRECTED
DATE

0 087

Continued from page 10
to have a top sheet and a bottom sheet on their
beds.

0 087

Observation on 02/17 between 11:00 am and
1:00 pm of the laundry cart in the hall reported
-A PCA was pushing the cart from room to room.
-The cart had 1 pillow, 2 top sheets, and 1
washcloth.

Interview on 02/17 at 1:00 with a PCA
revisited:

- All shifts were responsible for laundry which
included washing, drying, folding and distributing
clothes to the residents.
- The PCA would put one towel in a shared
resident's bathroom.
- When the residents do their own wash and
dried they were brought to the resident's room.
- She thought there were plenty of top sheets for
all the residents' beds.
- She was unsure where they all were. "They must
be in the washer or dryer."

0 088 10A NCQA 19F 0209(12) Housekeeping And
Furnishings

10A NCQA 19F 0209 Housekeeping And
Furnishings

(b) Each Bedroom shall have the following
furnishings in good repair and clean for each
resident:
1) 2 bedside type table
This Rule shall apply to new and existing
facilities.

0 088

This Rule is not read as evidenced by:
Based on observations and interviews, the facility
failed to provide bedside tables for 4 of 18
residents' rooms (Room #212, #208, #206, and

0 - Chief of Health Service Regulation
STATE FORM

MS

REV 11

8-2016 (Revised 04/17)

Division of Health Service Regulation

STATEMENT OF DEFENSE/WORKS
MANAGER OF CONSTRUCTION

010 PROJECT/SUPPLIER/REGULATORY
IDENTIFY CONTRACT NUMBER

101 CONTRACTOR/CONSTRUCTION
A. RETURN#

100 DATE SURVEY
COMPLETED

HAL000007

ISSUANCE

08/25/2017

NAME OF PROJECT OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CHESAPEAKE

101 CREEKVIEW DRIVE
MOCKSVILLE, NC 27051

OWNER
FIRM
TAG

NO
PREFIX
TAG

100 NUMBER, NAME OF CONNECTION
SEARCH CONNECTION ACTION SHOULD BE
SIGNED AND APPROVED TO THE APPROPRIATE
DISCRETION

100
REGULATORY
DATE

D 008 Continued from page 11

D 008

#204) as required.
The findings are:

Observation on 08/22/17 from 10:00 am to 11:45 am during the initial tour of the facility revealed the following rooms did not have a bed side table for each resident:
-Resident room 212, had two residents, there were no bedside tables by either residents.
-Resident room 209, had two residents, and one bedside table.
-Resident room 200, had two residents, and one bedside table.
-Resident room 204, had two residents, there were no bedside tables for either residents.

Current operator has owned this home since 2008. At no time thru any survey (Regulatory or Construction) has the matter concerning bedside tables ever been cited. You will note an copy of Furniture Order dated 7/17/17, that bedside tables are included on order. These were installed on 10/5/17.

Interview on 08/22/17 at 10:40 am with one resident that resided in room 212 revealed:
-He had lived at the facility for several months.
-There was never a highstand or bedside table in the room.

Interview on 08/24/17 at 10:50 am with one resident in room 208 revealed:
-She lived at the facility for several years.
-She had never had a table beside her bed.
-She would like to have a table near the head to sit a laptop on, when she gets the laptop.

Observation on 08/24/17 at 10:20 am with of a resident in room 208 revealed the nightstand was near the bathroom door and was not near either bed.

Interview on 08/24/17 at 1:55 pm with the facility Director revealed:
-She was aware that most resident rooms did not have chairs, lamps, pillows, and bedside tables, but this was never a problem before this survey.

Division of Health Service Regulation

PRINTED: 08/02/17
FORM REVERSED

STATEMENT OF PARTICIPANTS AND ROLE OF CONTRIBUTOR NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CLEMENS ROCK		(10) PHOTOGRAPHY PERMITTED IN PROVIDER'S FACILITY #A032007	(12) ALIENATE CONSTRUCTION A. SOLIDITY # 0000	(13) HOME SURVEY COMPLETED 08/23/2017
STREET ADDRESS, CITY, STATE, ZIP CODE 181 CHESTVIEW DRIVE ROCKSVILLE, NC 27088				
(14) VALID PERIOD AND (15) D DATE	(16) SUMMARY STATEMENT OF PARTICIPANTS EACH DEFENDANT MUST BE PRECEDED BY FULL IDENTIFIATOR OR LSC IDENTIFIER INFORMATION	(17) ID PREFIX TYPE	(18) PROVIDER'S PLAN OF CONSTRUCTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFENDANT	(19) DNO COMPLETE DATE
D 018 Confirmed From page 12 -The exterior walls in the footprint of the existing site building. -The plan was to purchase new furniture by December 2017. -There was no documented plan that showed specifically what furniture was going to be purchased in December.	D 088 10A NCAC 13F 0306(b)(9) Housekeeping And Furnishings 10A NCAC 13F 0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (4) a wall or dresser mirror that can be used by each resident; This rule shall apply to new and existing facilities.	D 088	As addressed earlier, at no time in any other State Survey has the term ever been cited. Again, the attached furniture order shows these items were ordered prior to Survey on 7/11/17. These items were installed on 10/8/17.	DNO COMPLETE DATE
This rule is not met as evidenced by: Based on observations and interview, the facility failed to furnish a wall or dresser mirror in 5 of 5 residents' rooms that could be used by each resident (rooms #102, #103, #105, #106, #107, #108, and #202). The findings are: Observation on 8/22/17 during the initial tour revealed room 102, 103, 105, 106, 107, 108, and 202 had no mirrors. Observation on 8/23/17 between 12:40 pm and 1:10 pm of the residents rooms located on the 100 hall revealed: -There were two residents in room 103; there were no mirrors. -There were two residents in room 105; there were no mirrors.				

Division of Health Service Regulation

STATEMENT OF INVESTIGATION
AND PLAN OF CORRECTIVE
ACTION

REGISTRATION NUMBER:
HELD-2007

REGISTRATION NUMBER:
A-1400000

ISSUE SUBMIT
COMPLETED
08/29/2017

NAME OF PROVIDER OR SERVICE: THE MEMBERSHIP OF CEDAR ROCK
 STREET ADDRESS, CITY, STATE, ZIP CODE: 191 CRESTVIEW DRIVE
 ROCKVILLE, NC 27088

Q. 0001	CONFIRMED FROM PAGE 13	Q. 0002	Q. 0003	Q. 0004	Q. 0005
<p>Q. 0001</p> <p>CONFIRMED FROM PAGE 13</p> <p>-There were two residents in room 102; there were no others.</p> <p>-There was one resident in room 103; there was no other.</p> <p>-There were two residents in room 104; there were no others.</p> <p>-There were two residents in room 107; there were no others.</p> <p>-There were two residents in room 202; there were no others.</p> <p>Interview on 08/22/17 at 12:45 pm and at 1:00 pm with these residents revealed:</p> <p>-There were never mirrors in the rooms; you must get the bathroom to use the mirror.</p> <p>-I never asked for a mirror in my room, I did not think we could have one.</p> <p>-I used the mirror on the wall in the bathroom located between our rooms in the morning to comb my hair.</p> <p>-It would be nice to have a mirror in my room.</p> <p>Interview on 08/22/17 at 1:10 pm with one resident in room 202 revealed:</p> <p>-He lived at the facility for more than one year.</p> <p>-There were never a mirror in the room.</p> <p>Based on observation on 08/22/17 and record review it was determined that the second resident in room 202 was not interviewable.</p> <p>Interview on 08/24/17 at 1:58 pm with the facility Director revealed:</p> <p>-She was aware that most residents come did not have mirrors, but this was never a problem before this survey.</p> <p>-The answer was in the process of remodeling the building.</p> <p>-The plan was to purchase new furniture by December 2017.</p>					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

2016 PROPOSED PERIOD IN IDENTIFICATION NUMBER

PAYING FACILITY CORRECTION NUMBER

953 DATE SURVEY COMPLETED

HA1028007

01/0001

08/22/2017

NAME OF PROVIDER OR SUPPLIER
 THE HERITAGE OF CEDAR ROCK
 STREET ADDRESS, CITY, STATE, ZIP CODE
 941 CRESTVIEW DRIVE
 ROCKVILLE, NC 27086

NO. OF DEFICIENCIES	STANDARD STATEMENT OF DEFICIENCIES (SECTION 18320) SHALL BE PRECEDED BY FULL FACILITY AND LSC IDENTIFYING INFORMATION	IS THIS DEFICIENCY A STATE-WIDE DEFICIENCY?	PROVIDER'S PLAN OF CORRECTION (SECTION 18320) SHOULD BE SPECIFIC REFERENCED TO THE APPROPRIATE DEFICIENCY	DATE COMPLETED
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D 000	Continued from page 14 -There was no documented plan that stated specifically what furniture was going to be purchased in December.			
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D 001	10A NCAC 13F .0306 Housekeeping And Furnishings (a) Each bedroom shall have the following furniture in good repair and clean for each resident: (1) a minimum of one comfortable chair (hooker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (2) additional chairs available, as needed, for use by visitors; (3) the beds shall comply to new and existing facilities.		Once again, this item has never been cited on any survey conducted by the State. It is impossible based on room layout to place two chairs in each room. Two chairs would create a safety risk for the residents. We will place one chair in each room. However, it will take us six weeks to get these chairs. Completed by (11/30/17)	
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This Rule is not met as evidenced by:
 Based on observations and interviews, the facility failed to assure 11 of 19 (#102, #103, #105, #106, #107, #201, #202, #204, #206, #208, #210, and #212) rooms occupied by two residents had at least 1 comfortable chair for each resident.
 The findings are:
 Observation on 08/22/17 at from 10:00 am to 11:45 am during the initial tour of the facility reviewed not-enough chairs for each resident residing in the facility as follows:
 -Resident room 212 had two residents, no chairs.
 -Resident room 210 had one resident, no chair.
 -Resident room 208 had two residents, no chairs.
 -Resident room 206 had two residents, no chairs.
 -Resident room 204 had two residents, no chairs.
 -Resident room 202 had two residents, no chairs.

Division of Health Service Regulation

STATEMENT OF SERVICE PROVIDER NAME OF PROVIDER OR FACILITY THE HERITAGE OF CERAR ROOM		001 PROVIDER'S PRACTICE IDENTIFICATION NUMBER HALDROOST	020 FACILITY'S CONSTRUCTION A. BUILDING B. WING	030 DATE IN WHICH COMPLETED 08/22/2011
NAME OF PROVIDER OR FACILITY THE HERITAGE OF CERAR ROOM		STREET ADDRESS, CITY, STATE, ZIP CODE 191 CHESTNUTVIEW DRIVE BROOKSVILLE, MD 21033		
040 PROVIDER'S TYPE	NUMBER OF STAFF OR RESIDENTS (BASED ON CURRENT USE AS SPECIFIED BY THE REGULATORY OR AN APPROVED PLAN OF OPERATION)	10 PROVIDER TYPE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
050 PROVIDER'S TYPE	060 PROVIDER'S TYPE	070 PROVIDER'S TYPE	080 PROVIDER'S TYPE	
0801 Continued from page 15 -Resident room 204, had two residents, no chairs. Interview on 08/22/11 at 10:10 am with one resident that resided in room 212 revealed: -The resident had never been in the room. -There had never been chairs in the room. -When the resident sat down, he had to sit on the bed or in the wheelchair. -He was able to walk and sit in other chairs. -If given a chair he would sit in the chair instead of on the bed. The resident in room 210 was out of a day program and not available for interview. Interview on 08/24/11 at 10:30 am with one resident in room 205 revealed: -She lived at the facility for several years. -There had never been a chair in the room. -The only chair she had to sit was on the bed. -She would like to have a chair so that she did not have to sit on the bed. Interview on 08/22/11 at 10:42 am with one resident in room 209 revealed: -He used a wheelchair and was unable to sit in a regular chair. -It would be nice to have an extra chair for visitors. Based on observation on 08/22/11 and record review it was determined that both residents in room 204 were not interviewed. Interview on 08/22/11 at 11:30 am with one resident in room 205 revealed: -The resident did not recall any chairs in the year she was in a wheelchair, but there had never been other chairs in the room.	090 PROVIDER'S TYPE	100 PROVIDER'S TYPE	110 PROVIDER'S TYPE	120 PROVIDER'S TYPE

PRINTED CONTINUITY
FORM APPROVED

Division of Health Service Regulation

REGISTRATION OF OPERATORS
AND PLAN OF CONSTRUCTION

100 PERCENT COMPLETION
IDENTIFICATION NUMBER

PERMITS
CONTRACT
0000000000

NAME OF PROPOSED CONSTRUCTION
MALDEN

STREET ADDRESS ONLY, CITY, STATE, ZIP CODE
191 GREYSTONE DRIVE
ROCKVILLE, NC 27080

DATE OF PERMIT
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Division of Health Service Regulation

FORM 48-020217
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

000 DEPARTMENT OF HEALTH SERVICE REGULATION
10000 NORTH HUNTERS

441 BUREAU CONSTRUCTION
A. BUILDING

REGULATORY DIVISION
COMMUNITY

HALDOROCK

R. W. H. G.

08/23/2017

NAME OF PROVIDER OR APPLICANT

STREET ADDRESS, CITY, STATE, ZIP CODE

THE STRATEGIST OF CEMETARY ROCK

431 CHRISTINE DRIVE
MIDDLETOWN, NC 27028

DEFICIT NUMBER

DEFICIT STATEMENT OF DEFICIENCIES
EACH DEFICIT MUST BE PRECEDED BY THE
REGULATORY DIVISION IDENTIFICATION

DEFICIT NUMBER

PROVIDER'S PLAN OF CORRECTIVE
ACTION
EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIT(S)

DATE
COMPLETION
DATE

O-051 Continued From page 17

O-051

December 2017
There were toilet stains in the activity room.
She could have them to put in the residents' rooms.

O-052 10A NCAC 13F 0306(d)(7) Housekeeping And
Furnishings

O-052

10A NCAC 13F 0305 Housekeeping And
Furnishings
(6) Each bathroom shall have the following
furnishings in good repair and clean for each
resident:
(7) Individual clean towel, wash cloth and towel
bar in the bathroom or an adjoining bathroom; and
This Rule shall apply to new and existing
facilities.

Home had ample supply of these
Items on hand. They have not been
placed in rooms due to theft &
repeated occasions of residents
stepping up toilets with them. This
was corrected by 10/13/17.

This Rule is not met as evidenced by:
Based on observation and interview the facility
failed to ensure that each bathroom assigned to a
resident's room had one clean towel for each
resident for 12 of 17 rooms (#103, #104, #105,
#106, #107, #108, #201, #202, #204, #206, #208,
#210).

The findings are:
Observation on 08/23/17 at 10:54 AM per reviewed
the facility had a census of 35 residents. Most
resident rooms had adjoining bathrooms, some
bathrooms were shared with two or four
residents, and/or per as follows:

- Room 210, at 10:24 AM, two resident rooms
- Residents in the room.
- There were no towels in the bathroom.
- Room 208, at 10:58 AM, reviewed two residents
resided in the room.

Division of Health Service Regulation

REGISTRATION OF SERVICES
SCHEDULE OF OPERATIONS

(X) PROFESSIONAL/CLINICAL
CORRECTION NUMBER:

(X) BULK/RE COURSE/REGISTRATION
A. BUILDING:

REG. NO. & SURVEY
COMPLETION:

NAME OF PROVIDER OR COMPANY
MAGNOLIA

REG. NO.:

08/22/17

THE HERITAGE OF CEDAR ROCK
181 CRESTVIEW DRIVE
ROCKWELL, NC 27858

OSHA PREM NO.	SUMMARY REPORT OF DEFICIENCIES (EACH DEFICIENCY NUMBER MUST BE PRECEDED BY FULL REGISTRATION OR COURSE IDENTIFYING INFORMATION)	IN PROG TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ORDERED REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE CORRECTIVE ACTION COMPLETED
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0092	Continued from page 10 -The bathroom was shared by four residents. -Toile were no towels in the bathroom. -Room 205, at 10:40 am, revealed two residents resided in the room. -There were no towels in the bathroom. -Room 204, at 10:44 am, revealed two residents resided in the room. -There were no towels in the bathroom. -Room 202, at 10:50 am revealed two residents resided in the room. -There were no towels in the bathroom. -Room 201, at 11:20 am, revealed two residents resided in the room. -There were no towels in the bathroom for residents to use after washing their hands. The resident in room 210 was not at a day program and not available for interview. Interview on 08/24/17 at 10:50 am with one resident in room 208 revealed: -She lived at the facility for several years. -She used her bathroom, but went to the resident's common shower to wash her hands because there was paper towels in that bathroom to dry her hands. -She would have to have towels in her bathroom, so that she could wash and dry her hands in her bathroom. Interview on 08/22/17 at 10:42 am with one resident in room 206 revealed: -There were never towels in the bathroom. Based on observation on 08/22/17 and record review it was determined that both residents in room 204 were not identifiable. Interview on 08/23/17 at 11:10 am with one resident in room 202 revealed:	0 092			08/22/17
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

001 FACILITY/REGISTRATION IDENTIFICATION NUMBER

002 MULTIPLE CONSTRUCTION A. BUILDING

003 DATE SURVEY COMPLETED

HALLOWAY

B. WING

08/28/2017

NAME OF PROPOSED OR EXISTING

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CHESAPE ROCK

181 DORSETTVIEW DRIVE
MICHAVILLE, NC 27028

ISSUE NUMBER

REGULATORY DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC AGENCY IDENTIFICATION

ID PREFIX FMS

PROVIDER/PAID/NOT COLLECTION (DD/CC/PP/RENT/ACT/INS/SP/OLD/CR/OS/RE/REN/ED/OT/HS/APP/RO/NO/RS/DR/IN/CK/MS)

ISSUE COMPLETE DATE

0 082 Continued From Page 10

D 082

-He fixed at the facility for more than one year.
-The girls staff assistance in the bathroom, but there were never towels dry hands after washing them.

Based on observation on 08/23/17 and second review it was determined that the second resident in room 212 was not interviewable.

Observation on 08/23/17 at 12:30 pm of the laundry room revealed there was one bath towel folded on the top of the stor.

Observation on 08/23/17 of the shower room located on the 100 hall revealed that there were two bath towels folded on the shelf in the shower room with a resident's clothes lying on top of the towels.

Observation on 08/23/17 between 12:40 pm and 1:10 pm of the residents rooms located on the 100 hall revealed:

- There were two residents in room 103, there was one bath towel hanging on the bedroom door.
- There was one bath towel in room 104, hanging on the bathroom door.
- There were two residents in room 106, there were no bath towels in the room.
- There was one resident in room 106, there were no bath towels in the room or shower bathroom.
- There were two residents in room 108, there were no bath towels in the room or in the shared bathroom.
- There were two residents in room 107, there were no bath towels in the room.

Observation on 08/23/17 at 1:20 pm of the laundry room revealed there were four bath towels folded on the shelf in the laundry room.

Division of Health Service Regulation
STATE FORM 640

640

4027V16

Construction Rule 20 of 137

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DVA FIVEPERS/SP/EN/COM IDENTIFICATION NUMBER	HCA MULTIPLE COMPLIANCE A. VIOLATION	HSA DATE/NUMBER COMPLIANCE
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
THE HERITAGE OF CEDAR ROCK		181 CHESTNUT ORINE MOCKVILLE, MO 27026	
DATE OF PREVIOUS DEFICIENCY	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DATE OF PREVIOUS DEFICIENCY	DATE OF PREVIOUS DEFICIENCY
D 992	Continued From page 20	D 992	
DATE OF PREVIOUS DEFICIENCY	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DATE OF PREVIOUS DEFICIENCY	DATE OF PREVIOUS DEFICIENCY
D 992	Continued From page 20	D 992	
DATE OF PREVIOUS DEFICIENCY	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DATE OF PREVIOUS DEFICIENCY	DATE OF PREVIOUS DEFICIENCY
D 992	Continued From page 20	D 992	

Division of Health Service Regulation

STATEMENT OF DEFENDERS
AND PLAN OF CORRECTION

PLI APPROVED BY: JEROME
DEFENDERS: ANDREW HARRIS

USO MATTHEW S. COOPER, JR.
% BALDWIN

DATE DUE: 08/28/2017

NAME OF PROVIDER OR SUPPLIER

HAI 03902

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEBRA ROCK

181 CHESTNUT DRIVE
MOCHSVILLE, NC 27028

PLAN NO. PREFIX TAG

PLAN NO. PREFIX TAG

NUMBER PLAN OF CORRECTION
DUE TO BE COMPLETED TO THE APPROVING
DEFENDERS

DATE
DATE

D 0921 Continued From Page 21

D 0921

Interview on 08/23/17 at 12:38 pm. The first shift Resident Care Director (RCO) and the Chief Manager:

- She was unaware the facility did not have enough towels.
- The third shift staff were responsible for washing towels, and expired towels were put in every bathroom used by a resident.
- No one checked to ensure the third shift staff towels in the bathroom.

Interview on 08/23/17 at 10:30 pm with the housekeeper resident:

- She worked at the facility for 14 years.
- Some days there were cloth hand towels in the bathroom, but most days there were no towels in the residents' bathrooms.
- Also, there was never one towel per resident, but one hand towel was in the bathroom for all residents to use.

D 0921 10A NCCAC 137.0306(b)(2)(i) Housekeeping And Furnishings

D 0921

10A NCCAC 137.0306 Housekeeping And Furnishings

(9) Each bedroom shall have the following furnishings in good repair and clean for each resident:

(9) a light switchhead at head with a switch within reach of person lying in bed or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.

The Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:
Based on observation and interview, the facility

Division of Health Service Regulation

STATEMENT OF REPRESENTATIVE
AND PLAN OR AMENDMENT

INSURANCE POLICY NUMBER
IDENTIFICATION NUMBER

REG. DATE
EXPIRES

NAME OF PROVIDER OR SUPPLIER

C. WANG

09/20/2017

THE HERITAGE OF CEDAR ROCK

191 CRESTVIEW DRIVE
MOCKSVILLE, NC 27028

DATE OF STATEMENT OF REPRESENTATIVE
AND PLAN OR AMENDMENT

DATE OF STATEMENT OF REPRESENTATIVE
AND PLAN OR AMENDMENT

DATE OF STATEMENT OF REPRESENTATIVE
AND PLAN OR AMENDMENT

D 003 Continued from page 22

failed to provide each bedroom with a light overhead of bed with a switch within reach of person lying in bed for 27 of 33 residents. The findings are:

- Room 217, two residents resided in the room, no lamps were in the room.
- The only light available for the residents was the ceiling light that was only accessible by the switch on the wall by the door.
- The residents would not be able to reach the light switch when lying in the bed.
- Room 210, one resident resided in the room, no lamp was in the room.
- The ceiling light was operable with the switch on the wall by the door.
- The residents would not be able to access the light switch when lying in the bed.
- Room 208, two residents resided in the room, one lamp was sitting on top of a chest of drawers that was not accessible to the residents when lying in the bed.
- Room 203, two residents resided in the room, no lamps were in the room.
- Room 204, two residents resided in the room, there was one lamp but it not accessible to the residents when lying in the bed.
- Room 202, two residents resided in the room, no lamps were in the room.
- There was a light in the ceiling only accessible by the switch on the wall.
- The switch was not accessible by residents when in the bed.
- Room 201, two residents resided in the room, no

D 051

Once again, in nine years of surveys this has never been cited. Had this been a rule at the time Home was originally licensed, (prior to current ownership) home would have had to have switches in place that are referred to in this finding.
Not having lamps in the rooms is as much of a safety issue, as anything else. However, we will agree to install lamps at each bedside table.
This will be completed by 11/30/17

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPERVISOR THE HERITAGE OF PEGASUS ROCK	OSR REVIEWER/UPPER/PA/ROLLA OSR IDENTIFICATION NUMBER NA1403097	PROVIDER/CONSTRUCTION A. BUILDING E. WING	OSR DATE START/COMPLETED 08/25/2017
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STREET ADDRESS, CITY, STATE, ZIP CODE
**181 GREENVIEW DRIVE
ROCKSWILLE, NC 27028**

OSR ID	OSR TYPE	OSR DESCRIPTION	OSR STATUS	OSR DATE START/COMPLETED
00591	Continued From page 23	<p>lamps were in the room.</p> <ul style="list-style-type: none"> -There was a ceiling light but it was only accessible by the light switch near the door. -There were no lamps that were accessible to the residents who's in bed. <p>Interview on 08/22/17 at 10:10 am with one resident that resided in room 212 revealed:</p> <ul style="list-style-type: none"> -He had lived at the facility for several months. -There had never been a lamp in the room. -If he wanted to get the bed to go over the switch on the wall. <p>The resident in room 243 was out of a day program and not available for interview.</p> <p>Interview on 08/22/17 at 10:58 am with one resident in room 205 revealed:</p> <ul style="list-style-type: none"> -She lived at the facility for several years. -There had never been a lamp in her room. -She stated that she had a lamp near her bed to turn on when it was dark. -There was a ceiling light, but the switch for the ceiling light was on the wall by the door. -It was more than 10 feet from her bed and in the dark she was unable to get to the light switch. <p>Interview on 08/22/17 at 10:42 am with one resident in room 208 revealed:</p> <ul style="list-style-type: none"> -He used a wheelchair and required staff assistance when getting up. -There was a light in the ceiling, but it was only accessible from the light switch on the wall near the door. -A lamp near the bed could pass by the a good area. <p>Based on observations on 08/22/17 and record review it was determined that both residents in room 204 were not interviewable.</p>	D 0833	

Division of Health Service Regulation

STATEMENT OF DEFENSES AND PLAN OF CORRECTION

123 MULTIPLE CORRECTION & REVISIONS

40% DATE SUBMITTED 08/22/2013

0741 HEALTH SERVICE REGULATION

3. WORK

6

POWER PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERALD OF CEDAR ROCK

141 CRESTVIEW DRIVE
MOCKSVILLE, NC 27058

NAME AND ADDRESS OF DEFENDERS
DEFENDERS MUST BE PROVIDED BY THE REGULATORY SERVICE PROVIDER INFORMATION

PROVIDER'S POWER CONNECTION
APPLICABLE TO THE APPROVED DEFENSIVE

CASE NUMBER

D-093

D-093

Continued from page 24

Interview on 08/22/17 at 11:10 am with one resident in room 202 revealed.

- The layout of the facility for more than one year.
- There had never been a lamp in the room accessible to him.
- He requested staff assistance to get out of the bed.
- When it was dark, it was dark, he was unable to reach the light switch by the door.

Based on observation on 08/22/17 and record review it was determined that the resident in room 202 was not interviewed.

Observation on 8/23/17 between 12:40 pm and 1:10 pm of the resident's routes on the 100 hall revealed.

- The only light available for the residents was the ceiling light that was only accessible by the station on the wall by the door.
- Room 212, two residents resided in the room, no lamps were in the room.
- The only light available for the residents was the ceiling light that was only accessible by the switch on the wall by the door.
- The residents would not be able to reach the light switch when lying in the bed.
- Room 101, there were two beds in the room, no lamp were in the room.
- Room 102, two residents resided in the room, no lamps were in the room.
- Room 103, two residents resided in the room, no lamps were in the room.
- Room 105, two residents resided in the room, no lamps were in the room.
- Room 108, one resident resided in the room, no lamp was in the room.
- Room 107, two residents resided in the room, no lamps were in the room.

Division of Health Service Regulation

STATEMENT OF WORKS
AND FLOOR CONSTRUCTION

KIN PROCEEDING/PERIOLA
RECREATION CENTER

620 MULTIPLE CONSTRUCTION
A. N. D. D. D.

PAID BY BARBER
CONTRACTOR

HAL000007

E. W. N. G.

08/22/2017

NAME OF PROVIDER OR SUPPLIER

FREE ADDRESS: CHS 209A, 20 COBE
191 CRESTVIEW DRIVE
MADISONVILLE, MS 37028

THE HERITAGE OF GEAR ROCK

OSID PREFIX TAG

U2 PREFIX TAGS

PROVIDER'S NAME OF ORGANIZATION
EACH COMPONENT AFTER SHOULD BE
CHECKED AND ENTERED TO THE WORK ORDER
CORRECTLY

DATE THE
DATE

D 023 Continued from page 26

D 093

-Room 109, two residents notified in the room, no
lights were in the room.
-There was a ceiling light in all the rooms, but it
was only accessible by the light switch near the
door.
-There were no lamps that were accessible to the
residents when in bed.
-The ceiling light was operable with the switch on
the wall by the door.

Interview on 08/23/17 at 12:45 pm and at 3:00 pm
with three residents revealed:
-I have a lamp my family bought for me, I keep it
on all night in my room.
-I have to get out of the bed to turn the light on
by the switch on the wall near the door.
-I did not know we could have a lamp in our
room.
-Someone we leave the bathroom light on at
night, and close the door halfway."

Interview on 08/24/17 at 1:50 pm with the facility
Director revealed:
-She was aware that most resident rooms did not
have lamps, but this was never a problem before
this survey.
-The error was in the process of remodeling the
building.
-The plan was to purchase new furniture by
December 2017.
-Lamps would be purchased for each resident

D 108 10A NCAC 131.0404 (2) Qualifications Of Activity
Director

D 125

10A NCAC 131.0404 Qualifications Of Activity
Director
(2) The activity director hired on or after July 1,

Division of Health Service Regulation

DIVISION OF HEALTH SERVICE REGULATION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		024 FACILITY/PROGRAM NUMBER 0201200001	020 MATERIAL DESCRIPTION A. BUILDING B. RENS C.	020 DATE SURVEY COMPLETED 08/25/2017
NAME OF HOMELESS OR ELDERLY THE HERITAGE OF CEDAR ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE 491 CHRISTIANITY DRIVE MIDDLEVILLE, NC 27856		
NAME PREFIX SUFFIX 020	PRIMARY STATEMENT OF DEFICIENCY EACH DEFICIENCY MUST BE PRECEDED BY FULL IDENTIFYING PREFIX IDENTIFYING INFORMATION	ID PREFIX TAIL 020	PURPOSES PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DIRECTED TO THE APPROPRIATE DEFICIENCY	
020	2005 shall have completed or complete within three months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on institutional hours and content. A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professionals meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005.	020	THIS WILL BE CORRECTED BY 12/31/17. A NEW AD IS GOING TO BE PUT IN PLACE AND COMPLETE DEPT. APPROVED ONLINE CLASSES FOR THIS. THERE IS NO COMMUNITY COLLEGE AVAILABLE TO TAKE THESE CLASSES BEFORE JANUARY 2018. AD THAT WAS IN PLACE AT THE TIME OF SURVEY, WAS HIRED PRIOR TO CURRENT OWNERSHIP & IT WAS MISSED THAT SHE WAS NOT PROPERLY QUALIFIED.	
020	Continued from page 26 This rule is not met as evidenced by: Based on observations, interview, and record review, the facility failed to ensure the designated person for Activity Director had completed the basic course for assisted living Activity Director within 3 months of employment. The findings are: Observations of Staff F reviewed the following: -On 08/22/17 at 9:50 am Staff F was working at the facility assisting the Assistant Director with paperwork. -On 08/24/17 at 2:30 pm Staff F was in the dining room doing coloring activities with residents. Record review of Staff F's personnel record revealed: -Staff F had a hire date of 12/20/16 as the Activity Director. -Staff F had a job description of her Activity Director. -Staff F had no documentation of completion of the activity director training within 3 months employed as	020		

Division of Health Services Regulation

PRINTED: 08/20/2017
FORM APPROVED

DIVISION OF HEALTH SERVICES REGULATION STATEMENT OF CERTIFICATION AND PLAN OF CORRECTION		(41) PROGRAM IDENTIFICATION IDENTIFICATION NUMBER HA1000007	(42) RECEIVING COMPLETION A NUMBER:	(43) DATE SIGNED 08/29/2017
NAME OF PROVIDER OR SUPPLIER THE HERMAGE OF GEAR ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE 141 CURETOWN DRIVE ROCKWELL, MD 27078		
(44) ID NUMBER 895	(45) NUMBER OF DEFICIENCIES (46) NUMBER OF DEFICIENCIES REQUIRING PLAN OF CORRECTION	(47) ID NUMBER 175	(48) DEFICIENCIES AND PLAN OF CORRECTION (49) DEFICIENCIES AND PLAN OF CORRECTION (50) DEFICIENCIES AND PLAN OF CORRECTION	
(51) CONTINUED FROM PAGE 27 895 Activity Director	(52) ID NUMBER 129	(53) DEFICIENCIES AND PLAN OF CORRECTION (54) DEFICIENCIES AND PLAN OF CORRECTION (55) DEFICIENCIES AND PLAN OF CORRECTION		
(56) ID NUMBER 130	(57) ID NUMBER 138	(58) DEFICIENCIES AND PLAN OF CORRECTION (59) DEFICIENCIES AND PLAN OF CORRECTION (60) DEFICIENCIES AND PLAN OF CORRECTION		

STATEMENT OF CERTIFICATION AND PLAN OF CORRECTION
 STATE FORM 10-100 (1-15-17)
 DIVISION OF HEALTH SERVICES REGULATION

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

001 PROVIDENCE/ALABAMA
IDENTIFICATION NUMBER

NO MULTIPLE COMPLETION
A. BRANCH

NO DATE WHEN
COMPLETED

HA140007

B. WARD

08/22/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

101 CRESTVIEW DRIVE
MOCKSVILLE, NC 27066

DEFICIT
PREFIX
TAG

STANDARD STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR STATEMENT AND IDENTIFICATION

NO
PREFIX
TAG

PROVIDER'S PLACE OF CORRECTION
EACH CORRECTION MUST BE PRECEDED BY
DEFICIT IDENTIFICATION AND IDENTIFICATION

NO
PREFIX
DATE

D 1381 Continued from page 28

D 1381

Based on observations, interviews, and review of personnel files, the facility failed to assure 7 of 8 sampled staff (Staff E) had a criminal background check upon hire.

The findings are:

Review of Staff E's personnel record revealed:
-Staff E was hired on 03/03/16 as a Personal Care Aide (PCA).

-There was a consent to complete a criminal record check in the record.

-There was no documentation of a criminal background check had been completed in Staff E's personnel record.

Observation on 08/22/17 between 10:00 am and 11:45 am revealed Staff E was providing personal care to the resident which included bathing and shaving.

Staff E was not available for interview.

Continued interview with former resident of the facility revealed:

-Staff E was giving her a shower and Staff E put shaving cream in "my mouth."

-The resident slipped her (Staff E) in the face.

-Staff E then stopped the resident back in the face.

Telephone interview with Law Enforcement on 08/22/17 at 2:05 pm revealed the investigator had reviewed criminal records for Staff E for assault on a handicapped person.

Interview with the Facility Director on 08/22/17 at 1:30 pm revealed:
-Staff E's duties and responsibilities included personal care to the residents.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

679 PROVIDER/REGULATED ENTITY IDENTIFICATION NUMBER

141131007

REGULATED ENTITY IDENTIFICATION NUMBER

DATE SURVEY COMPLETED
08/26/2017

NAME OF PROVIDER OR SURVEYOR

THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CHESTNUT DRIVE
HOCKESSVILLE, MS 38928

NAME OF PROVIDER OR SURVEYOR
SQUADRY STATEMENT OF DEFICIENCIES WHICH REQUIRE ACTION BE TAKEN BY ALL REGULATORY OFFICE IDENTIFYING INFORMATION

ID PREFIX TAG
169

DATE COMPLETE
08/26/2017

D 139

D 139

Continued From page 29
-The Assistant Director was responsible for obtaining criminal background checks for new staff members.
-She was aware Staff E had assaulted a female resident at the facility.
-She was unable to provide a copy of the criminal background check for Staff E.
-She had not completed a background check on Staff B prior to hire.

Based on observations, interviews, and review of personnel files, the facility failed to ensure Staff E had a criminal background check prior to hire. Staff E had an allegation of assault on a female resident while working at the facility and continued to work at the facility as of 8/22/2017. All residents' safety and welfare were at risk and detrimental, and this constitutes a Type B violation.

The Plan of Correction provided by the facility on 8/24/17 revealed:
-Criminal background checks will be completed and placed in employees file prior to hire.
-All filing for new hires will be completed on 8/25/17.
-The Director will monitor all new hire documents prior to start date and ensure they are placed in the file prior to employment.

CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 10, 2017.

THE POP SHOULD NOT HAVE BEEN ANSWERED IN THIS MANNER. POLICIES HAVE ALWAYS BEEN IN PLACE TO PREVENT THIS FROM HAPPENING. COMPLETED 10/17

D 190

D 190

10A NCAC 13F 0501 Personnel Care Training and Competency

10A NCAC 13F 0804 Personal Care Training

Division of Health Service Regulation

STATEMENT OF EXPERIENCES AND PLAN OF CORRECTION

022 MEDICAL CONSTRUCTION A. BUILDING

020 DATE UPDATES COMPLETED

001 FACILITY/DEPARTMENT/INSTITUTION IDENTIFICATION NUMBER

B. YEAR

08/20/2017

NAME OF PROVIDER OR BUSINESS

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CHERAM REGION

141 CROSSLIN DRIVE

MOONSVILLE, NC 27038

DATE OF PERFORMED BY

REGULATORY PLAN OF CORRECTION (REQUIRED FOR ALL CORRECTIVE ACTIONS)

DATE

D 1501

D 150

Area of Competency

(a) An adult care home shall assure that staff who provide or directly supervise staff who provide personal care to residents successfully complete an 80-hour personal care training and competency evaluation program established by the Department. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. Copies of the 80-hour training and competency evaluation program are available at the cost of printing and handling by contacting the Director of Facility Services, Adult Care Licensure Section, 2706 East Service Center, Raleigh, NC 27699-2706.

(b) The facility shall ensure that training specified in paragraph (a) of this Rule is successfully completed within six months after being hired after September 1, 2003. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review.

THIS STAFF MEMBER HAS BEEN TERMINATED. THERE ARE SEVERAL SAFEGUARDS WE ALREADY HAVE IN PLACE TO PREVENT THIS. THEY WERE NOT PROPERLY FOLLOWED. COMPLETED 08/20/17 (COPIES OF SAFEGUARDS ARE ATTACHED)

This Rule is not met as evidenced by:
Based on interviews with recent reviews, the facility failed to assure 1 of 6 safeguard staff (Staff E) successfully completed an 80-hour Personal Care Training and Competency Evaluation program within six months of hire.

The findings are:

Review of Staff E's personnel record revealed:
-Staff E was hired on 08/03/16 as a Personal Care Aide (PCA).
-There was no documentation Staff E has completed the 80-hour personal care training and competency evaluation program.
-There was no documentation of successful

YANN PIERCE MANAGEMENT

Checklist for Employee File

UPON HIRE:

- Application _____
- Job Description _____
- Employee Handbook _____
- Bill of Rights _____
- Confidentiality Agreement _____
- Confidentiality Policy _____
- Fire and Disaster Plan _____
- Illegal Drug Policy _____
- Residence Leaving Property Policy _____
- Tobacco Policy _____
- Behavioral and Wandering Policy _____
- Restrain Policy _____
- Sexual Activity Policy _____
- Wandering Resident Policy _____
- Hep. B consent/declination _____
- OSHA Training: BOP/Hazcom/Back Injury/Eye Wash _____
- Reasons for Termination _____
- Documentation/accidents/incidents _____
- SBI Check _____
- State Withholding NC-4 _____
- Federal Withholding 1-9 _____
- Copies of ID and SS card _____
- New Hire Reporting _____
- Payroll Profile _____
- Registry Check (all positions) _____
- CMA / POA Prod of Training _____ Home _____ RN _____
- Diabetic / Insulin (Med Tech) _____
- Test for Kitchen Staff _____
- Z Step PPD _____ Date _____ Date _____

To be initialed and stamped upon hire, 1st PPD within 7 days of employment, 2nd PPD within 3 weeks

Signature _____

Date _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

UNIT PROVIDER/OPERATOR/RESIDENT IDENTIFICATION NUMBER:

(K) MULTIPLE COMPLAINTS
A. BILL NUMBER:

DATE STATE COMPLAINTS COMPLETED

NAME OF PROVIDER OR SUPPLIER
HPL033007

D. VINC

08/22/2017

STREET ADDRESS, CITY, STATE, ZIP CODE
291 CRESTVIEW DRIVE
MOCKVILLE, NC 27055

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF SEBASTIAN

ADDRESS IN A CORRECTIONAL INSTITUTION
FACILITY IDENTIFICATION NUMBER

DATE CORRECTIVE ACTION COMPLETED

LHA ID NUMBER AND PLAN OF CORRECTION	DEFICIENCY	CORRECTIVE ACTION
D 150	<p>Continued from page 31</p> <p>completion of the Nursing Assistant (NA) training.</p> <p>Review of facility employee schedules revealed:</p> <ul style="list-style-type: none"> -Staff E was on the employee schedule 10 days of 31 days in July 2017. -Staff E was on the employee schedule 14 days of 23 days in August 2017. <p>Observation on 08/23/17 between 10:00 am and 11:45 am revealed Staff E was providing personal care to the residents which included bathing and showering.</p> <p>Staff E was not available for interview.</p> <p>Interview with the Facility Director on 08/24/17 at 1:30 pm revealed:</p> <ul style="list-style-type: none"> -Staff E obtained NA certification in another state. She was not able to provide documentation Staff E had completed the NA training. -Staff E was hired on 03/09/18, she was not able to provide documentation Staff E had completed the 80 hour Personal Care training. -She was aware Staff E was providing personal care to residents in the facility. -She was responsible for hiring new employees. She was responsible to ensure all required training and the completion of employees files. 	D 150
D 227	<p>10A NCAC 13F 0702 (d) Discharge Of Residents</p> <p>10A NCAC 13F 0702 Discharge Of Residents</p> <p>(c) The notice of discharge and appeal rights as required in Paragraph (e) of the Rule shall be made by the facility at least 30 days before the resident is discharged except that notices may be made as soon as practicable when:</p> <p>(1) the resident's health or safety is endangered</p>	D 227

Division of Health Services Assessment STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			
NAME OF PROVIDER OR SUPPLIER THIS REFERENCE TO CEDAR ROCK	REGISTRATION NUMBER HAL013097	LOCATION A. BUILDING	REGISTRATION NUMBER 08750917
FACILITY ADDRESS, CITY, STATE, ZIP CODE 181 CHESTNUT DRIVE MOCKERSVILLE, NC 27026		B. WING	REGISTRATION NUMBER C
0040 ID PREFIX TAG SUNSHINE CENTER OF SERVICES 4340 CEDARWAY BLVD SW HUNTSVILLE, AL 35894	ID PREFIX TAG D 227	PROVIDER'S PLACE OF CORRECTION (LEGAL CORRECTION CENTER SHOULD BE CHECKED, REFERENCED TO THE APPROPRIATE DEPARTMENT)	REGISTRATION NUMBER 08750917
<p>D 227 Continued From page 32</p> <p>#11 The resident's urgent medical needs cannot be met in the facility under Subparagraph (b)(1) of this Rule, or</p> <p>(2) reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist.</p> <p>This Rule is not met as evidenced by: Based on interviews and records reviews the facility failed to ensure proper discharge of 1 of 1 resident (Resident #3) stippled with documentation of notification of discharge or the right to appeal notice.</p> <p>The findings are:</p> <p>The county DSS received a complaint from another county agency on 07/11/17, alleging that Resident #3 was abused by a staff member.</p> <p>Review of facility's incident reports revealed: -On 06/24/17 (no date documented) an incident involving Resident #3 being hit by Staff E.</p> <p>Review of Resident #3 Resident Register which was not dated revealed: -She was admitted to the facility on 05/15/16. -She was her own guardian.</p> <p>Review of Resident #3's current FL-2 dated 04/26/17 revealed: -The resident's diagnoses included mood disorder and dementia without behavior disturbance. -The resident was intentionally assaulted.</p> <p>Review of Resident #3's record on 08/22/17 revealed there was no written notice of discharge or right to appeal in the record.</p> <p>Interview with Resident #3 on 07/12/17 at 2:15</p>			
<p>DO NOT AGREE WITH THIS FINDING BASED ON SURVEY'S NOTES HERE. WE FEEL WE DISCHARGED HER WITH HER CONSENT.</p>			

PRINTED ORIGINALLY
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENT
AVAILMENT OF CORRECTION

STATEMENT OF DEFICIENT
AVAILMENT OF CORRECTION

DATE CASE
COMPLETED
8/25/2017

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CEDAR ROCK
191 CEDARVIEW DRIVE
MOCKSVILLE, MO 64001

STATEMENT OF DEFICIENT
AVAILMENT OF CORRECTION
STATEMENT OF DEFICIENT
AVAILMENT OF CORRECTION

DATE OF
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Division of Health Service Regulation
STATE PD 654

8/25/2017

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Division of Health Service Regulation

PRINTED: 09/20/2017
 13:46:44 PM EDT

STATEMENT OF DEFICIENCIES APPLYING TO CORRECTION	CEN PROVISIONS UNDER § 58B1 PROVISIONS	CEN RULES UNDER § 58B1 PROVISIONS	DATE SURVEY COMPLETED
NAME OF PROVIDER/SUPPLIER THE HERMITAGE OF CEDAR ROCK 441 CRESTVIEW DRIVE ROCKWELL, NC 27818	HALLMARK 441 CRESTVIEW DRIVE ROCKWELL, NC 27818	B-3110 A-14010	08/23/2017 C
NO ID #4874 #4	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID DEFICIT #48	PRIORITY PLAN OF CORRECTION (EACH CORRECTED ACTION SHOULD BE CORRESPONDENCED TO THE APPROPRIATE DEFICIENCY)
ID: 227 Continued From page 34 facility in regards to Resident #3 not getting along with other residents and staff. -Resident #3 would be moved to another assisted living facility in another county over the facility made arrangements to move Resident #3's bedroom furniture. -Resident #3 had not been given a written notice of discharge or the right to appeal/revise as of 07/22/17. Interview with the Supervisor on 07/28/17 at 12:15 pm revealed Resident #3 was being moved today to another assisted living facility in another county. Interview with the Resident Care Director on 07/28/17 at 10:50 am revealed Resident #3 was no longer residing at the facility, the maid had moved on 07/28/17.	D-227	D-227	
ID: 204 10A NCAC 13F 0901 (b) Personal Care and Supervision 10A NCAC 13F 0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's personal needs, care plan and current symptoms.	This rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews, record reviews, and observations, the facility failed to provide supervision on 07/28/17 related to safety for 1 of 5 sampled residents as evidenced by one resident (Resident #1) who repeatedly went into a hallway		

Division of Health Service Regulation

PRINTED: 09/20/07
FORM APPROVED

NAME OF PROGRAM OR SUPERVISOR	PROVIDER'S LICENSE NUMBER	DATE WITHIN 60 DAYS OF EXPIRATION	EXPIRES	
THE HERITAGE OF GREAT ROCK 187 CHRISTY DRIVE MOCKSVILLE, NC 27025	HAL 000007	A. BALDWIN	09/25/2007	
NAME OF PROGRAM OR SUPERVISOR	PROVIDER'S LICENSE NUMBER	DATE WITHIN 60 DAYS OF EXPIRATION	EXPIRES	
THE HERITAGE OF GREAT ROCK 187 CHRISTY DRIVE MOCKSVILLE, NC 27025	HAL 000007	A. BALDWIN	09/25/2007	
DATE PREFIX TAG	SUMMARY STATEMENT OF ADOPTED OR RECOMMENDED ACTION BY REG. AGENCIES OR LIC. BOARD MEMBERS	ID PREFIX TAG	PROVIDER'S ACTION SHOULD BE CROSS-REFERENCED (EMPLOYER)	DATE
0 270	Continued from page 35 Resident #1 (resident #2) room and touched her inappropriately sexually. The findings are: Telephone interview on 07/11/07 and 08/16/07 with a local county agency revealed: -Yesterday, Resident #2 complained that Resident #1 continually came to her room and fondled himself sexually on her. -Site was visited of Resident #1, and had informed facility of the incident. Review of Resident #1's admit Pt-2 dated 4/1/07 revealed: -Diagnoses included Hypertension, Hypertensive, Cerebral Artery Disease, Osteoarthritis disorder Epople Type, Psoriasis, Oryzomyces. Review of Resident #1's Resident Register dated and signed on 1/08/07 revealed "activities strongly disliked or to be avoided: STAY AWAY FROM CHILDREN." Review of Resident #1's Care Plan dated and signed 5/23/07 and 8/17/07 revealed: -Social/Mental Health History: "Sexually Inappropriate and Aggressive. High Psychosis diagnosis. Must be monitored 24/7." -Resident currently receiving medications for mental illness/psychiatry. -History of mental illness. -Disruptive behavior/socially inappropriate. Resident currently receiving mental health services. Review of the Nurses Notes for Resident #1 revealed: -On 10/15/07, "Concerns: Resident #1 keeps	D 270	BASED ON SUPERVISOR'S OWN NOTES AND POLICE INVESTIGATION CONDUCTED OVER A PERIOD OF THREE WEEKS HOME DISPLACES THIS CLAIM. COMPLAINTS OF POLICE INVESTIGATION ARE ATTACHED INCLUDING PRIVATE INVESTIGATOR RESIDENT #1 WITH POLICE. RESIDENT #1 WITH POLICE. ASKED BY DETECTIVE IF ANYONE HAD SEXUALLY ASSAULTED HER AT ANY TIME AND SHE STATED NO. A STATUTE VIOLATED REVIEWED BY ATTORNEYS AND LAW ENFORCEMENT, REVEALED AT NO TIME DID RESIDENT #1, BATTER RESIDENT #2'S ROOM. SEE ATTACHED POLICE REPORT AND COPY OF RESIDENT #2 VISIT TO HOSPITAL.	

Division of Health Service Regulation

STATEMENT OF REFERENCES AND PLAN OF CORRECTION	OCJ PROCEEDING NUMBER IDENTIFICATION NUMBER	4. MULTIPLE CONSTRUCTION A. NUMBER	420 DATE SUBJECT APPROVED
	141.000007	B. NAME	08/29/17

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CEDAR ROCK
 STREET ADDRESS, CITY, STATE, ZIP CODE
**181 CRESTVIEW DRIVE
 ROCKWELL, NC 27853**

ICAHID PREFIX TAG	SEARCHER STATEMENT OF DEFICIENCIES WHICH IDENTIFY THE DEFICIENCIES THAT RESULT FROM THE SEARCHER'S INSPECTION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION WHICH CORRECTS THE DEFICIENCIES IDENTIFIED TO THE PROVIDER'S SATISFACTION	COMPLETION DATE
0 270	Continued from page 25 following female resident wanted only was in shower room with female resident." -On 04/19/17, facility staff documented "concerns. Resident #1 had been sexually aggressive towards a female resident on several occasions; resident has been given a 30 day excuse." -On 04/25/17, "Concerns Resident #1 had several incidents of inappropriate behavior, called guard to give notice to move out." Review of incident/accident reports for Resident #1 reviewed: -On 04/06/17 Resident #1 had sexual aggressive act towards a female resident. -On 04/25/17 Resident #1 was touching another resident showing sexual aggression. -On 05/11/17 Resident #1 said a female wanted him to touch her. -On 05/24/17 Resident #1 hit another resident's hand and said "hey" because he was mad at another resident for turning the radio on. Review of Resident #1's Psychotherapy Notes prepared by the Physician Assistant (PA) on 04/20/17 revealed: -The PA documented that Resident #1 had a history of anxiety, Seasonal Affective Disorder (SAD), and bipolar disorder. -He discussed with Resident #1 about going into resident's rooms at night and touching them while they sleep. -Resident #1 admitted to the PA that he had a few episodes of touching other residents' before staff noticed what he was doing, and staff told him it was wrong. -Resident #1 told the PA that he masturbated and abused his roommate. -The PA documented that he would discuss the issues with facility staff.	0 270		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		643 PROVIDER/SUBJECT IDENTIFICATION NUMBER	600 NURSING CERTIFICATION A.L.D.U.M.N.I.	640 DATE BURDEN COMPLETED
NAME OF PROVIDER OR SUBJECT THE HERMITAGE OF CEDAR ROCK		HALDORSET	STREET ADDRESS, CITY, STATE, ZIP CODE 971 CHESTVIEW DRIVE ROCKSVILLE, MO 20838	08/25/2017
626 ID NUMBER V44	626 STATEMENT OF DEFICIENCIES STATE DEFICIENCY NUMBER OR FEDERAL DEFICIT REGULATORY DEFICIT IDENTIFICATION NUMBER	600 NURSING TAG	600 NURSING PLAN OF CORRECTION ACTION OR EXPLANATION (CONCISE AND CONCISE)	640 DATE BURDEN COMPLETED
0-200	Continued From page 37	0-200		
<p>Review of incident/accident reports for Resident #2 revealed: -On 08/17/17 two times Resident #2 told staff Resident #1 had touched her while she was lying in bed, that she did something sexual. -On 08/17/17 (one time) Resident #2 told staff Resident #1 hangs outside in her room without being asked, he comes in and put slippers there. -On 08/23/17 Resident #2 told staff Resident #1 went in her room again without asking her. -On 08/24/17 Resident #2 told a staff that Resident #1 was going into her room and robbing on her breast and touching himself on the pants with his pants down. Review of the facility's Adult Care Home Assurances Agreement and Policies revealed: -Residents will be free of restraints and physical abuse, neglect, and exploitation. -The ownership and management does not permit or support undisclosed sexual activity by residents of the facility. -The touching of another without his/her consent for the purpose of harassment, abuse, or exploitation will not be permitted. -The facility will request the resident, family, responsible person or agency to make another placement if necessary when it is believed that a delay would jeopardize the resident's or others health or safety.</p> <p>Interview with Resident #2 on 08/21/17 at 11:30 AM revealed: -Resident #1 had been following her around the facility. -Resident #1 "was being doing things" she didn't like and wasn't comfortable with. -Resident #1 had come into her room at night and touched her breasts.</p>				

Division of Health Service Regulation

STATEMENT OF WORKS ORDER
APPROVAL OF CORRECTIVE
ACTION PLAN

PROPOSED WORK ORDER
IDENTIFICATION NUMBER:

DATE COMPLETE
A. BILLING

PROPOSED WORK ORDER
COMPLETED DATE

441302007

0

06/25/2017

NAME OF PROVIDER OR SUPPLIER

THE HERITAGE OF DEBRA KOCK

STREET ADDRESS, CITY, STATE, ZIP CODE

191 CRESTVIEW DRIVE
ROCKSVILLE, NC 27028

STATE
FACILITY
TYPE

ID
FACILITY
TYPE

IF PROVIDER'S PLAN OF CORRECTIVE
ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROVALS
SECTION

(S) DATE
COMPLETED DATE

0-270 Complaint From page 38

0-270

-She told staff and she was moved to another room, she was unable to recall the date that she moved.
-Resident #1 had not been her room in "a very long time," at least a "couple of weeks."
-Resident #1 had not had sexual contact with her since she was moved to another room (unable to recall the exact date).
-Resident #1 had looked at her strangely, which made her uncomfortable.
-Recently, when she was in the residents' common sitting area, Resident #1 came into the room, so she felt because she felt uncomfortable and was afraid Resident #1 would touch her.
-She had never said anything to Resident #1 about what he had done her, she just said when Resident #1 came around her.
-She had notified her family member about Resident #1's harassing her, "I do not feel safe."
"My family is looking for another facility but hasn't found one yet."
-She stated she wanted to move "cheap."
-She is unsure if facility is doing enough to keep her safe.
-interview with Resident #2 on 08/22/17 at 10:30 am and at 2:40 pm repeated:
-Previously, (can't recall specifically) Resident #1 pulled her clothes off and forced himself on her.
-She told Resident #1 not to touch her.
-She told staff, and they instructed Resident #1 not to do it.
-She does not feel safe in her room at night when she goes to sleep.
-Resident #1 assaulted her last night (08/22/17).
-Resident #1 "wanted me to do things I didn't want to do, he wanted me to feel him and he had me."

-Resident #1 struck the penis in her vagina."

Division of Health Services Regulation

STATEMENT OF EXPERIENCES
IN PLACE OF CORRECTION

NAME: PROCEEDING NUMBER:
IDENTIFICATION NUMBER:

EXAMINER'S IDENTIFICATION NUMBER:
A. BUILDING:

COMPLETION DATE: 09/22/2017

NAME OF PROVIDER OR SUPPLIER

ADDRESS: 11000 STATE ST. #2000
MOCKSVILLE, MO 64086

THE BENEFIT OF CEAR ADOK

191 CHESTVIEW DRIVE

DATE: 09/22/2017
TIME: 1:00 PM
BY: [Signature]

PROVIDER'S NAME OF CORRECTION
IN PLACE OF CORRECTION
GROUP: RESIDENTS TO THE APPOINTMENT
DEPARTMENT:

DATE: 09/22/2017

DATE	DESCRIPTION OF INCIDENTS AND ACTIONS TAKEN TO PREVENT REOCCURRENCE	NO. OF INMATES AFFECTED	PROVIDER'S NAME OF CORRECTION IN PLACE OF CORRECTION GROUP: RESIDENTS TO THE APPOINTMENT DEPARTMENT:	DATE COMPLETED
09/22/2017	<p>Continued from page 59</p> <p>Reported last night (09/21/17) around 10:00 pm when there was a shift change.</p> <p>She needed to be checked out of a hospital.</p> <p>She had talked with the Assistant Director and was told that Resident #1 needed to stop, and she needed to be checked out.</p> <p>Interview with Resident #2h Guardian on 08/29/17 at 9:00 am revealed:</p> <ul style="list-style-type: none"> -Resident #2 first made Guardian aware of the alleged sexual abuse before May 2017. -Resident #2 told Guardian that Resident #1 was coming into her room at night and touching her. -Guardian informed Mandatorica Aya (MA) of the alleged sexual abuse, and the MA had told her, "it will be taken care of on Monday." -Guardian demanded Resident #2 to be moved away from Resident #1 immediately. -Resident #1 was moved into another hallway. -She visited Resident #2 in April 2017, and reported Resident #1 was moved back onto Resident #2's hallway. -Resident #2 informed her that she had spoken with someone from the local agency and she was going to talk with staff. -Resident #2 was moved into a new room in August after talking with person from local agency. -Guardian unsure if Resident #2 knows whereabouts. -Resident #2 informed Guardian the unit did not complete 2 hour checks. -Guardian believes something happened, and Resident #1 is doing something to Resident #2 and not the other way around. <p>Interview and investigation of a Plan of Protection on 08/22/17 at 3:00 pm to the Assistant Director revealed:</p> <ul style="list-style-type: none"> -The facility's plan to immediately keep Resident 	1		

Standard Health Services Regulation

FORM 02/17/11

11/09/09/2017 WORK 40.61.137

Division of Health Services Regulation

REGISTRATION OF CONSTRUCTION AND PERMIT OF CONSTRUCTION

CONTRACTOR'S REGISTRATION NUMBER

CONTRACT NUMBER

PROJECT NAME

PROJECT ADDRESS

DATE SUBMITTED

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CEDAR ROCK
STREET ADDRESS, CITY, STATE ZIP CODE
**1411 CRESTVIEW DRIVE
MOONSBURG, NJ 07068**

DATE OF PROJECT
02/27/17

PROJECT TYPE
D 270

PROJECT STATUS
ANY

PROJECT ID	PROJECT DESCRIPTION	PROJECT STATUS	PROJECT TYPE	PROJECT STATUS	
0270	Continued from page 40 #2 and other residents safe work to infants & 15 minutes watch for Resident #1 to determine his whereabouts in the community. -She will put the camera on Resident #2's door 24/7. Review of the facility's document "15 minute watch" for Resident #1 reviewed. -The watch was document as finished on 02/27/17. -There was some documented observations of Resident #1's whereabouts. -All of the info was not documented as to the identified whereabouts of Resident #1. Interview with Resident #1 on 02/27/17 at 10:30 am revealed: -He lived at the facility since 2008. -He went to jail in 1979 for raping a minor and was there for 15 years. -When he went to bed he slept 8-9 hours per night. -Nothing has happened between him and Resident #2. "I haven't touched her." -Now he only looks at Resident #2, but he did touch Resident #2 "a long time ago". -He and Resident #2 were friends and Resident #2 signed to let him touch her. -She did not know about him touching Resident #2. -He only touched Resident #2's "skin and back." -He had a wife and "she is pregnant." -His wife went to the hospital about a week ago. -He was not interested in other female residents at the facility. Interview with the Assistant Director on 02/27/17 at 4:05 pm revealed: -Resident #1 did not make decisions about his healthcare, he had a guardian. -She heard about "1" incident with Resident #1	DO NOT AGREE WITH POP DIRECTOR HAD TO SUEPLY TO SURVEYORS AT EXIT SITE/VIEW W/STUD OF AGREING TO 15 MINUTE WATCH ON RESIDENT #1 IF THERE WAS A QUESTION, HE SHOULD HAVE BEEN DISCHARGED SUBMITTING TO A 15 MINUTE WATCH FOR AN AMBULATORY RESIDENT IS UNRESOLVING FOR RESIDENT #2 THE CAMERA AIR EADY SHOWED THE ENTRANCE TO HER ROOM AND NOTHING FURTHER NEEDED TO BE STATED.	ANY	ANY	ANY

Division of Health Services Regulation

STATEMENT OF EXPERIENCES
AND PLAN OF CORRECTION

STATEMENT OF EXPERIENCES
AND PLAN OF CORRECTION

DATE STATEMENT
COMPLETED

NAME OF PROVIDER OR SUPPLIER

HALLENDORF

DATE

08/22/2017

THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CREEPVIEW DRIVE
MOOREVILLE, NC 27028

0410
NPI
0270

0270

08/22/2017

SUMMARY STATEMENT OF EXPERIENCES
EACH EXPERIENCE MUST BE PRECEDED BY FULL
REGARDLESS OF WHETHER THE INCIDENTS ARE

PROVIDER FAILURE, COMPLAINT
OR COMPLAINT ACTION, UNLAWFUL
OR UNLAWFUL PRACTICE

0270

0270

08/22/2017

Continued from page 41
and Resident #2) before she went on maternity
leave.

-She has stated that a local county agency told
the Director that Resident #2 was touched by
Resident #1.

-She has also stated the facility Director was
going to discharge Resident #1.

-She was aware Resident #2 reported the
incident to the facility Director, and the facility
Director had talked to a detective, the resident's
guardian, and staff members about the incident,
but she not aware what was discussed.

-The facility Director had documentation
pertaining to the incident, but she was unsure
where the documentation was kept.

-Resident #1 and Resident #2 used to have
rooms next to each other.

-Both residents were moved to different rooms at
opposite ends of the hallway.

-Resident #2 has anyone else at the facility had
noticed the incident to her.

-She obtained all information by having other
conversation.

-She suspected that Resident #2 reported the
incident because staff saw Resident #1 coming
out of her room.

-Currently, there was no system in place to
supervise Resident #1's whereabouts.

Interview with the Assistant Director on 08/22/17 at
4:15 pm revealed:

-No one had told her that Resident #1 entered
Resident #2's room on 08/22/17.

-The Director had previously spoken to Resident
#1 about the alleged sexual abuse against
Resident #2, but she was unsure of the date.

-To her knowledge no interventions were put in
place.

-Resident #2 had not disclosed anything to her
about Resident #1 sexually abusing her. She

Interview of the staff member responsible

STATE FORM

40773

Information State 42 of 138

Division of Health Service Regulation

STATEMENT OF VIOLATIONS AND PLAN OF CORRECTIVE ACTION

8701 PROPOSED PROJECT/ FACILITY IDENTIFICATION NUMBER

REGULATORY DISTRICTION & BUILDING

ISSUE DATE SERVICE COMPLETED

08/28/2017

NAME OF PROVIDER OR SUBMITTER

STREET ADDRESS, CITY, STATE, ZIP CODE

131 CORESTEWAY DRIVE ROCKVILLE, MD 27038

THE HEADQUARTERS OF CHAIR ROCK

PROJECT ID

STANDARD STATEMENT OF VIOLATIONS REGULATORY OFFICE IDENTIFYING INFORMATION

PROJECT ID

PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CHECKED/REVIEWED BY THE APPROPRIATE DEPARTMENT

ISSUE DATE

0-270

0-270

Continued from page 42

interview talked to me."

Resident #2 had talked to her sister, who was her guardian since Resident #1 allegedly sexually abusing her.

-# Resident #1 went into Resident #2's room at 4:45 PM would be on the video camera. Because camera was positioned right outside Resident #2's room.

-She was the only one that had access to the video camera to review footage recorded.

-She worked Monday through Friday, and when she returned to work, Monday morning she usually checked the recording on the camera to observe happening in the facility from the time she left to the time she was back in the facility.

-She would send Resident #2 to the Emergency Department to be checked out for sexual abuse.

Observation on 08/22/17 from 2:00 pm to 8:00 pm of the camera surveillance from 8/22/17 to 8/22/17 revealed no observations that showed Resident #1 entered Resident #2's room.

Interview with the Assistant Director on 08/23/17 at 9:45 am revealed she was unable to provide any other incident reports concerning Resident #1, policy on supervision, or any other documentation on Residents #1 and #2 in regards to sexual contact or supervision.

Interview on 08/27/17 at 1:20 pm with the first shift Metallion Area Supervisor (MAS) revealed:

-He stated about the "alleged sexual abuse four or five months ago" stating a shift change report.

-He was informed by another employee on the 3rd shift that Resident #2 had reported Resident #1 came into her room and he had touched her.

-Since the alleged sexual abuse, the make sure to keep Resident #1 away from Resident #2 while working the shift.

Division of Health Service Regulation DEPARTMENT OF HEALTH AND HUMAN SERVICES AND PLAN OF CORRECTIONS		PROVIDER/PERFORMER IDENTIFICATION NUMBER:	CONSTRUCTION A. BUILDING	PROVIDER COMPLETION DATE
<p>NOVEMBER 2017 ON SUPPLIER</p> <p>THE HERITAGE OF CEDAR ROCK</p> <p>STATEMENT OF WORK FOR THE REPAIR AND MAINTENANCE OF THE FACILITY ON 1200 EAST 10TH AVENUE IN DENVER, COLORADO</p>		<p>HALLOWAY</p> <p>STREET ADDRESS, CITY, STATE AND ZIP</p> <p>191 CREEKVIEW DRIVE MORRISON LA, NC 27026</p>	<p>8.4885</p>	<p>0</p> <p>08/22/2017</p>
<p>0-270</p> <p>Certified from page 43</p>	<p>If Resident #1 was found to be near Resident #2, he would restrict Resident #1 to his room. -During his shift he monitored the hallway for Resident #2's location. -Resident #2 had not informed him that Resident #1 sexually assaulting her. -Resident #2 had not reported any recent incidents with Resident #1 to him, but he "heard" the resident had reported alleged sexual abuse to a person at a local county agency last week. -He "heard" that Resident #2 reported the incident to a Supervisor on the floor shift, but she had not reported an incident to him.</p>	<p>IN PROGRESS</p>	<p>APPROXIMATE PLAN FOR PROGRESS EACH COMPLETE ACTION SHOULD BE DESCRIBED TO THE APPROPRIATE DEFENSES</p>	<p>DATE COMPLETE</p>
<p>Interview on 8/23/17 at 8:00 AM with a Maintenance Aide on the second shift revealed:</p> <ul style="list-style-type: none"> -She recalled Resident #1 began working in Resident #2's room in September 2016. -She wrote incident reports at least two times per week on the 3rd-13th on shift regarding Resident #1's behavior (going into Resident #2's room). -She had given the reports directly to the facility Director, or if she was not in her office she did the reports under the door. -She noted in the reports that Resident #1 had been in either "people's" rooms. -She recalled Resident #1 had worked in on another resident when they were taking a bath. -She also verbally told the Assistant Director and the Director that she had observed Resident #1 going into Resident #2's and other residents' rooms. -She was not afraid of Resident #1, but thought other residents were afraid of Resident #1. <p>Confidential interview with 4 staff members (overall):</p> <ul style="list-style-type: none"> -Three staff members were unaware of Resident #1's current location. -Management had not discussed supervision 				

Division of Health Service Regulation

STATEMENT OF EXPERIENCE
AND PLAN OF CORRECTION

FSR PROPOSAL/ISSUE/ISSUE
AND IDENTIFICATION NUMBER

ISSUE TITLE/CONSTRUCTION

ISSUE NUMBER
COMPLAINT

NAME OF PROVIDER OR SUPPLIER

E. VANS

08/22/2017

THE MESSAGE OF DEBAR KOCK

131 CHESTNUT DRIVE
MCKEYSVILLE, MO 65206

DATE OF PROVISIONAL
FES

SUMMARY STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION

NO

PROVIDER'S PLAN OF CORRECTION
WHICH CORRECTIVE ACTION SHOULD BE
TAKEN REFERENCED TO THE APPROPRIATE
DEFICIENCY

DATE
COMPLETED

D 270

Continued from page 44

D 270

plans with staff.

-One staff member was aware of the sign-in/sign-out
plans, and identified that Resident #1 was
currently in his room.

-The staff member said to "watch him at all times
and who he is with," they knew to "keep an eye
on him."

-CNA staff said the facility's policy was 2-hour
checks for Resident #1 and all residents.

-Management had not discussed any other
supervision plans besides checks every 2 hours
all residents.

Interview with Resident #1's Guardian on 8/22/17
at 12:30 pm revealed:

-She was informed there was a 30-day notice for
Resident #1.

-She thought it was given in April 2017, but was
not sure because it was a long time ago.

-The facility Director reached the notice
because she was unsuccessful finding
placement, and she did not want to put "Resident
#1 on the street."

-There had not been any discharge notices since.

Interview with the Assistant Director on 8/22/17 at
8:00 pm revealed:

-Resident #2 was sent to the ER to be checked
and given a rape kit container.

-She would initiate 15 minute watch for Resident
#1 to be monitored around all females because
Resident #1 is not being watched regularly.

-She would contact Resident #2's guardian.
-She would position the camera on Resident #2's
door for 24/7 to see if Resident #1 is in the
room.

Interview with the medical health agency on
8/24/17 at 11:30 am revealed:

-The PA informed the facility staff about Resident
#1.

Division of Health Service Regulation

MSA

8/20/17

CONSTRUCTION 45-63 187

Division of Health Service Regulation
STATEMENT OF DEFENSES
AND PLAN OF CORRECTION

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION
191 CRESTVIEW DRIVE
ROCKVILLE, MD 20850

DATE: 04/22/2017

NAME OF PROVIDER/CLINIC/SUPPLIER/CLIA IDENTIFICATION NUMBER:
N/A

ADDRESS:
191 CRESTVIEW DRIVE
ROCKVILLE, MD 20850

DATE OF PREVIOUS SURVEY: N/A

TYPE OF FACILITY: N/A

DEFENSES AND PLAN OF CORRECTION

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STATE FORM 10-2017 (12/16)

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		REG. PROPOSED/REVISED/REPEALS ID# (REGISTRATION NUMBER)	REG. BUILDING A. BUILDING	REG. DATE COMPLETION COMPLETION
NAME OF PROVIDER OR SURVEYOR THE HERITAGE OF CEDAR ROCK		REG. NUMBER 141600007		
SUBJECT STAFFING ASSESSMENT FOR RESIDENTS WITH DEFICIENCY MUST BE PRECISED BY FULL REGISTRATION OR END IDENTIFYING INFORMATION		REG. NAME 3 STREET ADDRESS, CITY, STATE, ZIP CODE 144 CRESTVIEW DRIVE ROCKWELL, NC 27855		
DATE 09/28/2017	DEFICIENCY D 2701	PLAN OF CORRECTION Continued from page 4B ate completed and documented.	DEFICIENCY D 2702	PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION REG. CORRECTIVE ACTION SHOULD CORRECT DEFICIENCY TO THE APPROPRIATE DEFICIENCY
DATE 09/28/2017	DEFICIENCY D 2703	PLAN OF CORRECTION 10A NCAC 13F .09021(b) Health Care (B) The facility shall ensure referral and follow-up to meet the resident and acute health care needs of residents.	DEFICIENCY D 2704	PLAN OF CORRECTION THE HOME HAD THE PROPER POLICIES AND PROCEDURES IN PLACE AT THE TIME OF THE SURVEY CONCERNING THE ISSUES CITED IN THIS VIOLATION. SEE ATTACHED POLICIES. ALL STAFF INVOLVED WERE AWARE OF THESE POLICIES AND PROCEDURES. THE HOME HAS INTERVIEWED ALL MED TECHS AND EACH ONE DINES TELLING SURVEYORS THAT "STAFF WAS UNWARE OF POLICIES REGARDING RESULTS OF BLOOD SUGAR STICKS" AND THAT "THEY WERE NOT AWARE OF PROCEDURES REGARDING BLOOD SUGARS." STAFF WERE TRAINED AGAIN ON THESE POLICIES ON 9/27/17 AND WILL CONTINUE TO BE TRAINED ON EXISTING POLICIES
<p>Based on observations, interviews, and record reviews the facility failed to assure 2 of 5 sampled residents (Resident #4 and 06) physician notification regarding relevant illness, blood sugar (FBS), refusal of medications, physical therapy ordered and aggressive behaviors.</p> <p>The findings are:</p> <p>A. Review of Resident #6's current H2 diabetes D2711 ranback: -Diagnoses included diabetes with hypertension, bipolar, peripheral vascular disease and dementia. -An order to check FBSs before breakfast, lunch, and at night. -An order to check FBSs at 8:00 pm but do not give Sicking Scale trainin. -Medication orders included Novogly (in fact acting insulin used for reducing blood sugars)</p>		<p>This Rule is not met as evidenced by: TYPE 22 VIOLATION</p>		

Division of Health Service Regulation NUMBER OF DEFENSES AND PLAN OF CORRECTION		(NO) PROFESSIONAL/STUDENT IDENTIFICATION NUMBER	MAJORITY	(S) BIRTH DATE A. BIRTH DATE: _____ B. YEAR: _____	(S) BIRTH DATE C. YEAR: _____
NAME OF PROVIDER OR SUPERVISOR THE HERITAGE OF CEDAR ROCK STREET ADDRESS, CITY, STATE, ZIP CODE 191 CHESTNUT DRIVE ROCKVILLE, NC 27088					
(S) ID NUMBER (NO)	SIGNATURE STATEMENT OF DEFENSES EACH DEFENSE MUST BE PRECEDED BY FULL RECALCULATION OF LIC ID NUMBER AND EXPIRATION	(S) ID NUMBER (NO)	(S) ID NUMBER (NO)	(S) ID NUMBER (NO)	(S) ID NUMBER (NO)
0 273	Continued from page 47 5/18/17 Start Insulin (\$50) as follows: If FBS 200-250 give 2 units If FBS 251-300 give 3 units If FBS 301-351 give 4 units If FBS 351-400 give 5 units If FBS 401-450 give 6 units If FBS 451-500 give 7 units If FBS 501-550 give 8 units If FBS 551-600 give 9 units If FBS 601-650 give 10 units If FBS 651-700 give 12 units If FBS 701-750 give 14 units If FBS 751-800 give 16 units If FBS 801-850 give 18 units If FBS 851-900 give 20 units If FBS 901-950 give 22 units If FBS 951-1000 give 24 units If FBS 1001-1050 give 26 units If FBS 1051-1100 give 28 units If FBS 1101-1150 give 30 units If FBS 1151-1200 give 32 units If FBS 1201-1250 give 34 units If FBS 1251-1300 give 36 units If FBS 1301-1350 give 38 units If FBS 1351-1400 give 40 units If FBS 1401-1450 give 42 units If FBS 1451-1500 give 44 units If FBS 1501-1550 give 46 units If FBS 1551-1600 give 48 units If FBS 1601-1650 give 50 units If FBS 1651-1700 give 52 units If FBS 1701-1750 give 54 units If FBS 1751-1800 give 56 units If FBS 1801-1850 give 58 units If FBS 1851-1900 give 60 units If FBS 1901-1950 give 62 units If FBS 1951-2000 give 64 units If FBS 2001-2050 give 66 units If FBS 2051-2100 give 68 units If FBS 2101-2150 give 70 units If FBS 2151-2200 give 72 units If FBS 2201-2250 give 74 units If FBS 2251-2300 give 76 units If FBS 2301-2350 give 78 units If FBS 2351-2400 give 80 units If FBS 2401-2450 give 82 units If FBS 2451-2500 give 84 units If FBS 2501-2550 give 86 units If FBS 2551-2600 give 88 units If FBS 2601-2650 give 90 units If FBS 2651-2700 give 92 units If FBS 2701-2750 give 94 units If FBS 2751-2800 give 96 units If FBS 2801-2850 give 98 units If FBS 2851-2900 give 100 units If FBS 2901-2950 give 102 units If FBS 2951-3000 give 104 units If FBS 3001-3050 give 106 units If FBS 3051-3100 give 108 units If FBS 3101-3150 give 110 units If FBS 3151-3200 give 112 units If FBS 3201-3250 give 114 units If FBS 3251-3300 give 116 units If FBS 3301-3350 give 118 units If FBS 3351-3400 give 120 units If FBS 3401-3450 give 122 units If FBS 3451-3500 give 124 units If FBS 3501-3550 give 126 units If FBS 3551-3600 give 128 units If FBS 3601-3650 give 130 units If FBS 3651-3700 give 132 units If FBS 3701-3750 give 134 units If FBS 3751-3800 give 136 units If FBS 3801-3850 give 138 units If FBS 3851-3900 give 140 units If FBS 3901-3950 give 142 units If FBS 3951-4000 give 144 units If FBS 4001-4050 give 146 units If FBS 4051-4100 give 148 units If FBS 4101-4150 give 150 units If FBS 4151-4200 give 152 units If FBS 4201-4250 give 154 units If FBS 4251-4300 give 156 units If FBS 4301-4350 give 158 units If FBS 4351-4400 give 160 units If FBS 4401-4450 give 162 units If FBS 4451-4500 give 164 units If FBS 4501-4550 give 166 units If FBS 4551-4600 give 168 units If FBS 4601-4650 give 170 units If FBS 4651-4700 give 172 units If FBS 4701-4750 give 174 units If FBS 4751-4800 give 176 units If FBS 4801-4850 give 178 units If FBS 4851-4900 give 180 units If FBS 4901-4950 give 182 units If FBS 4951-5000 give 184 units If FBS 5001-5050 give 186 units If FBS 5051-5100 give 188 units If FBS 5101-5150 give 190 units If FBS 5151-5200 give 192 units If FBS 5201-5250 give 194 units If FBS 5251-5300 give 196 units If FBS 5301-5350 give 198 units If FBS 5351-5400 give 200 units If FBS 5401-5450 give 202 units If FBS 5451-5500 give 204 units If FBS 5501-5550 give 206 units If FBS 5551-5600 give 208 units If FBS 5601-5650 give 210 units If FBS 5651-5700 give 212 units If FBS 5701-5750 give 214 units If FBS 5751-5800 give 216 units If FBS 5801-5850 give 218 units If FBS 5851-5900 give 220 units If FBS 5901-5950 give 222 units If FBS 5951-6000 give 224 units If FBS 6001-6050 give 226 units If FBS 6051-6100 give 228 units If FBS 6101-6150 give 230 units If FBS 6151-6200 give 232 units If FBS 6201-6250 give 234 units If FBS 6251-6300 give 236 units If FBS 6301-6350 give 238 units If FBS 6351-6400 give 240 units If FBS 6401-6450 give 242 units If FBS 6451-6500 give 244 units If FBS 6501-6550 give 246 units If FBS 6551-6600 give 248 units If FBS 6601-6650 give 250 units If FBS 6651-6700 give 252 units If FBS 6701-6750 give 254 units If FBS 6751-6800 give 256 units If FBS 6801-6850 give 258 units If FBS 6851-6900 give 260 units If FBS 6901-6950 give 262 units If FBS 6951-7000 give 264 units If FBS 7001-7050 give 266 units If FBS 7051-7100 give 268 units If FBS 7101-7150 give 270 units If FBS 7151-7200 give 272 units If FBS 7201-7250 give 274 units If FBS 7251-7300 give 276 units If FBS 7301-7350 give 278 units If FBS 7351-7400 give 280 units If FBS 7401-7450 give 282 units If FBS 7451-7500 give 284 units If FBS 7501-7550 give 286 units If FBS 7551-7600 give 288 units If FBS 7601-7650 give 290 units If FBS 7651-7700 give 292 units If FBS 7701-7750 give 294 units If FBS 7751-7800 give 296 units If FBS 7801-7850 give 298 units If FBS 7851-7900 give 300 units If FBS 7901-7950 give 302 units If FBS 7951-8000 give 304 units If FBS 8001-8050 give 306 units If FBS 8051-8100 give 308 units If FBS 8101-8150 give 310 units If FBS 8151-8200 give 312 units If FBS 8201-8250 give 314 units If FBS 8251-8300 give 316 units If FBS 8301-8350 give 318 units If FBS 8351-8400 give 320 units If FBS 8401-8450 give 322 units If FBS 8451-8500 give 324 units If FBS 8501-8550 give 326 units If FBS 8551-8600 give 328 units If FBS 8601-8650 give 330 units If FBS 8651-8700 give 332 units If FBS 8701-8750 give 334 units If FBS 8751-8800 give 336 units If FBS 8801-8850 give 338 units If FBS 8851-8900 give 340 units If FBS 8901-8950 give 342 units If FBS 8951-9000 give 344 units If FBS 9001-9050 give 346 units If FBS 9051-9100 give 348 units If FBS 9101-9150 give 350 units If FBS 9151-9200 give 352 units If FBS 9201-9250 give 354 units If FBS 9251-9300 give 356 units If FBS 9301-9350 give 358 units If FBS 9351-9400 give 360 units If FBS 9401-9450 give 362 units If FBS 9451-9500 give 364 units If FBS 9501-9550 give 366 units If FBS 9551-9600 give 368 units If FBS 9601-9650 give 370 units If FBS 9651-9700 give 372 units If FBS 9701-9750 give 374 units If FBS 9751-9800 give 376 units If FBS 9801-9850 give 378 units If FBS 9851-9900 give 380 units If FBS 9901-9950 give 382 units If FBS 9951-10000 give 384 units Review of Resident #87's quarterly bloodwork Health Professional Support (HPS) evaluation dated 6/20/17 revealed: -Personal care task included collecting and labeling of FBS's. -Recommendation to meet the resident's needs was documented "avoid concentrated sweets." Review of Resident #87's Electronic Medication Administration Record (EMAR) for the month of August 2017 revealed: -An entry for Morning SSI snack FBS's prior to breakfast, lunch, and bedtime, give SSI 200-250 give 2 units, 251-300 give 4 units, 301-351 give 6 units, 351-400 give 8 units, 401-450 give 10 units, above 451 give 12 units and ratchack in one hour if no diagnosis call MD. -An entry for FBS's at 8:30 am, 11:30 am and 4:00 pm. -An entry for Novolog 20 units Subsequently (30) 3 times daily scheduled for 8:30 am, 11:30 am, and 5:00 pm.	0 273	0 273	0 273	0 273

Division of Health Service Regulation DEPARTMENT OF HEALTH SERVICES AND PUBLIC SAFETY DIVISION OF HEALTH SERVICE REGULATION		(FACILITY PROVIDER) PROVIDER LICENSE NUMBER:		FACILITY SUBJECT COMPLAINT 08/20/2017
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF SEASHORE NOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 141 CHRISTYAN DRIVE NOCKSVILLE, MO 27018		
MAILING ADDRESS 01273	ADDRESS OF THE PROVIDER (FACILITY PROVIDER) PROVIDER LICENSE NUMBER:	ID PREFIX SUFFIX	PROVIDER'S SIGNATURE AND TITLE (FACILITY PROVIDER) PROVIDER LICENSE NUMBER:	
01273 Continued from page 48				
<p>-An entry for FSSS at 5:00 pm, give no SSI. -Documentation on the August 2017 eMAR for 8/17 - 8/23/17 Resident #0's FSSS were greater than 451 six times, the range of the 8 FSSS was between 203-472. -There was no documentation in the medication notes or the consent section on the August 2017 eMAR that shows FSSS greater than 451 were not checked in one hour of the MD had been notified. -Documentation on 8/17 through 8/4/17 Resident #6 refused the scheduled Morning 20 units of 5000 pm as well as FSSS. -Documentation further times from 8/17 to 8/23/17 Resident #6 refused the scheduled Lantus 70 units at bedtime. -Documentation on 8/4/17 at 8:30 am and at 11:50 am Resident #6 refused the FSSS. -Documentation eight times from 8/17 to 8/23/17 Resident #6 refused FSSS's at 5:00 pm and the scheduled 20 units of Norelging insulin. -Documentation ten times from 8/17 to 8/23/17 Resident #9 refused FSSS check and the SSI at 4:00 pm. -Documentation on the eMAR medication PRN/As Needed Resident #6 had refused some of the FSSS check, but no documentation the MD had been notified of the refusal of FSSS checks. -Moving scheduled insulin, the Norelging SSI insulin, or the Lantus at bedtime.</p> <p>Review of the Nurse's Notes for August 2017 for Resident #6 revealed times were no documentation the staff had notified the physician as ordered for FSSS greater than 451, or the 13 times Resident #9 refused insulin and FSSS checks.</p> <p>Review of Resident #0's eMAR for the month of July 2017 revealed:</p>				

Division of Health Service Regulation

STANDARD OF PRACTICES AND PLAN OF CORRECTION

FOR PROFESSIONAL REGULATION

FOR NURSING REGISTRATION

ISSUE DATE: 08/20/17

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CEDAR HOOK

STREET ADDRESS, CITY, STATE, ZIP CODE
**181 CREEFTVIEW DRIVE
MOOREVILLE, NC 27028**

ISSUE DATE: 08/20/17

REGISTRATION NUMBER
104133007

REGISTRATION NUMBER
A181818

ISSUE DATE: 08/20/17

QUALITY STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION

DEFICIENCY TYPE
D 273

ISSUE DATE: 08/20/17

DEFICIENCY TYPE
D 273

DEFICIENCY TYPE
D 273

ISSUE DATE: 08/20/17

Continued From page 48

An entry for Norelco SSI check, FSSS prior to breakfast lunch, and bedtime, give SSI 200-250 give 2 units, 251-300 give 4 units, 301-351 give 6 units, 351-400 give 8 units, 401-450 give 10 units, above 451 give 12 units and recheck in one hour, if no decrease call MD.

An entry for FSSS at 8:30 am, 11:30 am and 8:00 pm.

An entry for Norelco 20 units SQ 3 times daily scheduled for 8:30 am, 11:30 am, and 8:00 pm.

An entry for FSSS at 8:00 pm, give at SSI.

Documentation on the July 2017 OMMR Resident #8's FSSS were greater than 451 eight times, the range of the 8 FSSS were between 434-622.

Documentation 24 times out of 31 days at 6:00 pm Resident #6 required the FSSS checks and the scheduled 20 units of Norelco insulin.

Documentation 19 times out of 31 days at 8:00 pm Resident #6 refused the FSSS checks and SSI insulin.

There was documentation a FSSS was rechecked on 7/29/17 at 8:58 am and FSSS was 435.

There was documentation a FSSS of 622 had been rechecked at 7:08 am on 7/29/17 and FSSS was now 474.

There was no additional documentation in the medication PINKTOPS on the July 2017 OMMR the score FSSS greater than 451 were rechecked in one hour, or the MID had been notified as ordered.

Documentation in the OMMR medication PINKTOPS Resident #6 had asked FSSS, but no documentation the MID had been notified Resident #6 had missed insulin.

Review of the survey notes for July 2017 for Resident #6 revealed:

- There was no documentation the staff had rechecked the FSSS or notified the physician as

Division of Health Service Regulation

DEPARTMENT OF HEALTH SERVICES
AND PLAN OF COMMISSION

PHYSICIAN OR NURSE
CONTINUING MEDICAL

REGISTRATION INFORMATION

DATE SHEET
COMPLETED

09/28/2017

NAME OF PROVIDER OR EMPLOYER

HALLENGRY

191 CRESTVIEW DRIVE
MOONSVILLE, MO 63053

THE SIGNATURE OF PROVIDER

DATE

STANDARD EXAMINATION REQUIREMENTS
EACH CATEGORY MUST BE REVIEWED BY S&L
REGULATORY ON THE DESIGNATED WORKSHEET

ID

PROVIDER'S PLAN OF CORRECTION
EACH CORRECTIVE ACTION SHOULD BE
ONAS-REFERENCED TO THE APPROPRIATE
CATEGORY

DATE

D 272

D 273

Continued from page 50

ordered of FSBS greater than 451.
-There was documentation on 7/27/17 and 2nd shift.
-Resident #4 had refused FSBS at 5:00 pm and
7:00 pm, no documentation the physician had
been notified.
-There was documentation on 7/19/17, 7/12/17,
7/30/17, 7/27/17, 7/25/17, 7/24/17, 7/23/17, and
on 7/31/17 all on second shift. Resident #4 had
refused medications and FSBS checks at 5:00
pm and at 7:30 pm, no documentation the
physician had been notified.
-There was no additional documentation for the
month of July 2017, the physician was notified.
-Resident #4 had refused 21 times FSBS checks
and admitted health at 5:00 pm, on the 19 times
Residents refused the FSBS checks and SSI at
5:00 pm.

Review of Resident #4's record revealed a
laboratory study for a Hemoglobin A1C (a blood
test for diabetes) dated 2/16/17, according to the
laboratory results sheet, the result of 12.9 was
High (normal reference range is less than 5.7).
Interview on 8/23/17 at 10:40 pm with a second
shift Medication Aide (MA) revealed:
-She worked second shift and was the tra-
spector.
-She was aware Resident #4 refused his
medications and FSBS checks often.
-She was unaware Resident #4 had refused
FSBS checks and insulin 21 times in August
2017.
-I try to make him to take his medication by giving
him a reward.
-She documented on the SMMAR medications
refused when Resident #4 refused.
-She documented in the Nurse Notes when he
refused FSBS checks, medications, and insulin.
-I don't think the doctor is aware.

Division of Health Service Regulation

STATEMENT OF EXPERIENCE AND PLAN OF CORRECTION	685 PROGRESSIVE PARKWAY IDENNY CANYON PLAZA	1001 HUNTERS COMMERCEWAY A. BOWEN	KYDUE SUPERV CONTROL 48125017
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CECILIA ROCK	MAIL ADDRESS STREET ADDRESS, CITY, STATE, ZIP CODE 181 CRESTVIEW DRIVE ROCKSVILLE, NC 27088	COUNTY _____	_____
MAILING ADDRESS MAILING ADDRESS, CITY, STATE, ZIP CODE REGULATION ON LINE (ONLINE REGISTRATION)	ID NUMBER _____	PROVIDER PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CHECKS REFERENCED TO THE APPROPRIATE DEFICIENCY	ID NUMBER _____
D-273: Confirmed from page 51 She was not aware if the facility had a policy on refusal of medications. She was unaware who would notify the physician of resident's refusal of medications or FGSBS checks. She would report to the next attending shift (MA) if Resident #63 refused his medications. She reported off to the third shift MA when Resident #63 refused his medications. She never contacted the physician in regards to Resident #63's refusing medications, FGSBS checks, or health. "He needs his meds." Interview on 8/24/17 at 1:55 pm with the third shift MA revealed: -She worked in the facility for 2 years. -She was responsible for obtaining the morning 6:30 am FGSBS for the residents. -She was aware of the SSF ordered for Resident #63. -She recalled Resident #63 FGSBS being higher than 451 on several occasions. -She had given Resident #63 12 units of knowledge material on 3rd shift around 8:00 am or 8:30 am. -She had forgotten to report to the first shift MA to recheck the FGSBS for Resident #63. -1 am turnah, 1 for 101." -She was unaware Resident #63 refused FGSBS checks and health 21 times in August 2017. -She documented on the excel work Resident #63 refused medications, FGSBS checks, and health. -She never contacted the physician in regard to Resident #63 refusing medication, FGSBS checks, or health. -She was unaware if the facility had a refusal policy on medications or health. -She was unaware if the physician had been notified Resident #63 refused FGSBS checks and	D-273	_____	_____

Division of Health Service Regulation

SYSTEM OF CERTIFICATION AND PLAN OF CORRECTION

REGISTRATION NUMBER

723 DATE SHEET COVERED

STATE OF MICHIGAN DEPARTMENT OF HEALTH SERVICE REGULATION

REGISTRATION NUMBER

08/20/2017

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CERRA ROCK
131 CRESTVIEW DRIVE
MOOREVILLE, NC 27028

REGISTRATION NUMBER
D-273

PROVIDER PLAN OF CORRECTION
REVISIONS SHOULD BE SUBMITTED TO THE APPROVING AGENCY

DATE

<p>D-273</p> <p>Continued from page 02</p> <p>Initial, the should be:</p>	<p>0-273</p>	<p>Interview on 8/24/17 at 12:45 pm with a first shift MA revealed: -He was unaware Resident #6 had refused FSBS checks and insulin 21 times in August 2017. -He was not aware if the facility had a policy on refusal of medications. -He stated: "I would definitely call the physician if Resident #6's FSBS was 800." -He was unsure why the physician was not notified of the refusal of FSBS and the high blood sugars. -He was not aware MAAs were not rechecking Resident #6's FSBS if the FSBS was over 451 or not calling the physician. -He said anyone would recheck the FSBS, but I have not been made aware by the third shift MAAs to recheck Resident #6's FSBS." Interview on 8/23/17 at 2:09 pm with Resident #6 revealed: -He was aware the staff took his FSBS four times daily. -He was aware the staff administered insulin three times daily per the SSJ. -He never refused FSBS checks or medications. -They just don't give it to me." -He was unaware if the physician was made aware of the times he had not been administered the insulin or the FSBS checks. Review of the pharmacy quarterly review completed on 7/18/17 revealed a recommendation to inform the physician of the increase in refusal of FSBS. Telephone interview on 8/24/17 at 11:30 am with Resident #6's physician revealed: -He was not aware in August 2017 Resident #6</p>
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Division of Health Service Regulation STATEMENT OF INVESTIGATION AND PLAN OF CORRECTION		PHYSICIAN/ALLIANCE IDENTIFICATION NUMBER	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER
NAME OF PROVIDER OR BUSINESS THE HERMITAGE OF CEDAR ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE 104 CRESTVIEW DRIVE MOOREVILLE, NC 27028		PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER	
PHYSICIAN PREFIX SUFFIX	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER	PHYSICIAN'S CORPORATION IDENTIFICATION NUMBER
D-273	Continued From page 53	D-273			
<p>revised FSSS checks and insulin 21 times. He was not aware in July 2017 Resident #60 refused FSSS checks and insulin 13 times. The facility contacted the physician through office or home but distinctly not 19 or 21 times. He was unaware Resident #60's FSSS on 8/4/17 was 850, or the FSSS on 8/7/17 was 871. He was not aware the facility staff were not rechecking Resident #60's FSSS that were greater than 451 for 1 hour, and calling MD if not decreased. He called on the facility staff to follow the orders as written for Resident #60. "This is a safety issue for the resident, how can I treat the situation if I am unaware of the finger stick results."</p> <p>Interview on 8/24/17 at 12:00 pm with the facility Director (several):</p> <ul style="list-style-type: none"> -She was unaware the MA were not contacting the physician or rechecking Resident #60's FSSS as ordered. -She was unaware some of Resident #60's FSSS were over 500 and 1 was 850. -She would immediately initiate a oral blood sugar test to check MA with contacting the physician and rechecking FSSS. -She and the Resident Care Manager would discuss the new process. <p>Review of the facility Blood Sugar Policy revealed:</p> <ul style="list-style-type: none"> -Blood sugar less than 60 If responsive give 10 packets sugar in soda or juice or milk. Recheck in 30 minutes to ensure over 60. If not over 60 call MD. -If responsive and refuse sugar and soda call MD for instructions. -If Unresponsive call EMS and MD. -Do not administer insulin if BG was then 60. 					

Division of Health Service Regulation

PRINTED: 03/20/2017
FORM APPROVED

SUBJECT OF CERTIFICATE AND PLAN OF CORRECTION

IN PROVIDER/PROVIDER DESIGNATION NUMBER

FOR MULTIPLE CONVICTIONS A FILING NUMBER

ISSUE DATE SUBJECT COMPLIANCE

NAME OF PROVIDER OR SUPPLIER

HALLOCK

E. WING

04/20/2017

THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE ZIP CODE

131 CRESVIEW DRIVE
MOCKSVILLE, NC 27028

DATE OF PROVIDER'S EXAMINATION BY PROVIDER'S REGULATOR (DATE/INITIALS/REGULATOR)

NO

NO

DATE OF PROVIDER'S EXAMINATION BY PROVIDER'S REGULATOR (DATE/INITIALS/REGULATOR)

D-272

D-271

Document what was done on the 24 hour report and in the nurse notes of resident's chart if blood sugar greater than 451 - inject 12 units regular insulin SQ.

Resident BG in 1 hour. If no decrease call MD. Document what was done on the 24 hour report and in the Nurse's Notes of resident's record. Note: some residents have on their MAR different medications for BG always check MAR first.

The policy was signed by the physician on 02/24/16, 10/17/16, and on 01/14/17.

Review of Resident #3's current #12 dated 02/17/17 reveals:

- Diagnoses include diabetes with hyperglycemia, bipolar peripheral vascular disease and dermatitis.
- Medication orders included bupropion (used to treat anxiety) 15 mg two times daily.

Review of Resident #3's Care Plan date 02/28/17 reveals:

- Resident #3 was seen by a Medical Health Provider.
- It was documented Resident #3 was verbally abusive and disruptive behavior socially inappropriate.
- It was documented Resident #3 was refusing to properly.
- It was documented Resident #3 was not taking medications for mental illness.

Review of Resident #3's Mental Health Provider notes revealed Resident #3 had a Mental Health encounter on 2/16/17 for a routine visit with no changes to current medication list.

Review of Resident #3's Electronic Medication Administration Record (eMAR) for the month of

Administration Record (eMAR) for the month of

Division of Health Service Regulation

FORM

COMBINATION OF 28 OF 137

Division of Health Services Registration

STATEMENT OF OFFICERS AND PLAN OF CORRECTION		FOR ALL THESE CONSTRUCTION		FOR DATE SURVEY COMPLETED	
NAME OF PRISONER OR SUSPENSEE		A. BUILDING		B. MANDATORY	
THE HERITAGE OF CEDAR ROCK		191 CRESTVIEW DRIVE		08/28/2017	
NAME OF PRISONER OR SUSPENSEE		STREET ADDRESS, CITY, STATE, ZIP CODE		MADISONVILLE, MS 39028	
ID NUMBER		ID PROJECT AND		PROJECT AND	
D 274		D 272		D 272	
<p>Continued From page 55</p> <p>August 2017 revealed:</p> <p>Am sorry for buspirone 15 mg had three daily at 8:00 am and 8:00 pm.</p> <p>-Documentation 15 out of 23 days. Resident #4 had refused the buspirone 15 mg at 8:00 pm.</p> <p>-Documentation on the other medication.</p> <p>Prisoners Resident #5 refused buspirone 15 mg five times in August from 07/17 to 08/24/17.</p> <p>-There were no additional documented times.</p> <p>Resident #5 refused buspirone 15 mg at 8:00 pm on the August 2017 AMAR.</p> <p>-There was no documentation the MD had been notified Resident #5 had refused buspirone 15 mg 13 times out of the 23 days in August 2017.</p> <p>Review of Resident #5's AMAR for the month of July 2017 revealed:</p> <p>-An entry for buspirone 15 mg two times daily at 8:00 am and 8:00 pm.</p> <p>-Documentation 19 out of 31 days. Resident #5 had refused the buspirone 15 mg at 8:00 pm.</p> <p>-Documentation on 7/20/17 at 8:00 am. Resident #5 refused buspirone 15 mg.</p> <p>-Documentation on the other medication.</p> <p>Prisoners Resident #5 refused buspirone 15 mg on 7/31/17 at 8:00 pm, 7/4/17 at 8:00 pm, 7/5/17 at 8:00 pm, 7/13/17 at 8:00 pm, 7/13/17 at 8:00 pm, 7/24/17 at 8:00 pm, and on 7/29/17 at 8:00 pm.</p> <p>-There were no additional documented times.</p> <p>Resident #5 refused buspirone 15 mg on the July 2017 AMAR.</p> <p>-There was no documentation the MD had been notified Resident #5 had refused buspirone 19 times out of the 31 days in July 2017.</p> <p>Interview on 07/20/17 at 10:46 pm with a second shift Medication Aide (MAA) revealed:</p> <p>-She worked second shift and was also the supervisor.</p>		<p>FRONTIER STATEMENT OF OFFICERS</p> <p>EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE OFFENSE(S)</p>		<p>FOR DATE SURVEY COMPLETED</p>	

Division of Health Services Registration

MS 39028

Division of Health Service Regulation

STATEMENT OF DEFICIENCY
AND PLAN FOR CORRECTION

NO PROVISIONS IN RULES
IDENTIFYING VIOLATION

ADDITIONAL COMMENTS
A. RULES: _____
B. PLAN: _____

DATE STATE
COMPLETED
08/23/2017

NAME OF PROVIDER OR SUPPLIER
THE HEALTHCARE OF DEBAR POCK

STREET ADDRESS, CITY, STATE, ZIP CODE
**191 CHESTNUT DRIVE
MOCKSVILLE, NC 27028**

REG. NO. PROV. ID	QUALIFICATION STATEMENT OF DEFICIENCY SUCH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ESTABLISHMENT PROVISIONS	IS PROV. ID	REG. PERSON OR CONSULTANT IDENTIFYING DEFICIENCY & BE PROV. ID	DATE COMPLETE
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D 273	<p>Continued from page 59</p> <p>-She was aware Resident #6 refused his medications.</p> <p>-She was unaware Resident #6 refused buspirone 15 mg on August 2017 or 19 times in July 2017.</p> <p>-She documented on the AMAR when Resident #6 refused his medications.</p> <p>-She documented in the Nurses Notes when he refused medications.</p> <p>"I don't think the doctor is aware"</p> <p>-She was not aware if the facility had a policy on refusal of medications.</p> <p>-She never contacted the physician in regard to Resident #6 refusing medications.</p> <p>-She was unaware if the facility had a refusal policy on medications.</p> <p>Interview on 8/24/17 at 11:56 pm with a third shift MA revealed:</p> <p>-She worked in the facility for 2 years.</p> <p>-She was unaware Resident #6 refused buspirone 15 mg on 19 times in August 2017. "I do not give that med on my shift"</p> <p>-She documented on the AMAR when Resident #6 refused medications.</p> <p>-She never contacted the physician in regard to Resident #6 refusing medications.</p> <p>-She was unaware if the facility had a refusal policy on medications.</p> <p>Interview on 8/24/17 at 12:45 pm with a first shift MA revealed:</p> <p>-He was unaware Resident #6 refused buspirone 15 mg on 19 times in August 2017.</p> <p>-He was unaware if the facility had a policy on refusal of medications.</p>	D 273		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

1310 PROVIDER/PROVIDER/CLIA IDENTIFICATION NUMBER:

PROVIDER IDENTIFICATION NUMBER: 08/23/2017

NAME OF PROVIDER OR SUSTAINER: HAINBOLOT

STREET ADDRESS CITY, STATE, ZIP CODE: 191 CARSTENW DRIVE ROCKSVILLE, MO 67226

DOB: 08/23/2017

THE HERITAGE OF CEDAR ROCK

191 CARSTENW DRIVE ROCKSVILLE, MO 67226

NO. IN DEFICIENCY	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL NARRATIVE OR LSC QUESTIONED INFORMATION)	NO. IN PLAN OF CORRECTION	NO. IN DATE
02273	Continued from page 67 Telephone interview on 8/24/17 at 2:00 pm with Resident #82, Mental Health Provider revealed: -She had seen Resident #83 in the facility on 7/25/17 for a routine visit. -She was not aware in August 2017 Resident #9 was not admitted. Discharge 13 times out of 23 days, or in July 2017 Resident #8 was not admitted. Discharge 19 times out of 31 days. -She thought if Resident #9 missed this many times of discharges in August 2017 and July 2017 the facility would contact her or the office. -She expected the facility to follow orders as they were written. -If the facility had contacted her I would suspect the times around so Resident #9 could get his discharges 15 mg. -She was worried about the increased potential of anxiety by not getting his discharges as ordered. -I expect the facility staff to call with this many "collapses of a medication." B. Review of Resident #81's record revealed current FLZ signed by the physician on 8/27/17. Diagnosis included Erb-Duchenne palsy (with lateral) right upper extremities (chronic), severe major depression with psychotic features, dementia due to Huntington's disease with behavior disturbance since 2010, and abdominal pain since 2016. A. physician's order for physical therapy with range of motion, evaluate and treat (times 5). Review of Resident #81's Resident Register revealed the resident was admitted to the facility on 08/02/17. Review of Resident #81's record revealed a second FLZ signed and signed by the facility's house physician on 8/27/17 and a third FLZ signed by the facility's house physician on 8/27/17.	02273	

PRINTED 06/25/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFENDANCE
AND PLAN OF CORRECTION

ACT INFORMATION/REGULATION
IDENTIFICATION NUMBER

REGULATORY CONSTRUCTION
A NUMBER

COMPLAINT NUMBER
06252017

HALDORNY

B. CARNS

NAME OF PROVIDER OR SUPPLIER

PHYSICIAN ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

191 CHESTNUT DRIVE
MOCKSVILLE, NC 27028

STATUS PREFIX TAG

ID PREFIX SAE

PROVIDER PLAN OF CORRECTION
EACH CORRECTIVE ACTION SHOULD BE
CORRESPONDING TO THE ASSAULTIVE
DEFENDANCE

DATE COMPLETE
DATE

0 273 Continued From Page 58

0 273

08/15/17 with the same diagnoses and medications as listed above.

- 1. Review of Resident #4's Care Plan signed by the physician on 08/15/17 revealed:
 - The form was not complete.
 - The assessment, section 7 was blank.
 - Section 2, mental health and social history had descriptive behavior/socially inappropriate and injurious to other residents.
 - There was no documentation for social/mental health history.
 - The care plan was signed by the physician on 08/15/17.

Review of Resident #4's record revealed the following documentation:

- 08/09/17, third shift, Resident #4 came out of his room and started screaming, yelling racial slurs and inappropriate name calling.
- 08/09/17, second shift, Resident #4 was up roaring the hall at night.
- 08/09/17, second shift, Resident #4 refusing to take his medications.
- 08/10/17, second shift, Resident #4 still refusing to take his medications.
- 08/16/17 Resident #4 refused to see the physician.
- 08/22/17, first shift, Resident #4 was very violent, breaking glass, lamps and throwing foil cans of soap as his roommate hitting him in the head, and fighting with staff.

Review of police reports from the local county emergency communicators revealed:

- On 08/30/17 at 7:53 pm, the facility staff called stating Resident #4 was hostile, and he left the facility.
- The resident attacked two staff members on 08/30/17.

Division of Health Service Regulation
STATE FORM

1000

06/25/17

If continuation sheet 50 of 55

Division of Health Service Regulation
STATEMENT OF DEFENDENT'S
AND OFFENSE CHARACTERIZATION

PROVIDER/RESIDENT IDENTIFICATION NUMBER
HALUS00097

PROVIDER/RESIDENT IDENTIFICATION NUMBER
A. G. M. STATE

PROVIDER/RESIDENT IDENTIFICATION NUMBER
C
06/25/2017

NAME OF PROVIDER OR SUPPLIER

ATHELET MCHESNEY, DPT, STAFF, ZP CODE
MCCP2VLA, NC 27028

THE HERITAGE OF CLEAR ROCK

341 CRESTVIEW DRIVE

PROVIDER/RESIDENT IDENTIFICATION NUMBER
RESOLUTION ON OCCURRENCE OF VIOLATION

PROVIDER/RESIDENT IDENTIFICATION NUMBER
EACH CORRECTIVE ACTION SHOULD BE
DESCRIBED (BY DATE)

DATE
COMPLETION DATE

Q 273 Continued From page 55

Q 273

-On 08/23/17 at 10:12 am, facility staff stated Resident #4 was causing problems, causing staff throwing things at staff.
-The resident tried to lock a staff member while she was blocking up "staff" he tried to throw on the floor.
-On 08/23/17 at 11:35 am, the Resident #4 revealed another incident.

Resident #4's record revealed the facility had no documentation of the hospital visit on 8/21/17 and there was no documentation regarding the incident when the police were called on 8/20/17.

Interview on 08/23/17 at 3:52 pm with a neighbor living near the facility revealed:
-Their home was within 20 feet of the facility.
-From their driveway, you had a clear view of the facility.
-On 08/23/17 around 11:00 pm someone repeatedly rang their doorbell.
-Two persons was ringing the doorbell rapidly like they were in a panic.
-The person stopped ringing the doorbell and started to beat on the door.
-They called 911 because they thought someone was trying to break in or the person was in danger.
-The banging was so loud it woke up everyone in the house.
-They were all afraid because they did not know what to expect, and the children were frightened.
-The person outside was screaming, saying over the "ring" door.
-He was hitting the door so hard you could see the door frame double oval as it was ringer every time it was hit.
-The person took all decorations off the door and threw them across the yard.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
 AND PLAN OF CORRECTION

201 PROVIDER/REGULATORY
 IDENTIFICATION NUMBER:

201 HEALTH CARE PROVIDER
 IDENTIFICATION NUMBER:

201 DATE SUBJECT
 COMPLAINT

HA1520002

B. WING

08/20/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEMAN ROCK

191 CHESTNUT DRIVE
 ROCKVILLE, NC 27616

REGULATORY ID NUMBER
 (FOR DEFENSIVE USE ONLY - PROVIDERS SHOULD
 REQUEST OR PROVIDE IDENTIFICATION NUMBER)

ID NUMBER
 (FOR DEFENSIVE USE ONLY - PROVIDERS SHOULD
 REQUEST OR PROVIDE IDENTIFICATION NUMBER)

DATE
 TIME

DEFICIENCY ID	DEFICIENCY DESCRIPTION	DATE	PLAN OF CORRECTION	COMPLETION DATE
D-273	Continued from page 60	D-273		
	<p>The police knally came, there was still from the facility outside trying to get the person to leave the premises.</p> <p>The police got the person away from the door and checked to ensure they were okay.</p> <p>The ambulance took the resident to the hospital.</p> <p>She talked with a staff person who was in debate and told her that before the resident left the facility, he was yelling at staff and trying to hit staff.</p> <p>The next morning she called and spoke with someone who identified himself as the Administrator, and the person in charge.</p> <p>The person that called herself the Administrator asked us if the resident did nothing wrong, and she turned her off.</p> <p>She visited the facility to discuss other issues that happened with residents and wanted to inform her of the things residents did to the neighborhood houses.</p> <p>At the facility, she noticed that this person who had previously identified herself as the Administrator was not the administrator, but the Director (Creder), and she was the person in charge.</p> <p>On 09/22/2017 at 8:52 pm with Resident #4's family member involved.</p> <p>She was Resident #4's parent of authority.</p> <p>She was in charge of all Resident #4's needs.</p> <p>The resident had Huntington's disease.</p> <p>She lived with her for six months, then decided to go to a nursing home and she had to have him hospitalized.</p> <p>Resident #4 was hospitalized for 4-5 months.</p> <p>She was sure the facility was aware of the resident's behavior because she was at the hospital and the facility had communicated before Resident #4 was discharged.</p> <p>The facility had made her aware of the incident.</p>			

Division of Health Services Regulation

NUMBER OF CERTIFICATES AND NUMBER OF CORRECTIONS

017

020

0

NAME OF PROVIDER OR SUPPLIER

THE HERITAGE OF CELIA ROCK

191 GREATVIEW DRIVE
MOOREVILLE, NC 27048

NAJAS0007

B YANG

08/28/17

0273

Continued from page 61

0273

RESIDENTS PLACING CORRECTIONS

0

DATE	DESCRIPTION OF INCIDENTS	RESIDENTS PLACING CORRECTIONS	RESIDENTS PLACING CORRECTIONS
0273	<p>When the resident left the facility, there was an incident on the post Sunday, and the incident happened when the resident got up from the table and caused.</p> <p>-She was unaware if the facility had made the physician aware of Resident #4's aggressive behaviors.</p> <p>-She was also unaware if the facility had contacted mental health or setup physical therapy.</p> <p>-Resident #4 did well with one-on-one care.</p> <p>-When he had agitated or aggressive behaviors, the staff at the hospital would take him for a walk outside.</p> <p>-She was unaware of the services the facility provided for Resident #4.</p> <p>Based on record review and observation, it was determined that Resident #4's roommate (Resident #7) was not identifiable.</p> <p>Interview on 08/22/17 at 5:01 pm with a resident reworker:</p> <ul style="list-style-type: none"> -Resident #4 always yelled and cursed at the time. -The resident usually yelled at staff but annoyed the residents. <p>Interview on 08/22/17 at 5:15 pm with a second resident reworker:</p> <ul style="list-style-type: none"> -Resident #4 started out okay until a couple of days ago. -Yesterday he heard Resident #4 banging on the walls. -Resident #4 was yelling and cursing. -He heard all this because Resident #4's room was on the other side of the wall. <p>Interview on 08/22/17 at 4:40 pm with the second shift Personal Care Aide (PCA) revealed:</p>		

Division of Health Services Regulation STATEMENT OF INCIDENTS AND PLAN OF CORRECTION		FD-1030 (REV. 10-1-80) IDENTIFICATION NUMBER	FOR RELEASE CONNECTION A. BAILING	FOR DATE REVIEW COMPLETED 08/25/2017
<p>NAME OF PROVIDER OR FACILITY: THE BERTRAM OF CEDAR ROCK</p> <p>STREET ADDRESS, CITY, STATE, ZIP CODE: 181 CRESTVIEW DRIVE MOOREVILLE, NC 27028</p>				
<p>ICAH ID PREFIX TAG: D 273</p> <p>REASON FOR REPORT: RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS</p>	<p>ICAH ID PREFIX TAG: D 273</p> <p>REASON FOR REPORT: RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS</p>	<p>ICAH ID PREFIX TAG: D 273</p> <p>REASON FOR REPORT: RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS</p>	<p>ICAH ID PREFIX TAG: D 273</p> <p>REASON FOR REPORT: RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS</p>	<p>ICAH ID PREFIX TAG: D 273</p> <p>REASON FOR REPORT: RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS; RESIDENTS' STATEMENT OF INCIDENTS</p>
<p>D 273 Continued From page 82</p> <ul style="list-style-type: none"> -Resident #4 had outbreaks of cursing, yelling and throwing things. -Resident #4 only went two places in the facility: the room and standing in the hallway. -When the resident was in the hallway, the yelling at staff or visitors was in the hallway, the yelling obscenities, and attempted to fight staff. -When Resident #4 was in the room, he threw things around in the room. -He would throw his and the roommate's clothes around or whenever he touched with his hand, he threw it. -Resident #4 would always throw the roommate's stuffed animals and clothes to the floor. -She had not witnessed Resident #4 abusing another resident except for today. -Resident #4 got upset and threw things around in the room as usual, but today he hit his roommate in the head with a can of zipc. -The roommate had sustained a bruise but no skin breakage. -Resident #4 usually ate his meals in the room because the yellow, and cursed loudly in the sitting room. -Two nights after Resident #4 came to the facility he left and went to a nearby house and banged on the door. -Resident #4 tore curtains off of the door and threw them in the yard. <p>Interview on 08/23/17 at 11:00 pm with the sponsor with Parental Care Site (PCA) revealed:</p> <ul style="list-style-type: none"> -Resident #4 had another "outburst" today around 3:00 pm. -The facility staff was changing shifts, and Resident #4 was cursing and yelling at staff. -Resident #4 went to grab a staff person from behind, and another male staff person stopped it to prevent the resident from attacking the staff person. 				

Division of Health Services Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

NY PROVIDER/REGULATORY
IDENTIFICATION NUMBER

EXAMINING COMMISSION
A. BUREAU

INSURANCE SURVEY
COMPLETED

NAI 40007

0000

09/20/2017

NAME OF PROVIDER OR SUPERVISOR

STREET ADDRESS CITY STATE ZIP CODE

THE HERITAGE OF CEDAR ROCK

181 CRESTVIEW DRIVE
MOCKEYVILLE, NC 27020

NR ID
PRESENT
TAG

STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION

NO
PRESENT
TAG

APPROVED PLAN OF CORRECTION
IF ANY CORRECTIVE ACTION SHOULD BE
TAKEN (ATTACHED TO THE APPROPRIATE
DEFICIENCY)

DATE
COMPLETION
DATE

B 273 Continued From page 83

D 273

-Resident #4 returned up and brushed the staff
person.
-Resident #4 always had outbreaks when he
yelled, cursed and threw things at anyone that got
in his way. It did not matter if it was a resident or
staff.
-He was not sure if other residents were afraid of
Resident #4.

Interview on 08/23/17 at 12:00 pm with the
physician that signed Resident #4's FL2. He stated:
-He was the house physician for the facility.
-He had never seen or met Resident #4.
-The facility faxed him an FL2. When he had him seen
the same FL2 when in the facility, but he did not
see the resident.

-When the resident first came to the facility, a
staff person faxed a request for Xanax. 20 mg
three times daily for anxiety.
-He had not been informed of any other issues
with Resident #4.

-The facility had not notified him that Resident #4
had behavior problems.

-He was at the facility on 08/15/17 and Resident
#4 refused to see him, but his wife made him
swear the resident was having behavior
problems.

-No one at the facility had informed their
committee. Resident #4 refused the medications.
-Had he been notified he could have ordered
another as needed medication.

-He had previously suggested in his history and
physical report that mental health services should
be setup.

Interview on 08/23/17 at 4:30 pm with the local
mental health agency revealed:
-No one at the facility had called to inform them.
-Resident #4 had a referral.

-A check of their computer showed the Rankin
center.

Division of Health Service Regulation STATEMENT OF INVESTIGATION INCIDENT OR COMPLAINT NUMBER: 141030017		DATE OF INCIDENT/COMPLETION: 8/14/2017 A. BULKING: _____ B. N/A: _____		DATE BY WHICH COMPLETED: 8/28/2017	
NAME OF PROVIDER OR SUPPLIER: THE HERITAGE OF CEDAR ROCK 431 CANTREVEY DRIVE MOONSVILLE, MO 67028		STREET ADDRESS, CITY, STATE, ZIP CODE:			
YPO ID NUMBER: 141030017	SYSTEMS STATEMENT OF COMPLAINTS: RESOLUTION ON LOG NUMBER: 141030017	ID NUMBER: 141030017	PROVIDER'S PLAN OF CORRECTION: EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE INCIDENT		DATE CORRECTIVE ACTION COMPLETED:
ID 273: Continued From page 54 #4 was shown to their system. -The resident had not been seen by their physician or physician assistant. Interview on 08/23/17 at 3:05 pm with the second shift Medication Aide (MA) revealed: -The MA reported after Resident #4's admission to the facility he tried to attack the MA. -After the episode, the resident routinely sat in one spot, but he still cursed and swore at staff or anyone talking to him. -Resident #4 had sworn, refused to see the physician when he came to the facility. -Once Resident #4 was having an episode, staff would grab her. -If two staff people to get the resident off her, all staff were afraid that Resident #4 was going to hit someone. -Resident #4 episodes were documented and managed with the Incident Management System. -She did not specifically report episodes to the resident's physician. Interview on 08/23/17 at 12:38 pm the Resident Care Director (RCD) revealed: -The medical health agency had been notified regarding the resident's aggressive behaviors, cursing, yelling, and attacking facility staff. -Yesterday Resident #4 got upset and was throwing things around the room. -Resident #4 threw some of soda and hit his roommate with the can of soda. -After Resident #4's first incident on 8/21/17 and another incident on the past Sunday, Resident #4 was sent to the hospital, which was the facility's policy, but the hospital always sent him back. There was usually no changes in medications. -She was referred to a referral to a health care provider.	ID 273				

Division of Health Service Regulation

STATEMENT OF DEFECTS, VIOLATIONS AND PLAN OF CORRECTION

REGULATORY DIVISION
LICENSING DIVISION

REGULATORY DIVISION
LICENSING DIVISION

DATE OF DEFECTS
COMPLETED
C
08/25/2017

NAME OF PROVIDER OR SUPPLIER

THE HERITAGE OF CEDAR ROCK

REGULATORY ADDRESS, CITY, STATE, ZIP CODE
181 CRESTVIEW DRIVE
ROCKWELL, NC 27080

PHYSICIAN STATEMENT OF DEFECTS
EACH DEFECT MUST BE PRECEDED BY FULL
REGULATION OR LICENSING INFORMATION

PHYSICIAN STATEMENT OF DEFECTS
EACH DEFECT MUST BE PRECEDED BY FULL
REGULATION OR LICENSING INFORMATION

PHYSICIAN STATEMENT OF DEFECTS
EACH DEFECT MUST BE PRECEDED BY FULL
REGULATION OR LICENSING INFORMATION

PHYSICIAN STATEMENT OF DEFECTS
EACH DEFECT MUST BE PRECEDED BY FULL
REGULATION OR LICENSING INFORMATION

DEFECT ID
PHYSICIAN
TYPE

DEFECT ID
PHYSICIAN
TYPE

DEFECT ID
PHYSICIAN
TYPE

DEFECT ID
PHYSICIAN
TYPE

0 278

Continued from page 55

Continued from page 55

Continued from page 55

Interview on 08/25/17 at 09:43 am with the nurse at the discharging hospital revealed:
-Resident #44 was discharged from the hospital on 08/22/17, she called the facility and spoke with the facility Director.
-She told the facility Director that the resident "acts out" and did better with one-on-one care.
-The conversation with the facility Director was lengthy, at least two hours long.
-She explained to the facility Director all Resident #44's health problems and difficult behaviors.
-She also stated the most effective interventions to calm the resident down.
-At the end of the conversation, the facility Director stated she would call her back to let her know if she could take Resident #44.
-Two days later the facility Director called back and informed they would take Resident #44.
-Again, she informed the facility Director Resident #44 was "hard to deal with," and the resident had been placed in other homes before, but was returned to the hospital within less than 24 hours.
-She also communicated to the facility Director that Resident #44 needed staff to have patience with her.
-Due to resident's disease, it would take him longer than most people to process questions, and he may not respond as quickly as most people.
-The resident might turn away or appear not to be listening, which could be misinterpreted as him not responding.
-When Resident #44 was not given time to process and respond to questions asked, he sometimes "checked-out".
-The resident would have "tantrums" by cursing, throwing things, pushing or attacking others, and even trying to walk off the property.
-Resident #44 did better with one-on-one care from staff.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

XXI PROHIBITION OF ABUSE
IDENTIFICATION NUMBER

QUANTITATIVE CORRECTION
A. VALUE

NO. OF DEFICIENCIES
CORRECTED

14/1/2017

8. VALUE

0

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

191 CREEPYVIEW DRIVE
MOCKINGBIRD, NC 27024

OSHA
PUNISH
TAG

REGULATORY STATEMENT OF DEFICIENCIES
MAY BE PENALIZED IF NOT CORRECTED BY FULL
REGULATORY OR LSC IDENTIFICATION NUMBER

TO
PUNISH
TAG

PROVIDER'S PLAN OF CORRECTIVE
ACTION (CONSTRUCTIVE ACTION SHOULD
CORRECT DEFICIENCIES TO THE APPROVED
DEFICIENCY)

NO.
CORRECTED
DATE

D-273 Certified Prior page 88

D-273

-The resident not only disclosed Resident #4's
behaviors but also sent two of their staff with
Resident #4 to the facility.
-The hospital staff had planned to stay with the
resident for several hours in an attempt to help
the resident adjust to the facility.
-The staff went with Resident #4 to the facility
reported to her the facility Director said they could
leave because her staff could handle the resident.

INTERVIEW ON 08/24/17 AT 10:42 AM WITH THE
FACILITY'S DIRECTOR REVEALED:

-Resident #4 woke up this morning at 4:00 AM.
-Resident #4 started throwing things.
-He broke out facility windows, broke furniture,
grabbed items and tried to attack staff.
-Staff called 911, but had to hurry off the
telephone and find a safe place, because
Resident #4 was coming after her with object in
his hand to attack her.

-She was aware that Resident #4 had
Huntington's disease, and was aware people with
the disease were sometimes aggressive.

-There was another resident at the facility that
had the same disease, and he was sometimes
aggressive, but nothing like Resident #4.

-The discharging hospital had informed her of
some of Resident #4's behaviors, but she did not
think the behaviors were this bad.

Second interview on 08/25/17 at 11:58 AM WITH
THE FACILITY DIRECTOR REVEALED:

-She was aware Resident #4 had been in the
hospital for several months due to behaviors.

-She was aware the resident had Huntington's
disease, but was unaware the behavior was
that bad.

-There was an incident on 08/17/17 when he was
fighting staff, but the hallway and was banging on
a resident's door.

Division of Health Service Regulation
Division of Health Services and Plans of Correction

CDI NUMBER/PLAN/LEGAL IDENTIFICATION NUMBER

CDI NUMBER CONTRIBUTED

CDI DATE START COMPLETED

00/28/2017

NAME OF PROVIDER OR EMPLOYER
THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
**181 CHESTVIEW DRIVE
MOCKSVILLE, NC 27026**

CDI TYPE
EMERGENCY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL NARRATIVE OR LSC NUMBERING INFORMATION)

CDI TYPE
NO

NUMBERED PLAN OF CORRECTION (DO NOT COMPLETE ACTION ITEMS UNLESS CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

CDI DATE COMPLETED

D 273: Continued from page 67

O 273

-The physician was notified and asked for medication to calm Resident #4 down.
-The physician ordered Xanax .25 mg three times daily.
-Resident #4 has another incident when his roommate was given snacks by an outside agency.
-Resident #4 became "ticked off" because he wanted the snacks.
-The resident was aggressive toward staff and throwing things.
-After the incident, she did not call the physician, but she called the discharging hospital to tell them that she could not handle the resident.
-She was told the resident requires snacks to help him calm down.
-She started giving Resident #4 three other snacks in addition to the three factory snacks.
-She only had two other staff people (R/D and second shift medication aide/supervisor) that Resident #4 required additional snacks to calm her down.
-The facility's policy when a resident got upset or became aggressive was to try and calm the resident down by giving general redirection.
-If the resident did not calm down, then law enforcement was to be called.
-Also, staff should call the resident's physician to try and get an "as needed" medication for the resident.
-Facility staff should have called the physician to inform of Resident #4's aggressive behavior.
-No mental health provider has been notified of Resident #4's behaviors.
-Interview on 08/24/17 at 11:05 am with a mental health provider visiting another resident's resident.
-The mental health agency was in the building at least two to three times per weekly and available to call when an emergency situation occurred.

Division of Health Services Regulation

STATEMENT OF SERVICES PROVIDED
BY THE PROVIDER OR SERVICE PROVIDER

DATE OF MULTIPLE CONSTRUCTION
A. PROJECT: _____
B. (N/A)

DATE WHEN
COMPLETED
08/28/2017

NAME OF PROVIDER OR SERVICE PROVIDER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF GERM TOWN

181 CRESTVIEW DRIVE
ROCKVILLE, MD 20858

STATEMENT OF SERVICES PROVIDED
BY THE PROVIDER OR SERVICE PROVIDER
MUST BE REFERENCED BY FULL
REFERENCE ON THE INVOICE (HHS CONTRACT)

DATE OF MULTIPLE CONSTRUCTION
A. PROJECT: _____
B. (N/A)

DATE WHEN
COMPLETED
08/28/2017

D 273

D 273

Confidential From page 08

The facility could have made a referral to them for Resident #4 to get assistance with the resident's behavior.

If the facility had informed them of Resident #4's actions, they would have "picked him up" as a client and provided the facility with assistance as possible or made recommendations for treatment to deal with the resident's behaviors.

As of today, Resident #4 had not been referred to his agency for mental health assistance.

Interview on 8/24/17 at 9:21 am with the social worker at the discharging hospital revealed:

- Resident #4 was in the hospital for six months.
- Although he was used to being around the people at the hospital, the resident would still go out, yelling, cursing, and becoming aggressive yelling again.
- Resident #4 had two things that made him agitated.
- One was his sister, and the other was if he did not get a snack.
- Resident #4 did better with one-on-one care, and with people that were patient with him and gave him time to express his self.
- The facility that took Resident #4 was informed that the resident had Huntington's disease with aggressive behaviors (yelling, cursing, and walking off the property) and the resident responded better to one-on-one care.
- She had informed the facility Director at the facility that Resident #4 required snacks to keep him calm.
- The facility was aware of the snacks because shortly after discharge they called her asking for money to buy snacks.
- She told the facility Director Resident #4 had no money specifically for snacks, and she thought snacks were free in long-term facilities.
- The facility Director told her that snacks were not

Division of Health Service Regulation
STATEMENT OF DEFENDANCE
AND PLAN OF CORRECTION

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH SERVICE REGULATION

DATE OF MATRIAL CONSTRUCTION
K. BUILDING

DATE CASE
COMPLETED
08/25/2017

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CRESTVIEW DRIVE
MOCKSVILLE, NC 27028

DATE OF REPORT
D 273

REGULATORY DIVISION
D 273

DATE COMPLETE
DATE

Continued from page 69
free, but she would supply the snacks until some money was received.

Interview on 8/23/17 at 2:09 pm with the discharging hospital doctor revealed:
-Resident #4 was discharged to an assisted living home on beginning of August 2017.
-The resident does have a progressive frontal neurodegenerative disease with mental illness.
-The resident lived at their hospital for more than five months and was hard to place.
-The hospital was not set up to care for long-term residents, but they had a difficult time placing the resident.
-When they told other nurses about the resident's disease and behavior, they instantly identified Resident #4 was not appropriate for their facility.
-Two previous attempts had been made to get Resident #4 in home, but the home usually returned the resident to the hospital within 24 hours.
-If the facility was having difficulty they did not have to continue taking Resident #4 back, they could have done an involuntary commitment and would have stayed in a special health hospital.
-Resident #4's behavior was generally neurodegenerative disorders of the brain, and the resident was not going to get better, but worse.
-This information was shared with the nurse that took Resident #4.
-Nothing was kept from the home, they were made aware Resident #4 was hard to handle.
-When the resident was discharged to the home, they sent two staff to go with the resident.
-Staff stayed with the resident for several hours because they were aware that previous attempts to place the resident had failed.

Based on record review and observation it was determined that Resident #4 was not

Division of Health Service Regulation		STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK		DATE DATE SUBMITTED
STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK	STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK	STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK	STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK	STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK
<p>NAME OF PROVIDER ORGANIZATION: THE HERITAGE OF CEDAR ROCK</p> <p>161 CHEROKEE DRIVE MOOREVILLE, NC 27028</p>	<p>STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK</p>	<p>STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK</p>	<p>STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK</p>	<p>01/28/2017</p>
<p>DATE: 01/28/2017</p> <p>TIME: 10:00 AM</p> <p>BY: [Signature]</p>	<p>DATE: 01/28/2017</p> <p>TIME: 10:00 AM</p> <p>BY: [Signature]</p>	<p>DATE: 01/28/2017</p> <p>TIME: 10:00 AM</p> <p>BY: [Signature]</p>	<p>DATE: 01/28/2017</p> <p>TIME: 10:00 AM</p> <p>BY: [Signature]</p>	<p>DATE: 01/28/2017</p> <p>TIME: 10:00 AM</p> <p>BY: [Signature]</p>
<p>D 273</p> <p>Continued from page 70</p> <p>Interviews:</p> <p>2. Review of Resident #4's record revealed a current FLZ signed by the physician at the Greensboro hospital on 08/27/17.</p> <p>-Primary Diagnoses on the FLZ included:</p> <ul style="list-style-type: none"> -Bipolar Disorder (bipolar disorder) right upper extremities (chronic), severe major depression with psychotic features, behavior disturbance since 2010, and abdominal pain since 2016. -Medications ordered included citalopram (used to treat depression) 40 mg daily, sertraline (used daily, thiazide sodium (used to treat constipation) 200 mg twice daily, citalopram (used to treat anxiety) 10mg daily, sertraline (used to treat anxiety) 50 mg daily, 500 mg daily, Spandex and thiazide, and risperidone (used to treat depression) 2 mg at bedtime. <p>Interview of Resident #4's record revealed on 08/27/17 the physician signed a subsequent order for Xanax (alprazolam) (used to treat anxiety) 0.25mg three times daily.</p> <p>Review of Resident #4's August 2017 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -Aripiprazole 15.25 mg three times daily was discontinued on the eMAR for 8:00 am, 12:00 pm and 8:00 pm administration. -Fentanyl was discontinued that Resident #4 received via medication on 08/04/17 at 8:00 am, 09/13/17 at 8:00 pm, 08/22/17 at 12:00 pm and 8:00 pm, 08/23/17 at 8:00 pm. -Risperidone 2 mg at bedtime was discontinued on the eMAR for 8:00 pm administration. -Staff documented the resident refused the medication on 08/13/17 at 8:00 pm, 08/22/17 and 	<p>D 273</p>	<p>STATEMENT OF DEED TO INCREASE AGENCY'S COMPLIANCE WITH THE HERITAGE OF CEDAR ROCK</p>	<p>DATE: 01/28/2017</p> <p>TIME: 10:00 AM</p> <p>BY: [Signature]</p>	

Division of Health Service Regulation		STAFFWORK BY DEFENDERS AND PLAN OF CORRECTION		DATE DATE SAVED DOWNLOADED	
STAFFWORK BY DEFENDERS AND PLAN OF CORRECTION	DATE	DATE SAVED	DATE DOWNLOADED	DATE	DATE
<p>THE HERITAGE OF CREAM MOOR</p> <p>191 CRESTVIEW DRIVE MOOREVILLE, NC 27658</p> <p>NAME OF PROVIDER OR SUPPLIER HALTHCARE</p> <p>STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOOREVILLE, NC 27658</p>	08/28/2017	08/28/2017	08/28/2017	08/28/2017	08/28/2017
<p>02/23</p> <p>09/23/17 at 8:00 pm. -Docusate Sodium 100 mg 2 capsules twice daily was transcribed on the MAR for 8:00 am and 8:00 pm administration. -Staff documented the resident refused the medication on 08/08/17 at 8:00 am, 08/15/17 at 8:00 pm, 08/22/17 at 8:00 pm and 08/23/17 at 8:00 pm. -Delirious HCL being once daily was transcribed on the MARs for 8:00 am administration. -Staff documented the resident refused the medication on 08/08/17 at 8:00 am. -Omeprazole DR 40 mg once daily was transcribed on the MARs for 8:00 am administration. -Staff documented the resident refused the medication on 08/08/17 at 8:00 am. -Sertraline HCL 175 mg once daily was transcribed on the MARs for 8:00 am administration. -Staff documented the resident refused the medication on 08/08/17 at 8:00 am.</p> <p>Interview on 08/23/17 at 12:38 pm with the Resident Care Director (RCD) revealed: -The facility did not have a written policy for medication refusal, but there were verbal instructions that staff were required to follow. -The verbal instructions for medication refusal was if a resident refused medications after 3-4 days in a row, then staff were to notify the physician. -Resident's physician had not been notified regarding medication refusal because the refusals were not back to back. -All mental health agency had been notified regarding the resident's refusal of medications or the resident's aggressive behavior, cursing, yelling, and attacking facility staff. -Resident's physician had not been notified regarding medication refusal because the refusals were not back to back. -All mental health agency had been notified regarding the resident's refusal of medications or the resident's aggressive behavior, cursing, yelling, and attacking facility staff.</p>	02/23	08/23/17	08/23/17	08/23/17	08/23/17

Division of Health Service Regulation
STATE POLICE

08/23/17

Continued from 72 of 139

Division of Health Service Regulation		CEN PROSECUTOR/PROSECUTOR IDENTIFICATION NUMBERS		CEN DUE SERVER COMPLETED	
NAME OF PROVIDER OR LICENSEE		CEN NUMBER & COMMENCEMENT A. BIRTHDATE		CEN NUMBER C	
THE HERITAGE OF CEMEX, HOOK		E. NAME		00292017	
ADDRESS		STREET ADDRESS, CITY, STATE, ZIP CODE			
141 CRENSHAW DRIVE		MOOREHILL, NC 27038			
SUNSHINE STATEMENT OF OFFENSES LEAD AGENCY MUST BE PROVIDED BY FULL REGULATORY OR LICENSING INFORMATION		ID NUMBER THIS		PROSECUTOR'S PLAN OF CORRECTION LEAD AGENCY MUST BE PROVIDED BY FULL REGULATORY OR LICENSING INFORMATION DEPENDENT	
D. 273		0. 273			
<p>Continued from page 72</p> <p>Showing signs around the room.</p> <p>-The resident knew signs of soda and hit his forehead with the can of soda.</p> <p>Interview on 08/23/17 at 12:00 pm with the physician that signed Resident #4's P/LZ revealed:</p> <p>-He was the house physician for the facility.</p> <p>-He had never seen or met Resident #4.</p> <p>-The facility faxed him an P/LZ, there had been sign the same P/LZ when in the facility, but he did not see the resident.</p> <p>-After the resident first came to the facility, a staff person made a request for Xanax 0.25 mg three times daily for anxiety.</p> <p>-He had not been informed of any other issues with Resident #4.</p> <p>-No one at the facility had informed that sometimes Resident #4 refused his medications.</p> <p>-He had been notified his could have ordered another as needed medication.</p> <p>Interview on 08/23/17 at 3:00 pm with the second shift Medication Aide (MA) revealed:</p> <p>-Time on her shift Resident #4 refused to take his flight three medications.</p> <p>-The flight flight Resident #4 had left returned from the dining room and was sitting up on the side of the bed.</p> <p>-She told the resident it was time for his medications.</p> <p>-The resident looked down inside the cup and turned his head.</p> <p>-The second shift Resident #4 was awake laying in the bed.</p> <p>-She said to the resident "Way time for your medication"</p> <p>-Resident #4 was laying on his back, then turned over in the bed with back toward her and his face toward the wall.</p> <p>-She watched a few minutes later and asked the</p>					

Division of Health Service Regulation
STATEMENT OF EXPERIENCES
AND PLAN FOR CORRECTION

001 PROVIDER/APPRAISAL
IDENTIFICATION NUMBER

002 MULTIPLE CONSTRUCTION
A BUSINESS _____

003 ONE-SHAFT
CONCRETE
0

HALLSBURY

R-YAKS

06/28/2017

NAME OF PROVIDER OR SUPPLIER

SHREVE ADDRESS, CITY, STATE, ZIP CODE

141 CRESTVIEW DRIVE
MOCKEVILLE, NC 27021

THE HERITAGE OF CHURCH ROCK

3. MAJOR QUANTIFY OF EXPERIENCES
MAY BE DEFERRED UNTIL THE PROVIDER HAS
REGULATORY OR LEGISLATION REVISIONS

DO NOT USE THIS FIELD OF CORRECTION;
IF AN APPROPRIATE ACTION IS TAKEN, IT
SHOULD BE REFERENCED TO THE APPROPRIATE
DEPARTMENT

DATE
SUBMITTED

STATE PROVIDER ID#	3. MAJOR QUANTIFY OF EXPERIENCES MAY BE DEFERRED UNTIL THE PROVIDER HAS REGULATORY OR LEGISLATION REVISIONS	DO NOT USE THIS FIELD OF CORRECTION; IF AN APPROPRIATE ACTION IS TAKEN, IT SHOULD BE REFERENCED TO THE APPROPRIATE DEPARTMENT	DATE SUBMITTED
D 273	<p>Continued from page 73</p> <p>resident again, but got no response.</p> <ul style="list-style-type: none"> -She documented the refusal on the resident's MARS, but did not document in the resident's record. -Inquirer on 06/26/17 at 2:02 am with the corrected information revealed. -Ruparidona is an anti-psychotic medicine. -It worked by changing the effects of chemicals in the brain. -People taking this medication should not skip doses, as the medication is more effective when taken as ordered. -Missing the medication for a couple of days may cause a person to have agitation, however not every person is the same. -Some people may have negative reactions after missing one dose, some may have effects after two or more doses, the effect depends on the individual. -Santolina took time to get into the system and each a therapeutic level. -Doses should not be missed. -If a resident was not taking their medications as ordered, then the physician should be notified either missing at least two doses, or if the person was skipping doses. <p>2. Review of Resident #4's record revealed current F1,2 signed by the physician on 6/21/17. -As order for referral to physical therapy (PT) with range of motion, evaluate and total times 5.</p> <p>Review of Resident #4's record revealed an initial history and physical abnormally signed by the facility's house doctor on 6/21/17 revealed:</p> <ul style="list-style-type: none"> -The resident's level of care was stable but guarded. -The resident fall risk was moderate. -The resident's cognitive function was considered 	D 273	

Division of Health Service Regulation
STATE FORM

2008

5077/17

7-Form-1000-Rev 04-14-13

Division of Health Service Regulation

STATEMENT OF DEFENDERS
AND PLAN OF CORRECTION

PHYSICIAN/PHYSIOLOGIA
IDENTIFICATION NUMBER

OSCAR NUMBER CONTINUATION
A. MAILING:

OSCAR NUMBER
COMPLETION
DATE

MAIL REPORT

R. WMS

08/26/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

181 CRESTVIEW DRIVE
MOCKSVILLE, NC 27028

VALID PERIOD

30-DAY STATEMENT OF DEFENDERS
FOR OFFENSES MOST SERIOUS IN FINAL
RECORDATORY OR SUSPENSIVE PERIOD(S)

IN OFFENSES
TYPE

IN OFFENSES PLAN OF CORRECTION
WHAT CORRECTIVE ACTION SHOULD BE
TAKEN TO PREVENT REOFFENSE?

DATE
COMPLETION
DATE

D 273 Continued From page 74

D 273

to be mildly-to-moderately impaired with mild-to-moderate dementia.

The resident exhibited the following geriatric syndromes that contribute to the resident's overall prognosis of dementia/cognitive impairment: fall risk, functional decline, urinary incontinence, frailty.

The resident had the following physical ailments that contributed to overall prognosis such as hearing impairment, visual loss, geriatric, balance issues, and unstable gait.

The resident is a good candidate for PT and occupational therapy (OT) for strengthening, range of motion, transfer, ambulation, and balance and bed mobility.

Interview on 08/23/17 at 10:13 am with the Resident Care Director (RCD) revealed:

- Physical therapy was not setup for Resident #4.
- She had one physical therapy provider and they did not talk the resident's insurance.
- She did not try to contact another therapy provider to set up physical therapy.
- She was unaware why physical therapy was ordered for Resident #4.
- She was unaware why the hospital discharge report and their house physician had assessed Resident #4 as a fall risk.
- She was also unable to confirm if fall risk was the reason the physician ordered "Y eval" on the 08/23/17 PLZ.
- She let off the order for physical therapy when she re-wrote the PLZ.

Interview on 08/23/17 at 8:43 am with the nurse at the discharging hospital revealed:

- She noticed that Resident #4 herick were coming toward, so she asked physical therapy to work with the resident.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ON MATTER/REGISTRATION A. BUILDING B. WING

OSY DATE/RENEWAL COMPLETE C

601 PENNSYLVANIA AVE
CENTROVILLE, OHIO 43084

191 CRENSHAW DRIVE
MOCHELE, MO 63850

NAME OF PROVIDER OR SUPPLIER
THE HERMAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CRENSHAW DRIVE
MOCHELE, MO 63850

PROVIDER/STATEMENT OF DEFICIENCIES (SOD) NUMBER OR LSC IDENTIFYING INFORMATION

PROVIDER'S PLAN OF CORRECTION (LACK OF MEDICAL ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

DATE COMPLETE

SOD NUMBER	DEFICIENCY	CORRECTIVE ACTION
D 273	<p>Confirmed from page 75</p> <p>Resident #4 did well with physical therapy, and he liked the one-on-one contact with the therapist.</p> <p>The facility should have scheduled physical therapy for Resident #4 because it was listed on the discharge #12.</p> <p>Interview on 8/24/17 at 8:21 am with the social worker at the discharging hospital revealed:</p> <ul style="list-style-type: none"> -Resident #4 was in the hospital for six months. -Resident #4 was ordered physical therapy five days per week. -The physical therapy was vital, and the resident benefited greatly from the one-on-one received during physical therapy. <p>Based on observations, interviews, and record reviews the facility failed to contact the physician in regards to medication schedule, FSRs documented 500-800 on multiple occasions without prescribing FSRs as ordered one hour after administration 12 units of Norepinephrine, as well as butephene 65 mg (to treat anxiety).</p> <p>Documented as not administered 19 times in July 2017 and 13 times in August 2017 for Resident #4, said the facility failed to contact the physician in regards to aggressive behavior resulting in ER visits, physical therapy referral not completed as ordered, and multiple medication refusals for Resident #4. These failures to notify the physician resulted in substantial risk for serious physical harm for Resident #4 and for those in contact with Resident #4, constitutes a Type A2 violation.</p>	<p>OSY DATE/RENEWAL COMPLETE</p>
<p>The Plan of Protection provided by the facility on 8/24/17 is as follows:</p> <p>Immediately, referral for services ordered by the physician will be setup within 24 hours of the need, and completed by the Resident Care Director or the Director.</p>		

Division of Health Service Regulation
STATE OF OHIO

DATE REPORT

Revised from Form 75 of 1/97

Division of Health Service Regulation

STATEMENT OF CORRECTIVE ACTION AND PLAN OF CORRECTION		14-0 PROPOSED/PERMIT/RENEWAL/REINVESTIGATION/REVISION	STATE LICENSE NUMBER	ISSUE DATE
NAME OF PROVIDER OR BUSINESS		HALDORSON	A. LICENSE	06/20/2017
STREET ADDRESS, CITY, STATE, ZIP CODE		194 GREENVIEW DRIVE MOCKSVILLE, NC 27028		
ISSUED PERIOD	ISSUED PERIOD	ISSUED PERIOD	ISSUED PERIOD	ISSUED PERIOD
0 2/13	0 2/13	0 2/13	0 2/13	0 2/13
<p>THE HERITAGE OF GEORGE ROCK</p> <p>APPROVED PERIOD OF CORRECTION: 06/20/2017 TO 06/20/2017</p> <p>ISSUED PERIOD: 06/20/2017 TO 06/20/2017</p> <p>ISSUED PERIOD: 06/20/2017 TO 06/20/2017</p> <p>ISSUED PERIOD: 06/20/2017 TO 06/20/2017</p> <p>ISSUED PERIOD: 06/20/2017 TO 06/20/2017</p>				
<p>0 2/13 Continued From page 76</p> <p>The RCID will follow up with agencies to setup observations and services.</p> <p>Documentation will be in the Nurse's Notes and reported to the facility Director if further follow up is necessary.</p> <p>Documentation will also be reported to the facility Director, and the physician in the event the physician will not approve or pay for services ordered.</p> <p>Documentation will include extra training on documentation of tasks, including history and education with physician, this will be monitored by the Director.</p> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED SEPTEMBER 28, 2017.</p>				
0 2/13	10A NCAC 13F .0802(a)(2-4) Health Care	10A NCAC 13F .0802 Health Care	0 2/13	0 2/13
<p>(b) The facility shall ensure documentation of the following in the resident's record:</p> <p>(3) written procedures, restrictions or orders from a physician or other licensed health professional; and</p> <p>(4) implementation of procedures, treatments or orders specified in Subparagraph (a)(3) of this Rule.</p> <p>The Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure medications and treatments were implemented as ordered by the physician in regard to Eniger Clark Block Sugar (FISH), Sliding Scale Insulin (SII) Monitoring (fasting acting insulin) for lowering the</p>				

Division of Health Service Regulation

3770 REPORT OF OFFENSES AND PLAN OF CORRECTION

OSR PERSO/REGISTRATION/ADULT ABUSE/REGISTRATION NUMBER

OSR MULTIPLE OFFENSE/REGISTRATION NUMBER

144L283017

B. MUD

281252017

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF PEDIGREE

STREET ADDRESS, CITY, STATE, ZIP CODE
141 CREATIVITY DRIVE
MORRISVILLE, NC 27555

OSR ID
P010

OSR ID
P010

PROVIDER'S PLAN OF CORRECTION
EACH CORRECTIVE ACTION SHOULD BE
CLOSED REFERENCED TO THE APPROPRIATE
CORRECTION

OSR
COMPLETE
DATE

0 276 Continued from page 77

D 276

blood sugar for 1 of 8 residents (Resident #9).
The findings are:

Review of Resident #9's current F12 dated 02/27/17 revealed:
-Diagnoses included diabetes with hypoglycemia, bipolar, peripheral vascular disease and dementia.
-An order to check FBS before breakfast, lunch, and at night.
-An order to check FBS at 8:00 pm, do not give sliding scale insulin.
-Medication orders included Novolog for fast acting insulin used for reducing blood sugars per SSI as follows:
If FBS 200-250 give 2 units
If FBS 251-300 give 4 units
If FBS 301-351 give 6 units
If FBS 351-400 give 8 units
If FBS 401-450 give 10 units
If FBS 451 give 12 units and receive FBS in one hour, if FBS not decreased call MD.
-Medications ordered included Lantus (a long acting insulin used to reduce blood sugar levels) insulin 20 units at the morning and 70 units at night.
-Medication orders included Novolog 20 units subcutaneous three times daily.
-Medication orders included buspirone (used to treat anxiety) 15 mg two times daily.

Review of Resident #9's Electronic Medication Administration Record (EMAR) for August 2017 revealed:
-An entry for Novolog SSI check FBS prior to breakfast, lunch, and bedtime, give SSI 200-250 give 2 units, 251-300 give 4 units, 301-351 give 6 units, 351-400 give 8 units, 401-450 give 10 units, above 451 give 12 units and recheck in one hour.

Signature of Health Service Regulation

DATE

Division of Health Services Regulation

STATEMENT OF CHARGES AND PLAN OF CORRECTION

FOR PROPOSED BUILDING, STRUCTURE OR REPAIRS

FOR MULTIPLE CONSTRUCTION

FOR DATE SUBMITTER COMPLETED

04/13/2017

11

03/20/2017

NAME OF PRODUCER OR SUPPLIER: THE HERMITAGE OF CEDAR ROCK
STREET ADDRESS: 141 CRESTVIEW DRIVE, ROCKSPRING, GA 30084

PROJECT NAME: 141 CRESTVIEW DRIVE

PROJECT'S PLAN OF CORRECTION (EACH REPRESENTATIVE SHOULD BE IDENTIFIED)

DATE COMPLETE

PROJECT TAG	STATEMENT OF CHARGES AND PLAN OF CORRECTION	PROJECT TAG	PROJECT'S PLAN OF CORRECTION (EACH REPRESENTATIVE SHOULD BE IDENTIFIED)	DATE COMPLETE
D-278	<p>Continued from page 78</p> <p>If no absences call MD.</p> <p>44N entry for FSBBS at 0:30 am, 11:30 am and 4:00 pm.</p> <p>44N entry for Novolog 20 units SQ 3 three daily scheduled for 8:30 am, 11:30 am, and 5:00 pm.</p> <p>44N entry for FSBBS at 5:00 pm, give no SSI.</p> <p>Documentation on 8/17/17 at 2:00 pm FSBBS was 500 and Novolog 20 units was administered, no documentation on the 6MAR at FSBBS was rechecked in one hour.</p> <p>Documentation on 8/12/17 at 11:30 am FSBBS was 472 and 10 units of Novolog were administered, 112 units should had been administered per SSI order, no documentation on the 6MAR at FSBBS was rechecked in one hour as ordered by the physician.</p> <p>Documentation on 8/13/17 at 5:00 pm FSBBS was 657 and Novolog 20 units was administered and on 8/13/17 at 5:00 pm FSBBS was 480 and 12 units of Novolog was administered, no documentation on the 6MAR at FSBBS was rechecked in one hour as ordered by the physician.</p> <p>Documentation on 8/12/17 at 8:00 am FSBBS was 480 and 12 units of Novolog were administered, no documentation on the 6MAR at FSBBS was rechecked in one hour as ordered by the physician.</p> <p>Documentation on 8/21/17 at 8:00 pm FSBBS was 571 and Novolog 20 units was administered, no documentation on the 6MAR at FSBBS was rechecked in one hour as ordered by the physician.</p> <p>Documentation on 8/21/17 at 8:00 pm FSBBS was 571 and 12 units of Novolog was administered, no documentation on the 6MAR at FSBBS was rechecked in one hour as ordered by the physician.</p> <p>There were no additional documentation entries in the medication folder on the August 2017.</p>	D-278		

Division of Health Services Regulation

11

03/20/17

03/20/2017

Division of Health Services Regulation

STATEMENT OF INVESTIGATIONS AND PLAN OF CORRECTION

DATE OF INVESTIGATION: 08/20/2017

STATE: NH

NAME OF PROVIDER OR SUPPLIER: THE HERITAGE OF CEDAR ROCK

DATE OF VISIT: 08/22/2017

STREET ADDRESS, CITY, STATE, ZIP CODE: 131 CRESTVIEW DRIVE, ROCKFELL, NH 3768

NAME OF PROVIDER OR SUPPLIER: THE HERITAGE OF CEDAR ROCK

DATE OF VISIT: 08/22/2017

NAME OF PROVIDER OR SUPPLIER: THE HERITAGE OF CEDAR ROCK

DATE OF VISIT: 08/22/2017

O 276	O 276	O 276
<p>Continued from page 70</p> <p>When the above FSBS greater than 451 were rechecked in one hour.</p> <p>Documentation on the eMAR rechecked PRN/ONS Rescues that had yielded FSBS's, but no additional documentation the FSBS over 451 were rechecked in one hour.</p> <p>Review of Resident #9's eMAR for the month of July 2017 revealed:</p> <ul style="list-style-type: none"> -An entry for Novolyt 501 check FSBS prior to breakfast, lunch, and bedtime, give 501 200-280 give 2 with 234-300 give 4 units, 301-351 give 6 units, 353-400 give 6 units, 401-451 give 10 units, above 451 give 12 units and recheck in one hour, if no decrease call MD. -An entry for FSBS at 8:30 am, 11:30 am and 5:00 pm. -An entry for Novolyt 25 with SO 3 times daily scheduled for 8:30 am, 11:30 am, and 5:00 pm. -An entry for FSBS at 8:00 pm, give no SS1. -Documentation on 7/6/17 at 8:30 am FSBS was 522 and 12 units of Novolyt was administered, no documentation on the eMAR the FSBS was rechecked in one hour as ordered by the physician. -Documentation on 7/15/17 at 8:30 am FSBS was 478 and 12 units of Novolyt was administered, no documentation on the eMAR the FSBS was rechecked in one hour as ordered by the physician. -Documentation on 7/16/17 at 11:30 FSBS was 494 and 12 units of Novolyt was administered, no documentation on the eMAR the FSBS was rechecked in one hour as ordered by the physician. -Documentation on 7/22/17 "above" was documented and 12 units of Novolyt was administered, no documentation on the eMAR the FSBS was rechecked in one hour as ordered by the physician. 		

Division of Health Service Regulation

STATEMENT OF RESPONSIBILITIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
141 CHESTNUT DRIVE
MOCKSVILLE, NC 27028

PROVIDER'S STATE OF REGISTRATION
NORTH CAROLINA

DATE STATE BOARD COMPLETED
08/23/2017

NAME OF PROVIDER OR SUPPLIER
THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
141 CHESTNUT DRIVE
MOCKSVILLE, NC 27028

PROVIDER'S STATE OF REGISTRATION
NORTH CAROLINA

DATE STATE BOARD COMPLETED
08/23/2017

NO. OF PROVIDER OR SUPPLIER
143

NO. OF MULTIPLE CORRECTIONS
A. BULBINS

NO. OF MULTIPLE CORRECTIONS
0

NO. OF PROVIDER OR SUPPLIER
143

NO. OF MULTIPLE CORRECTIONS
A. BULBINS

NO. OF MULTIPLE CORRECTIONS
0

NO. OF PROVIDER OR SUPPLIER
143

NO. OF MULTIPLE CORRECTIONS
A. BULBINS

NO. OF MULTIPLE CORRECTIONS
0

SUMMARY STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION

PROVIDER'S STATE OF REGISTRATION
NORTH CAROLINA

DATE STATE BOARD COMPLETED
08/23/2017

D 278 Continued from page 90
Documentation on 7/4/17 at 8:00 pm FSBS was
808 and 12 units of Novolog were administered,
on 7/6/17 at 8:00 pm "H" was documented and
12 units of Novolog were administered, on
7/10/17 at 8:00 pm FSBS was 451 and 12 units of
Novolog were administered, and on 7/28/17 at
8:00 pm FSBS was 501 and 12 units of Novolog
was administered, no documentation for above
FSBS at 8:00 pm were recorded in one hour as
ordered by the physician.
-There were no additional documentation entries
in the medication administration on the July 2017
EMAR. The above FSBS greater than 451 were
rechecked in one hour.

Interview on 8/24/17 at 12:45 pm with a final shift
MA revealed:
-He was aware Resident #9 was to have recheck
on FSBS greater than 451.
-He was not aware that MA were not rechecking
Resident #9's FSBS if the FSBS was over 451,
and not documenting the rechecks.
-The third shift MA had not reported to him
Resident #9's FSBS needed to be rechecked or
that Resident #9's FSBS was higher than 451 in
August 2017 or July 2017.
-His was unaware if the facility had a policy on
documenting on the EMAR release of
medications.

Interview on 8/23/17 at 2:00 pm with Resident #9
revealed:
-He was aware the shift took the FSBS four times
daily.
-He was aware the staff administered insulin
three times daily per the SSI.
-He never refused FSBS or medications, "They
just don't give it to me."
-He was unaware if the MA were documenting
on the EMAR each time the MA had the insulin

Division of Health Services Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OCCURRENCE NUMBER HALAN007	FOR MULTIPLE CORRECTIONS A. ALL YES B. YES C.	BY DATE 08/23/2017
NAME OF PROVIDER OR SUPPLIER THE HERVAGE OF CHICKA COCK		STREET ADDRESS, CITY, STATE AND ZIP CODE 191 GREENWAY DRIVE ROCKVILLE, MD 20852		
FACILITY NAME	SIGNATURE STATEMENT OF DEFICIENCIES (MAY BE PREVIOUSLY USED OR REUSED BY ALL REGULATORY AGENCIES)	ID PREFIX SUFFIX	NUMBER AND DATE OF CORRECTION (ALL CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	
0-276 (Continued from Page 01 of FSES)	Interview on 8/23/17 at 10:40 pm with a second shift Medication Aide (MA) reviewed. -She documented in the nurse notes when Resident #47 refused FSES, medications, and health. -"He refused his medications a lot." -"I did not check his vitals in one hour." -She had forgotten to document the results of the techlog FSES's for Resident #55 on the AMAR, 1 AM RETURN. Interview on 8/24/17 at 11:05 pm with a third shift MA reviewed: -She recalled Resident #55's FSES being higher than 451 on several occasions. -She documented on the chart when Resident #47 refused medications, FSES, and health. -She was responsible for taking the 6:30 am FSES on third shift. -She stated, "I forgot to call the first shift MA to recheck his FSES in one hour after I administered the health." Telephone interview on 8/24/17 at 1:30 pm with Resident #55's physician reviewed: -He was not aware the facility staff were not rechecking Resident #55's FSES's that were greater than 451 in 1 hour as ordered. -He was unaware Resident #55's FSES on 8/24/17 was 520, or the FSES on 8/17/17 was 571. -He asked on the facility staff to follow the orders as written for Resident #55. -"This is a safety issue for the resident, how can I treat the disorder if I am unaware of the finger stick results." Interview on 8/24/17 at 12:50 pm with the facility Director reviewed: -	D-276		

Division of Health Service Regulation
 STATE BOARD OF CELESTINE
 AND BOARD OF COMMISSIONERS
 201 KENNEDY CENTER BLVD
 MOOREVILLE, NC 27038

NAME OF PROVIDER OR SUPPLIER
 THE HERITAGE OF CEDAR ROCK
 STREET ADDRESS, CITY, STATE, ZIP CODE
 191 CHESTNUT DRIVE
 MOOREVILLE, NC 27038

DATE OF PREPARATION OF REPORT
 09/25/2017

NAME OF PERSONNEL
 MAJ. J. J. J.

TYPE OF VISIT
 A. BALANCE
 B. VMS
 C

REMARKS
 10
 149

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

DATE OF VISIT
 09/25/2017

REMARKS
 THE RULE DOES NOT PROHIBIT THE MOLE FROM
 USING DISPOSABLE ITEMS OTHER THAN A KNIFE
 FORK, SPOON, PLATE, AND BEVERAGE CONTAINER
 WITHOUT AN INDIVIDUAL NEEDS ASSESSMENT.

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER
AND FORM OF REGISTRATION

HALLIDAY

154 CHESTNUT DRIVE
ROCKSVILLE, MD 20850

DATE SURVEY
COMPLETED
08/20/2017

NAME OF PROVIDER OR SUPPLIER
AND FORM OF REGISTRATION

HALLIDAY

154 CHESTNUT DRIVE
ROCKSVILLE, MD 20850

DATE SURVEY
COMPLETED
08/20/2017

THE HERITAGE OF CEDAR ROCK

154 CHESTNUT DRIVE
ROCKSVILLE, MD 20850

DATE OF PREVIOUS INSPECTION
INSPECTION TYPE
REGULATORY CHANGES IDENTIFIED FROM PREVIOUS INSPECTIONS

INSPECTION TYPE
REGULATORY CHANGES IDENTIFIED FROM PREVIOUS INSPECTIONS

DATE SURVEY
COMPLETED
08/20/2017

D 287 Continued From Page 83

D 287

Interview on 08/22/17 at 1:17 pm with the Dietary Manager (DM) revealed:
-He was not sure why Strydom bowls were used today, but they were not usually used.
-It was a floor staff person that decided to use the Strydom bowls for the dessert.

Interview on 08/22/17 at 1:20 pm with the Personal Care Aide (PCA) that made the decision to use Strydom bowls revealed:
-The facility had hand plastic dishes.
-She decided to use Strydom for no specific reason.
-Strydom bowls were usually for seconds and sometimes dessert.

Observation on 08/22/17 at 1:23 pm of the kitchen supply of non-disposable serve ware revealed there were 32 hand plastic bowls available for staff to serve the residents dessert.

Interview on 08/22/17 at 1:23 pm with a second PCA that helped to serve the meal revealed meal desserts and seconds were served in Strydom bowls.

Contentual interviews with 3 residents revealed:
-Strydom was used almost daily with meals and for seconds.
-Most desserts were served in Strydom bowls.
-They were not sure why desserts only were put in Strydom bowls today.

D 310 104 NICAD 13F, 0304 Nutrition and Food Services (6) Therapeutic Diet in Adult Care Homes;

D 310

Division of Health Service Regulation

STATEMENT OF OBSERVATIONS
AND PLAN OF CORRECTION

WV PROVIDER/PURSUANT
TO CERTAIN NUMBER:

621 NURSING CONSTRUCTION
A. BISHOP

8/22/2017

WALDMAN

8. WALKS

C

NAME OF PROVIDER OR SUPERVISOR

STANLEY ADAMS, CIVIL ENGINEER, 247 CORN
MOCKSVILLE, NC 27058

THE HERMAGE OF CEDAR ROCK

791 CREECHVIEW BLVD
MOCKSVILLE, NC 27058

KIND
PRESENT
TAG

STATEMENT OF OBSERVATIONS
AND PLAN OF CORRECTION

IN
PRESENT
TAG

APPLICABLE PLAN OF CORRECTION
IF ANY CORRECTIVE ACTION SHOULD BE
OBTAINED IN THE APPROPRIATE
DEPARTMENT

NO
CORRECTIVE
ACTION

D 310: Continued from page 34

D 310

This Rule is not met as evidenced by:
Based on observation, interview and record
review the facility failed to assure physician
ordered therapeutic diets (the Concentrated
Sweetened (NCS) were served as ordered for 2 of 5
senior residents (Residents #6 and #65).
The findings are:
Review of the seven day Week-at-a-Glance menu
revealed the dinner meal was to consist of fish
and chips, sweet and sour collards, strawberry
gelatin, bread, and milk.
Review of the therapeutic diet menu for NCS diet
revealed:
-Residents ordered this diet were to be served
fish and chips, sweet & sour collard, reduced
calorie gelatin, no pulp dinner roll, and 8 ounces
of milk.
-The menu also noted that all beverages, gelatin,
yogurt, jelly and sweeteners except milk should be
sugar-free
A. Review of Resident #6's dinner #12 dated
08/02/17 revealed:
-Dinnerware included diabetes mealware.
-Diet order for NCS diet
Review of the facility's diet list posted in the
kitchen revealed Resident #6 was to be served a
NCS diet

Observation on 08/22/17 from 8:00 am to 8:30

Division of Health Service Regulation

STATE BOARD OF NURSING
DIVISION OF NURSING

100 KATHLEEN CONSTRUCTION
A BUILDING

FOR DATE REVIEW
COMPLETED
09/26/2017

NAME OF LICENSEE OR BUSINESS
THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CHESTNUT DRIVE
MOCKSVILLE, NC 27058

REGISTRATION NUMBER
082302017

STATUS OF LICENSE
EXPIRES
RENEWAL DATE
08/23/2017

STATUS OF LICENSE
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RENEWAL DATE
08/23/2017

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RENEWAL DATE
08/23/2017

PRINTED: 08/28/2017
FORM APPROVED

Division of Health Service Regulation BUREAU OF ENFORCEMENT AND PLAN OF CORRECTION		N/A		N/A	
NAME OF PROVIDER OR FACILITY		NATIONAL IDENTIFICATION NUMBER		N/A	
THE HERITAGE OF CEDAR HOOK		SPRINKLER ADDRESS, CITY, STATE, ZIP CODE		N/A	
184 GREENTREE DRIVE		MOOREVILLE, NC 27622		N/A	
DATE PERFORMED	QUANTITY/STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION.	ID PREFIX TAG	INDUSTRIAL PLAN OF CORRECTIVE ACTION (PREPARED BY THE APPLICANT OR DEFENSE)	DATE	STATUS
D 310	Continued from page 85 E. Review of Resident #5's current F.L. stated 06/16/17 revealed: -Diagnoses of diabetes mellitus. -Diet order for MCS diet. Review of the facility's diet list posted in the kitchen revealed Resident #5 was to be served a MCS diet. Observation on 06/22/17 from 6:00 pm to 6:50 pm of the dinner meal service revealed Resident #5's meal consisted of turkey, baked beans, corn and chocolate brownies with chocolate icing. -The resident consumed 100% of the meal. Review of the MCS ingredients diet menu for the dinner meal on 06/22/17 revealed due to the deviation from the menu, there was no meal specific to the meal served. Review of the sugar contents for this meal served to Resident #5 revealed: -The chocolate brownies had 17 grams of sugar per serving, with sugar being the second ingredient. -There was no cookie for the icing to obtain the ingredients. -The baked beans had 11 grams of sugar per serving, with the third ingredient being sugar. Review of Resident #5's chart for July 2017 revealed blood sugars ranged between 129 and 336 from 07/01/17 to 07/31/17. Based on record review and observation it was determined Resident #5 was not interviewable. Refer to interview on 06/22/17 at 8:38 pm with the Dietary Manager (DM).	D 310			

Division of Health Service Regulation
 DIVISION OF HEALTH SERVICE REGULATION
 AND PLAN OF CONSTRUCTION

PROJECT NUMBER: 140101007

DATE SUBMITTER COMPLETED: 08/21/2017

DATE SUBMITTER COMPLETED: C

NAME OF PERSON OR COMPANY: THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE: 131 CRESTVIEW DRIVE ROCKSVILLE, NC 27028

DATE	DESCRIPTION	BY	DATE
08/21/2017	Interview on 08/23/17 at 8:38 pm with the DM revealed: -The dessert for the dinner meal was chocolate brownies with icing. -He did not have sugar-free brownie mix so he baked all the residents the same dessert. -He did not consider the baked brownie had a high sugar content. -The corn was not sweet corn, and he did not add sugar to the corn. -He was aware that residents ordered M&S diets were to receive sugar-free diet. -He did not have time to prepare another sugar-free dessert in place of the brownies.	D-310	08/21/2017
08/21/2017	Interview on 08/23/17 at 2:31 pm with the facility Director revealed: -She would have to check her first order, but she was sure there was a sugar-free brownie mix available in the kitchen. -The DM was aware that residents who were ordered M&S diets were to be given sugar-free desserts. -The DM should be looking at the diet sheets.	D-310	08/21/2017
08/21/2017	10A NCAC 13F .0805 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 1 1/2 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Heron deal drive	D-310	08/21/2017

DIVISION OF HEALTH SERVICES REGULATION STATEMENT OF DEFICIENCIES AMERICAN CORRECTION		6th DISTRICT/REGISTRATION LICENSATION NUMBERS HALL3000P	6th DISTRICT/REGISTRATION A. ALLIANCE B. RANG	1430 DATE SURVEY COMPLETED 08/25/2017
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CELINA ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE 141 CHESTNUT DRIVE ROCKVILLE, MD 20858		
ID NO. 740	SQUARE STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL HEADLINE ON LINE IDENTIFYING INFORMATION	ID PRESBY 140	MEMBER NAME OF CORRECTION WHICH CORRECTIVE ACTION SHOULD BE TAKEN (PRECEDED BY THE APPROPRIATE REFERENCE)	3rd COMPLETE DATE
D-317	Continued from page 88 exclusively for residents with HIV disease are essential when the residential setting as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, recreational parties, discussion groups, drama, residential council meetings, book reviews, musical appreciation, review of current events and spelling bees. The Rule is not met as evidenced by: Based on observations, interviews and records review, the facility failed to assure at least 14 hours of planned activities were provided each week based on the resident's interests and capabilities in order to promote socialization and physical needs of the residents residing in the facility. The findings are: Observations on 08/22/17 and 08/24/17 of Staff F, Activity Director throughout the day revealed: -On 08/22/17 the Activity Director assisted the Assistant Director with paper work. -On 08/24/17 Activity Director provided scolding activities for the residents in the dining room. Confidential interview with a resident revealed: -Activities happened once in a while. -Bingo game happened once in a while, she participated but not everyone got asked to participate. Observation on 08/22/17 at 11:57 am of the Activity calendar posted on the wall by the front desk, main hallway revealed: -The calendar was current for August 2017. -There was at least 14 hours documented per	D-317		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

001 FACILITY/PROGRAM/CLIA
IDENTIFICATION NUMBER

001 FACILITY'S CONNECTION
A.B. NUMBER

001 DATE SURVEY
COMPLETED

141130007

9. WARD

08/22/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE MENAHEGE OF CEDAR ROCK

191 ONE'S VIEW DRIVE
MORRISVILLE, NC 27025

0010
WEEK
TAG

SUMMARY STATEMENT OF DEFICIENCIES
EACH DEFICIENCY MUST BE PRECEDED BY FULL
PROBATIONARY COLLUSION IDENTIFYING INFORMATION

IN
SCHEDULE
TAG

REVISOR'S PLAN FOR CORRECTING
EACH DEFICIENCY MUST BE
CROSS REFERENCED TO THE APPROPRIATE
DEFICIENCY

MM
COMPLETE
DATE

D 317 Continued from page 89

Q 317

week.

Example of documented activities on 08/23/17
available:

-Walk 9:45am
-Bingo 10am-11am. Observation from 1pm - 3pm
no Bingo activity was provided for the residents.

Example of documented activities on 08/23/17
available:

-Sole Day 8am-11am. Observation from 8am -
11am, no SDA day was provided for the resident.
-Sole Day 1pm-3pm. Observation from 1pm -
3pm, no SDA day was provided for the residents.

Example of documented activities on 08/24/17
available:

-Walk 9:45am.
-Shopping 10am-12pm. Observation from 10am -
12pm, no activities were provided for the
residents.

Interview with a Housekeeper on 08/23/17 at 11:00
am re: resident:

-Bingo was not played on 08/23/17
-A movie was popcorn was the alternative activity
held at 2:00 pm in the living room.

Interview with Activity Director on 08/24/17 at 11:24
am and 09/24/17 at 12:25 pm re: resident:

-She worked two days per week on Tuesdays and
Thursdays.
-She worked as the Activity Director and assisted
the Assistant Director.

-The facility Director said her completed the
monthly activity calendar.

-There was a minimum of 14 hours of activities
scheduled weekly.

-Activities were going on today but she was
unable to see what the activity was, she had to look at
the calendar.

Division of Health Service Regulation
STATE FORM

MS

201714

If continuation sheet BS 07 137

PRINTED: 08/08/01
FORM APPROVED

Division of Health Service Regulation

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES
DIVISION OF HEALTH SERVICE REGULATION

PHILADELPHIA

PH VALUE CONSTRUCTION
A. BUILDING

B. UNIT

DATE SAVED
COMPLETED

08/22/01

NAME OF REGISTERED OPERATOR

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

191 CRESTVIEW DRIVE
MOCKSVILLE, NC 27651

REG ID
FRM#
VMS

REGISTRATION OF OPERATORS
SEARCHED BY JUSTICE SERVICES BY FULL
REGISTRATION DATE IDENTIFYING INFORMATION

IS
FRM#
TAG

REGIS/OPER PLAN OF CONSTRUCTION
LEAD CONTACTS ACTION SHOULD BE
ONLINE OPERATIONS TO BE APPROPRIATE
DEFENSIVE

REG
NUMBER
DATE

0 317 Continued from page 80

0 317

the calendar:
-She did not buy Bingo on 08/22/01, because
Bingo was not enough prizes for the girls.
-A movie was played and the residents were
given soda and other kind of support.
-The residents are not going shopping today as
planned on the activity calendar because they do not
have money, so she would do coloring today.
-A lot of residents only participated in activities
that have food and drinks.

Confidential interview with a resident revealed:
-No activities had happened today.
-The resident tried to watch television, and others
did that for security.

Interview with the facility Director on 08/21/01 at
3:45 pm revealed:
-Residents had interactive activities like religious
services every Sunday, and staff picked up
residents and took them out to certain activities.
-Activities were not done daily, but there was at
least 14 hours weekly.

10A NCAC 13F-0909 Resident Rights
10A NCAC 13F-0909 Resident Rights
An adult care home shall assure that the rights of
all residents guaranteed under G.S. 131D-21.
Description of Residents' Rights, are published
and may be reviewed without hindrance.

This issue is not met as evidenced by:
TYPE A2 VIOLATION
Based on interviews and record reviews, the

Division of Health Service Regulation
STATE FORM 100

100

Revised/Updated 01 of 137

Division of Health Service Regulation

STATE OF DELAWARE DEPARTMENT OF HEALTH SERVICES DIVISION OF HEALTH SERVICE REGULATION	UNIT PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1303037	NPI: MULTIPLE CONTRIBUTION A. BILLING: _____ B. WAIVE: _____	QUALITY IMPROVEMENT COMPLIANCE 08/20/2017
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK			
STREET ADDRESS, CITY, STATE, ZIP CODE 124 CRESTVIEW DRIVE ROCKSVILLE, NC 27853			
0 332 PRIMARY STATE BOARD OF REGULATION IDENTIFICATION NUMBER (MAY BE PRECEDED BY FULL ABBREVIATION OR US/STATE PREFIX ABBREVIATION)	0 338 FACILITY IDENTIFICATION NUMBER (MAY BE PRECEDED BY FULL ABBREVIATION OR US/STATE PREFIX ABBREVIATION)	0 338 PHYSICIAN IDENTIFICATION NUMBER (MAY BE PRECEDED BY FULL ABBREVIATION OR US/STATE PREFIX ABBREVIATION)	0 338 QUALITY IMPROVEMENT COMPLIANCE
CONTINUED FROM PAGE 91 Facility failed to protect 3 of 6 sampled residents (Resident #2, #3 and #4) residing in the facility from mental, physical, and sexual abuse. The findings are: [Refer to TAG R14, G. S. 131F-21-4 Declaration of Resident Rights (Type A2 Violation)].			
0 338 10A NCAC 13F-1004(a) Medication Administration 10A NCAC 13F-1004 Medication Administration (a) An adult care home shall ensure that the preparation and administration of medications, prescription and non-prescription, and injections by staff are in accordance with: (1) orders by a licensed prescriber or practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.			
This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure medications and treatments were administered as ordered by the physician in regard to bupropion (used to treat anxiety) for 1 of 6 residents (resident #3). The findings are: Review of Resident #3's current FLD dated 8/2/17 revealed: -Diagnosis included: diabetes with type 2 diabetes, Hypo-, posthypertensive disease and dermatitis. Medication orders included Bupropion (used to			

Division of Health Service Regulation
Division of Services and Regulation
AND YEAR OF CONSTRUCTION

723 RECORD/REGISTRATION NUMBER
H4103607

REGULATORY JURISDICTION
A. NAME
B. DATE SUBMITTED
08/24/2017

NAME OF PROVIDER OR OPERATOR
THE HERITAGE OF CEDAR ROAD
STREET ADDRESS, CITY, STATE, ZIP CODE
191 CRESTVIEW DRIVE
MOCKSVILLE, NC 27226

PHYSICIAN LICENSE NUMBER
REGISTRATION NUMBER
REGULATORY OR LICENSING INFORMATION

REGULATORY STATUS
REGISTRATION NUMBER
REGULATORY OR LICENSING INFORMATION

PHYSICIAN LICENSE NUMBER
REGISTRATION NUMBER
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Division of Health Service Regulation

STATEMENT OF SERVICES WORK AND PLAN OF CORRECTION		VOL. REGISTRATION/PROFESSIONAL REGISTRATION NUMBER H41300017	REG. NO. MULTIPLE CONSTRUCTION A. BUILDING: IL WING	APPORX. SUBJECT COMPLETED 08/20/17
NAME OF PROVIDER OR ENTITY THE HEART OF CEDAR BROOK		STREET ADDRESS, CITY, STATE, ZIP CODE 191 GREENTREE DRIVE MOCKEVILLE, MO 65262		
DATE OF PREVIOUS MA	STAYING STATEMENT OF SERVICES WORK (SOW) USE PREVIOUS MA'S REGISTRATION OR LATEST IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER STATEMENT OF CORRECTION (SOW) USE PREVIOUS MA'S REGISTRATION OR LATEST IDENTIFYING INFORMATION	DATE OF PREVIOUS MA
01/14/17	Continued From page 93 was not administered buspirone 15 mg as ordered at 8:00 PM. -She expected the facility to follow orders as they were written. Interview on 8/23/17 at 10:40 AM with a second MA revealed: -Resident #6 refused his medications a lot on second visit. -She was not that Resident #6 refused buspirone 15 mg 13 times in August 2017, and 15 times in July 2017. -She documented on the MAAR medications refused when Resident #6 refused. -She was not aware if the facility had a policy on documenting on the MAAR releases of medications. Interview on 8/24/17 at 11:35 AM with a third MA revealed: -She worked in the facility for 2 years. -She had not administered buspirone 15 mg to Resident #6 on her shift. -She was not aware if the facility had a policy on documenting on the MAAR releases of medications. Interview on 8/23/17 at 2:00 PM with Resident #6 revealed: -He never refused medications. "They just don't give it to me." -He was unaware if the MAAs were documenting his medications on the MAAR. Interview on 8/24/17 at 12:30 PM with the facility Director revealed: -She was unaware Resident #6 refused buspirone 15 mg at 8:00 PM 13 times in August 2017, and 15 times in July 2017. -She was not aware the MAAs were not	01/14/17	01/14/17	01/14/17

ALL OF THE ITEMS ADDRESSED IN THIS FINDING ARE A PART OF OUR MA TRAINING CHECKLIST FOR EACH MA. COPY ATTACHED. PROCEDURES FOR REFUSAL OF MEDS, AS WELL AS, CHARTING OF MEDS AND/OR REFUSALS TO TAKE MEDS ARE ALSO IN OUR PHARMACY MED PROCEDURES MANUAL. DIRECTOR HAS BEEN RECOMMENDING FOR WHAT FOLLOWING THIS PROCEDURE (CORRECTED 10/17)

PRINTED OR REPRODUCED
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF OFFENSES
AND PLAN OF CORRECTION

NAME OF PROVIDER OR APPLICANT
HALLSBOOT

REGISTRATION NUMBER
A. DIVISION

NAME OF PROVIDER OR APPLICANT
THE HERITAGE OF GREAT ROCK

REGISTRATION NUMBER
B. NAME

REGISTRATION NUMBER
C. DATE SERVICE
COMPLETED
08/23/2017

ADDRESS
191 CRESTVIEW DRIVE
MCKESVILLE, NC 27028

STATE ID	STATEMENT OF OFFENSES AND PLAN OF CORRECTION	DATE SERVED	STATUS DATE
D-398	Continued from page 34 documenting investigations if not administered on the AMAR. -She expected the MAs to document on the AMAR when residents refused medications, or if they called medications when residents were not in the facility. -She would refrain the MAs on documentation on the AMAR and in nurse's notes if medications were not given. -She and the Resident Care Director would oversee this new process.	D-398	COMPLETED
D-400	10A NCAC 13F. 1205 Health Care Personnel Registry 10A NCAC 13F. 1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-254 and supporting Rules 10A NCAC 130.0101 and 10102.	D-400	COMPLETED

This Rule is not met as evidenced by:
TYPE B VIOLATION
Based on observations, interviews, and record reviews, the facility failed to report the Health Care Personnel Registry (HCPRI) allegations of abuse received by Resident #3 from SNAP member E. Personal Care Aide.
The findings are:
Interview with Resident #3 on 07/12/17 at 2:15 pm was best.
She was sitting down and was getting her

Division of Health Service Regulation

STANDARD OF CERTIFICATION
AND PLACE OF CORRECTION

600 PENNSYLVANIA
INVESTIGATION NUMBER

404 HALLIE E CONSTRUCTION
A. NUMBER

9/5 DATE SURVEY
COMPLETED

HAL KAMMERY

B. NAME

04/28/2017

NAME OF PRISONER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERBIVORE OF FERRAR ROCK

181 CRESTVIEW DRIVE

MCKEYSVILLE, MO 65262

WORLD
PRISON
#40

NUMEROUS VIOLATIONS OF CORRECTIVE
PLAN OCCURRED AND ARE PRECIPITATED BY FULL
REINFORCEMENT (E.G. UNWITTING/UNREASONABLE)

IN
PRISON
#40

PROVIDER'S PLAN OF CORRECTIVE
ACTION SHOULD BE
OBSERVED/ENFORCED TO THE APPROPRIATE
EXTENT(S)

OF
CORRECTIVE
ACTIONS

ID 438

Continued from page 36
have showed, Staff E had put shoving threat to
"try again."
-She then slapped Staff E in the face.
-Staff E then slapped Resident A3 back in her
face.
-She was unable to recall the date the incident
occurred.
-She did not hit anyone because a staff person
was in the hallway
Review of Resident A3's current PL-2 dated
04/20/17 revealed:
-The resident's diagnosis included Mood
disorder and dementia without behavior
disturbance.
-The resident was intentionally discharged.
-The resident required assistance with walking
and dressing.
Review of Resident A3's Assessment and Care
Plan dated 06/01/17 revealed:
-The resident required extensive assistance with
showering and bathing.
-The resident required limited assistance with
ambulation/composition, dressing,
grooming/personal hygiene, and transferring.
-The resident required supervision with eating.
Review of Resident A3's record did not contain
documentation regarding the incident involving
Staff E on 04/20/17.
Review of Staff E, FICA personnel record on
07/14/17 did not contain documentation regarding
the incident of abuse to Resident A3 on 04/20/17.
Review of Employee Handbook for the facility
revealed:
-There was a policy indicating immediate
termination for abuse and/or neglect of residents.

ID 438

Division of Health Service Regulation STATEMENT OF PERFORMERS AND PLAN OF CORRECTION		PERMIT HOLDER/REGULATORY AND ENFORCEMENT NUMBERS	PERMITS A. NUMBER	PERMITS B. DATES
NAME OF PROVIDER OR SUBJECT THE HERITAGE OF CEDAR ROCK		SHEET ADDRESS: CITY, STATE, ZIP CODE 191 ORESTEVEN DRIVE MOCKSVILLE, NC 27028		
FIELD PREFIX SIC	STANDARD STANDARD OF DEFENSES EACH DEFENSE MUST BE PRECEDED BY FULL FIELD AND/OR LICENSE NUMBER	ID PREFIX SIC	PROVIDER RELATED CONNECTION SHEET CORRELATION TO THE APPROVED PERMISSION	ISSUE DATE
0438	Continued from page 06 (Employee(s) will be suspended without pay until an abuse investigation is completed. "Employee(s) shall be terminated if abuse allegations are founded." "Abuse incidents will be reported to Department of Human Services and law enforcement." Review of the facility's employee work schedule revealed: - Staff E worked was scheduled as an active employee of the facility. - Staff E worked 18 days in July 2017. - Staff E worked 14 days in August 2017, including today (08/23/17). Observation on 08/23/17 from 10:00 am to 3:00 pm of Staff E revealed: - Staff E was still employed at the facility. - She was harassed with resident, performing showers, dressing and transfer assistance. Interview with Staff E on 07/27/17 at 2:52 pm revealed: - On 08/20/17 she was changing Resident #3. - The resident started talking "jerk", then became angry and stopped her. - She told the resident you don't ship a "jerk" word. - She responded by lightly touching Resident's right cheek with an open right hand. - There was another POA that addressed the incident also. Interview with the facility Director on 07/27/17 at 3:04 pm revealed: - Staff reported to her on 08/20/17 that Staff E hit Resident #3. - On 08/20/17 she completed an incident report. - She also issued Staff E an order to be written warning recommending Staff E was written up for warning recommending Staff E was written up for	0438		08/20/2017

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF MONITOR OR SUPERVISOR: **HALBROOK**

STREET ADDRESS, CITY, STATE, ZIP CODE: **191 CRESTVIEW DRIVE
MOCKSVILLE, NC 27028**

NAME OF MONITOR OR SUPERVISOR: **HALBROOK**

STREET ADDRESS, CITY, STATE, ZIP CODE: **191 CRESTVIEW DRIVE
MOCKSVILLE, NC 27028**

DATE OF PREVIOUS VISIT: **08/18/2017**

DATE OF THIS VISIT: **08/18/2017**

TYPE OF DEFICIENCY: **DEFICIENCY**

DEFICIENCY DESCRIPTION: **Continued From page 97**

PLAN OF CORRECTION: **None other action was taken to discipline Staff E and no formal investigation had been completed.**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

COMPLETION DATE: **None**

Division of Health Service Regulation

STATE OF NORTH CAROLINA
DIVISION OF HEALTH SERVICE REGULATION
ADDRESS OF CORRECTION

(03) RAJINIE COMPLETION
A. BUILDING

(03) DATE REPORT
COMPLETED
08/28/97

NAME OF FACILITY OR SURFER

NALDORNS

5. WARD

THE HERITAGE OF CEDAR ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE

141 CREATYVIEW DRIVE
KROSVILLE, NC 27028

PROVIDER'S NAME OR ORGANIZATION

STAFF CERTIFICATION
EACH CORRECTIVE ACTION SHOULD BE
CROSS REFERENCED TO THE CORRECTABLE
DEFICIENCY

15
FACILITY
VSP

PROVIDER'S NAME OR ORGANIZATION

(03) DATE
COMPLETED

17-438

Continued from page 88

D-038

Corrected in text.
-The facility manager reported that sometimes
Residents are hard to get along with.

Interview with Assistant Director (AD) on 08/23/97
at 1:00 pm revealed:
-She was not aware that she needed to report the
incident to the HCPR.
-As of 08/23/97 she had not contacted the Health
Care Personnel Registry about the incident
between Resident # 3 and Staff E.
-She had not contacted the local Law
Enforcement to report the abuse.

Telephone interview with the local Law
Enforcement on 08/23/97 at 3:35 pm revealed:
-The magistrate had issued a criminal summons
for Staff E for the assault on a handicapped
person.
-They would deliver the summons Staff E to the
facility.

Telephone interview with staff at the HCPR on
08/24/97 at 10:35 am revealed:
-Staff E had not been reported to the HCPR.

Refer to Tag Q of 4 G & § 131D-21(a)
Declaration of Resident Rights (Type B
Violation):

The failure of the facility to investigate and report
an allegation of abuse to Resident #3 by Staff E
to the Health Care Personnel Registry resulted in
alleged supervisor of abuse being allowed to
continue to work around residents at the facility,
was detrimental to the health and safety of
residents and constitutes a Type B Violation.

The Plan of Protection provided by the facility on
08/23/97 revealed:

Division of Health Services Regulation

STATEMENT OF REFERENCES
FACILITY OF CORRECTION

028 NORTON CONSTRUCTION
A. BLANK

028 NORTON CONSTRUCTION
CORP. REF ID

HALLSBROOK

B. WMS

01/28/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERBAGE OF GEORGE ROCK

191 GREENVIEW DRIVE
MCKESSVILLE, MD 21085

DATE PREPARED BY
MAG

DATE PREPARED BY
MAG

DATE

D 438 Continued from page 39

D 438

When allegations of abuse or neglect are made against any employee it will be reported immediately to the Health Care Personnel Registry and documented. When allegations of abuse or neglect are made there will be an investigation started by the Director and the Assistant Director immediately and will continue for 5 days. All information obtained during the investigation will be documented.

APPLICATIVE PROCEDURES WERE IN PLACE AT ALL TIMES AND ASKED THESE ISSUES STAFF WAS AND WILL CONTINUE TO BE RETAINED ON THESE PROCEDURES COMPLETED 10/10/17

D 433 10A NDC 13F. 1212(d) Reporting of Accidents and Incidents

D 433

10A NDC 13F. 1212 Reporting of Accidents and Incidents (4) The facility shall immediately notify the county department of social services in accordance with G.S. 108A-102 and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a resident.

This rule is not met as evidenced by TYPE B VIOLATION
Based on interviews and record reviews, the facility failed to immediately notify the County Department of Social Services and the local law enforcement authority as required by law of any alleged sexual abuse (Paragraph 27) and alleged physical abuse by staff members in regard to (resident(s)).

STAFF DID NOT FOLLOW PROCEDURES THAT ARE IN PLACE FOR INCIDENTS SUCH AS THESE CITED. COPY ATTACHED. THEY WILL BE RETAINED IN THESE PROCEDURES. CULATED BY 10/11/17

Division of Health Service Regulation

TOWNSHIP OF BERKSHIRE
AND TOWN OF COCKERSON

071401016 CONSTRUCTION

08/29/2017

1441000007

W. WING

NAME OF PROPOSER OR SUPPLIER

3300 E. AZORES, CITY, STATE, ZIP CODE

THE HERITAGE OF BERKSHIRE

181 CHERYLWY DRIVE
MOOREVILLE, NC 27028

READ AND REVIEW THE SUMMARY STATEMENT OF DEFICIENCIES WHICH DEFICIENCY MUST BE PRECISED BY FULL EXPLANATION OR SCENARIOS IN THE INFORMATION

D 453

RECOMMENDATION OF SUPERVISOR (CLASSIFICATION ACTION SHOULD BE TAKEN IF DEFICIENCY IS NOT CORRECTED)

DATE

D 453. Continued from page 100

The findings are:

Tadpole's interview on 07/11/17 and 08/16/17 with a local county agency revealed:
-Resident #2 complained that Resident #1 continually came to her room and forced himself on her sexually.
-She was afraid of Resident #1 and had threatened facility of the incident.
-Resident #3 was physically abused by Staff E, Personal Care Aide (PCA)

Review of the facility's Employee Handbook revealed incidents of abuse will be reported to the Department of Human Services and law enforcement.

A. Review of Resident #2 current FL-2 dated 4/26/17 revealed:
-Diagnosis included Central Pain seizure disorder.

Review of the facility's incident/accident reports for Resident #2 revealed:

- On 03/10/17 (no time) Resident #2 told staff Resident #1 had touched her while she was lying in bed. "Had sex and something wrong."
- On 03/16/17 (no time) Resident #2 told staff Resident #1 keeps coming in her room without being asked, he comes in and just stands there.
- On 03/23/17 Resident #2 told staff Resident #1 went in her room again without asking her.
- On 03/23/17 Resident #2 told a staff that Resident #1 was going into her room and riding on her breast and touching himself on the penis with his pants down.

Interview with Resident #2 on 8/16/17 at 11:00 am revealed:
-Resident #1 had been following her around the

Division of Health Service Regulation STATEMENT OF DEFICIENCIES REMARKS OF CORRECTION		INVESTIGATOR'S ROOM IDENTIFICATION NUMBER	DATE VISIT COMPLETED
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF LEONARD HOCK		1111111111	08/29/2017
STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028		STATE A. MAILING	DATE
DATE OF PREVIOUS VISIT	SUMMARY STATEMENT OF DEFICIENCIES AS DETERMINED BY FULL REGULATORY OR LICENSING PERSONNEL	INVESTIGATOR'S ROOM IDENTIFICATION NUMBER	DATE VISIT COMPLETED
0 453	Continued from page 101 Facility: -Resident #1 has been doing things she didn't like and wasn't comfortable with. -Resident #1 had come into her room at night and touched her breast. -She told staff and she was moved to another room, she was unable to recall the date that she moved. -Resident #1 had not taken her room in "a very long time," at least a "couple of weeks." -Resident #1 had not had sexual contact with her since she was moved to another room (unable to recall the exact date). -Resident #1 had looked at her orange, which made her uncomfortable. -Recently, when she was in the resident's common sitting area, Resident #1 came into the room, so she felt because she felt uncomfortable and was afraid Resident #1 would touch her. -She had never said anything to Resident #1 about what he had done to her, she notified staff when Resident #1 comes around her. -She had notified her family member about Resident #1's touching her, "I do not feel safe," my family is looking for witnesses, facility but hasn't found one yet. -She stated she wanted to move "again". -She was unsure if facility is doing enough to keep her safe. Interview with Resident #2 on 08/22/17 at 10:30 am and at 1:40 pm revealed: -Previously, (can't recall specific date) Resident #1 pulled her clothes off and forced himself on her. -She told Resident #1 not to touch her. -Initially she didn't call staff and she had said if they instructed Resident #1 "not to do it," she did not feel safe in her room at night when she was sleep. Interview with Resident #3 on 08/22/17 at 10:30 am and at 1:40 pm revealed: -Previously, (can't recall specific date) Resident #1 pulled her clothes off and forced himself on her. -She told Resident #1 not to touch her. -Initially she didn't call staff and she had said if they instructed Resident #1 "not to do it," she did not feel safe in her room at night when she was sleep.	D 453	

Division of Health Service Regulation
STATE FORM

ED-111

Revised 1/01/13

Division of Health Service Regulation DIVISION OF DETENTION AND CORRECTION IDENTIFICATION NUMBER		INMATE IDENTIFICATION NUMBER	INMATE NAME
NAME OF PRISONER OR SUPPLIER		B. 5099	0
THE HERITAGE OF CROWN ROCK		191 CRENSHAW DRIVE MIDKESVILLE, MO 20028	08/28/2017
DATE OF ENTRY	INMATE STATEMENT BY PRISONER INMATE STATEMENT MUST BE PROVIDED BY FULL REGISTRATION OR REGISTRATION INFORMATION	INMATE NAME	INMATE PLAN OF CORRECTION INMATE PLAN OF CORRECTION SHOULD BE CORRECTED TO THE APPROPRIATE DEFINITION
D-483	Continued from page 102 -She was moved to her new room, and still -Resident #1 came to her room. -Resident #1 assaulted her last night 08/22/17. -Resident #1 wanted me to go through a door want to do, he wanted me to feel him and he feel me." -Resident #1 stuck his penis in her vagina "It happened last night (08/22/17) around 10:00 pm when there was a shift change." -She needed to be checked out at a hospital. -She talked with the Assistant Director and was told that Resident #1 needed to stop, and she needed to be checked out. -Review of Resident #2's record revealed: -There was no documentation that DSS was not notified of the above reports. -There was no documentation incident/accident reports that were sent to DSS or KCSH Law Enforcement for alleged sexual abuse. -There was no documentation of incident report re: added to an incident on 08/22/17. -Interview with Resident #1 on 08/19/17 at 11:13 am revealed: -He and Resident #2 were friends, she agreed to let him touch her. -He touched Resident #2 "a long time ago". -Nothing happened recently between him and Resident #2, he had not touched Resident #2. -He only looked at Resident #2. -Review of the facility's incident/accident reports for Resident #1 revealed: -On 08/16/17 Resident #1 had been sexually aggressive act towards a female resident. -On 08/23/17 Resident #1 was touching another resident showing sexual aggression. -On 08/11/17 Resident #1 said a female wanted him to touch her.	D-459	

Division of Health Services, Regulation

STATEMENT OF COMPLAINT, AS AND PLAN OF CORRECTION		(REG. PROVISIONS) (PROVISIONS) ADMINISTRATIVE	(REG. PROVISIONS) (PROVISIONS) A. B. C. D. E.	(REG. PROVISIONS) (PROVISIONS) <input type="checkbox"/>
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEARA ROOM		STREET ADDRESS, CITY, STATE, ZIP CODE 181 CRESSKREW DRIVE ROCKSVILLE, MD 20852		
I.D. NO. (REG. PROVISIONS) (PROVISIONS) (REG. PROVISIONS) (PROVISIONS)	I.D. NO. (REG. PROVISIONS) (PROVISIONS)	I.D. NO. (REG. PROVISIONS) (PROVISIONS)	I.D. NO. (REG. PROVISIONS) (PROVISIONS)	I.D. NO. (REG. PROVISIONS) (PROVISIONS)
D 433 Continued from page 103 -On 08/08/17 Resident #111 another resident's hand and cut their because he was tied at another resident for hitting the radio up. Review of Resident #111's record revealed: -There was no documentation any reports on aggression were sent to DSS. -There was no documentation of incident/accident reports sent to the local law enforcement. Interview with DSS on 8/22/17 at 3:00 pm revealed none of the incident reports reviewed above had been received in the county DSS office. Interview with the facility Director on 07/12/17 at 3:04 pm revealed: -She had not found the incident reports in the county DSS. -She had not contacted DSS about the incidents. -Lay employment had not been completed about the incidents. -She was aware incident/accident reports had to be sent to the County DSS and local law enforcement. Interview with Resident #22: Guardian on 8/23/17 at 2:40 am revealed: -Resident #22 had made Guardian aware of the alleged sexual abuse before May 2017. -Resident #22 told the Guardian Resident #1 was coming into her room at night and touching her. -The guardian returned Medication Aide (MA) of the alleged sexual abuse, and the MA had told her "it will be taken care of on Monday." -The Guardian demanded Resident #2 to be moved away from Resident #1 immediately. -Resident #1 was moved onto another hallway. -She visited Resident #2 in June 2017, and				

Division of Health Services Regulation

STATEMENT OF INVESTIGATION AND PLAN OF CORRECTIONS

PROSECUTOR, LOCAL JURISDICTION NUMBER

DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUBJECT

PROVIDER NAME, ADDRESS, CITY, STATE, ZIP CODE

08/28/2017

THE NARRATIVE OF CORRUPT PRACTICES

181 CALLEWAY DRIVE
ROCKSVILLE, NC 27822

DATE OF PREVIOUS INVESTIGATION

PROVIDER PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSK REFERENCED TO THE APPROPRIATE DEFICIENCY

DATE COMPLETE

DATE OF PREVIOUS INVESTIGATION	PROVIDER PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSK REFERENCED TO THE APPROPRIATE DEFICIENCY	DATE COMPLETE
D-483	Continued from page 104 Included Resident #1 was moved back onto Resident #2's hallway. -Resident #2 informed her that she had spoken with someone from the local agency and she going to let white staff. -Resident #2 was moved into a new room in August after talking with a person from the local agency. -The Guardian was unsure if Resident #2 knew a term. -Resident #2 informed the Guardian facility staff did not complete 2-hour checks. -The Guardian believed something happened, and Resident #1 was doing something Resident #2 did not like. Interview with facility Director on 8/17 at 12:05 pm revealed: -Resident #2 had informed Director that Resident #1 had entered her room with his pants on. -Resident #2 had told three different stories involving Resident #1. -Resident #1's Guardian had been contacted about alleged sexual abuse and other protective options for Resident #1. -The plan for Resident #1's supervision was to keep an eye out for where he is at. -Resident #1 was a pedophile and his preference was children. -Resident #1 would bring about his pedophilia. -Resident #1 was usually quiet and stayed mostly in the room. -She discussed the alleged sexual abuse with Resident #1. -Resident #3 stated he would not do it again. Interview with the Medication Administerer about the first case on 8/17/17 at 1:20 pm revealed: -He first heard about the alleged sexual abuse four or five months ago during change of shift.	D-483

Division of Health Service Regulation

STAFFING OF REGISTERED
AND PLAN OF CORRECTION

019 PROVIDER/REGISTRATION
IDENTIFICATION NUMBER:

08/29/2017

NAME OF PROVIDER OR SUPPLIER
778 HERRITAGE OF DEBARS BLDG

141 CHRISTMAS DRIVE
MOCKSVILLE, MO 64038

STATE OF MISSOURI OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DATE OF THIS REPORT

DATE OF PREVIOUS REPORT

04/15
FACILITY
ID#

IN
PROGRESS
DATE

DATE
COMPLETED
DATE

D-452

D-453

Continued From Page 105

He was informed by another employee on 3rd shift that Resident #1 had gone into Resident #2 room and touched her.

Interview with Medication Aide (MA) on the second shift on 8/22/17 at 3:00 pm revealed:
-She recalled Resident #1 began going into Resident #2's room starting in September 2016.
-She had completed incident reports about two times per week on her 3 am-11 pm shift for a total of about 6-7 incident reports.
-She said she had given them to the facility Director or she them under Director's door.
-She verbally told the Assistant Director and the Director that she had observed Resident #1 going into Resident #2's room and other residents' rooms.

Ex: Review of Resident #2's current PL-2 dated 04/20/17 revealed:
-The resident's diagnosis included mood disorder and dementia without behavioral disturbances.
-The resident was intentionally disruptive, defiant, and defiant with staff.
-The resident required supervision with bathing and dressing.

Interview with Resident #3 on 07/27/17 at 2:15 pm revealed:
-She was getting showered, and was getting her face shaved when Staff E had put shaving cream in her mouth.
-She then stepped Staff E in the face.
-Staff E stepped Resident #3 back in her face.
-She was unable to recall the date the incident occurred.
-Resident #3 had shared the incident with other residents in the facility but could not recall speaking to management.

Division of Health Services Regulation SUPERVISOR OF LICENSING AND PLAN OF CORRECTION		(X) PROFESSIONAL LICENSE (X) PROFESSIONAL REGISTERED NURSE		(X) MAJOR E CONSTRUCTION A. HARRIS		(X) HOME SERVICE COMPLETED 08/22/2017	
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE 181 CRESTVIEW DRIVE ROCKSVILLE, MO 65088		H. WINS			
(X) BOARD MEMBER (X) CHAIRMAN (X) PRESIDENT (X) VICE PRESIDENT (X) SECRETARY (X) TREASURER (X) DIRECTOR (X) SUPERVISOR (X) MANAGER (X) ASSISTANT MANAGER (X) CLERK (X) RECEPTIONIST (X) OTHER		(X) BOARD MEMBER (X) CHAIRMAN (X) PRESIDENT (X) VICE PRESIDENT (X) SECRETARY (X) TREASURER (X) DIRECTOR (X) SUPERVISOR (X) MANAGER (X) ASSISTANT MANAGER (X) CLERK (X) RECEPTIONIST (X) OTHER		(X) BOARD MEMBER (X) CHAIRMAN (X) PRESIDENT (X) VICE PRESIDENT (X) SECRETARY (X) TREASURER (X) DIRECTOR (X) SUPERVISOR (X) MANAGER (X) ASSISTANT MANAGER (X) CLERK (X) RECEPTIONIST (X) OTHER		(X) BOARD MEMBER (X) CHAIRMAN (X) PRESIDENT (X) VICE PRESIDENT (X) SECRETARY (X) TREASURER (X) DIRECTOR (X) SUPERVISOR (X) MANAGER (X) ASSISTANT MANAGER (X) CLERK (X) RECEPTIONIST (X) OTHER	
D-453 Continued From page 106 Interview with Staff E on 07/12/17 at 2:02 pm revealed: -On 06/20/17 she was showing Resident #3. -The resident started talking back, then started angry and started screaming. -She told the resident you don't sleep a "black woman". -She responded by lightly touching Resident #3's right cheek with an open right hand. -There was another PCA that witnessed the incident 8:00. Interview with the facility Director on 07/12/17 at 3:04 pm revealed: -Staff reported to her on 06/20/17 Staff E hit Resident #3. -On 06/20/17 she completed a resident report. -She did not send the incident report to DSS. -She did not provide a reason why she had not reported the incident to DSS. Interview with Assistant Director (AD) on 06/22/17 at 1:00 am revealed: -The facility had an incident report related to the incident on 06/20/17, whereby Staff E abused Resident #3. -She was unsure why BSS had not been made aware of the incident. Review of Resident #3's record on 07/12/17 revealed: -There was no documentation to show that an incident involving Staff E, Personal Care Aide (PCA) occurred on 06/20/17. -There was no documentation to show the local law enforcement or DSS had been contacted. The facility failed to immediately notify the County Department of Social Services and the local law enforcement authority as required by law of any		D-453		(X) BOARD MEMBER (X) CHAIRMAN (X) PRESIDENT (X) VICE PRESIDENT (X) SECRETARY (X) TREASURER (X) DIRECTOR (X) SUPERVISOR (X) MANAGER (X) ASSISTANT MANAGER (X) CLERK (X) RECEPTIONIST (X) OTHER		(X) BOARD MEMBER (X) CHAIRMAN (X) PRESIDENT (X) VICE PRESIDENT (X) SECRETARY (X) TREASURER (X) DIRECTOR (X) SUPERVISOR (X) MANAGER (X) ASSISTANT MANAGER (X) CLERK (X) RECEPTIONIST (X) OTHER	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE: 06/20/2017

REGISTRATION NUMBER: 141

REGISTRATION NUMBER: 0000000000

NAME OF PROVIDER OR AGENCY: THE HERITAGE OF CECILIA ROCK

STREET ADDRESS: 141 CRESTVIEW DRIVE

CITY: ROCKSVILLE, NC 27088

STATE: NC

DATE	TYPE	DESCRIPTION	STATUS	COMPLETION DATE
06/20/2017	0453	Continued From page 107	0453	

The Plan of Correction provided by the facility on 6/23/17 revealed:
 -All incident accidents reports will be reviewed by the Director and the Assistant Director for monitoring.
 -Incidents and accidents report will be reported and sent to the necessary agencies and prisons via fax and documented.
 -The Director will update the protocol to ensure that the local DHS is made aware of the incident/accidents reports sent by fax to the said agencies.
 -Accident report will continue for 3 months to assure that all reports are being sent to the local DHS.
CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 10, 2017.

Q.S. 137D-21.2 Declaration of Resident's Rights

G.S. 1310-21 Declaration of Resident's Rights
 Every resident shall have the following rights:
 2. To receive care and services which are adequate, appropriate, and in compliance with rules of federal and state laws and rules and regulations.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

DCJ PROVIDER/REGULATORY
IDENTIFICATION NUMBER:

DCJ MULTISTATE CONTRIBUTION
A. BIDDING

ISSUE DATE START
COMPLETION

HAL000007

B. N/A

08/25/2017

NAME OF PROVIDER OR SUPERVISOR

39000 ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

191 CHRISTVIEW DRIVE
MOOREVILLE, NC 27021

STATE IDENTIFICATION NUMBER OF DEFICIENCIES
FROM DEFICIENCY REPORT PREPARED BY RULE
REGULATORY OR CORRECTIVE PLAN (S/N/C/M/D)

N
PROVIDER
N/A

PROVIDING RULE OR CORRECTIVE
EACH CORRECTIVE ACTION BEING
CARRIED OUT IN THE APPROPRIATE
EMERGENCY

ISSUE
COMPLETION
DATE

DATE

DATE

Continued from page 104

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to assure every resident has the right to receive care and services which are suitable, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to health care, residents' rights, supervision, criminal background, accident and incident, and the health care personnel registry.

THE FOLLOWING ARE:

A. Based on telephone, record reviews, and observations, the facility failed to provide supervision/monitoring related to safety for 1 of 5 sample residents as evidenced by one resident (Resident #1) who repeatedly went into a female resident's (Resident #2) room and touched her inappropriately sexually. (Refer to log 270, 30A, NCAC 13F.0201(9) Personal Care and Supervision (Type A2 Violation))

B. Based on observation, interviews, and record reviews the facility failed to assure 2 of 6 sampled residents (Resident #4 and #6) physician notification regarding elevated finger stick blood glucose (FSEB), refusal of medications, physical biopsy ordered and aggressive behaviors. (Refer to log 271, 30A NCAC 13F.0202(b) Health Care (Type A2 Violation))

C. Based on interviews and record reviews, the facility failed to protect 3 of 6 sampled residents (Resident #2, #3 and #4) residing in the facility from medical, physical, and sexual abuse. (Refer to log 328, 30A NCAC 13F.0203 Resident's Rights (Type A2 Violation))

D. Based on observations, interviews, and record

DISAGREE WITH THIS FOR REASONS
STATED EARLIER IN REPORT. COPIES
OF POLICE INVESTIGATION ARE
ATTACHED. ALSO, DO NOT FEEL THIS
INCIDENT IS A PART OF ITEMS A, C, D,
AND E ON THIS PAGE AND PAGE 104.

Division of Health Service Regulation

STATEMENT OF COMPLAINTS
AND PLAN OF CORRECTION

2017 PROHIBITION OF STATE
SUPPORT FOR ABUSE

COMPLAINT NUMBER
A. NUMBER:

ISSUE NUMBER
0

NAME OF PROVIDER OR SERVICE

HERITAGE

01/1/2017

NAME OF PROVIDER OR SERVICE

THE HERITAGE OF GEORGE ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CHESTERMAN DRIVE
MOCKSVILLE, NC 27028

DATE ENTERED	STATEMENT OF COMPLAINTS AND PLAN OF CORRECTION	DATE ENTERED	STATEMENT OF COMPLAINTS AND PLAN OF CORRECTION	DATE ENTERED	STATEMENT OF COMPLAINTS AND PLAN OF CORRECTION
06/20/2017					

DATE ENTERED	STATEMENT OF COMPLAINTS AND PLAN OF CORRECTION	DATE ENTERED	STATEMENT OF COMPLAINTS AND PLAN OF CORRECTION	DATE ENTERED	STATEMENT OF COMPLAINTS AND PLAN OF CORRECTION
06/12	Continued from page 109 D. Based on observations, interviews, and review of personnel files, the facility failed to assure 1st 5 attempts staff (Shift E) had a written background check upon hire. (Refer to log 139, 10A NCAC 13F. 0907(d)(7) Other Staff Qualification (Type B violation).) E. Based on observations, interviews, and review of personnel files, the facility failed to assure 1st 5 attempts staff (Shift E) had a written background check upon hire. (Refer to log 139, 10A NCAC 13F. 1205 Health Care Personnel Registry (Type B violation).) F. Based on observations, interviews, and record reviews, the facility failed to report the Health Care Personnel Registry (HCPRI) allegations of abuse received by Resident #3 from Staff member E, Personal Care Aide. (Refer to log 438, 10A NCAC 13F. 1205 Health Care Personnel Registry (Type B violation).) G. Based on interviews and record reviews, the facility failed to immediately notify the County Department of Social Services and the local law enforcement authority as required by law of any alleged sexual abuse (Resident #2) and alleged physical abuse by staff member in regard to (Resident #3). (Refer to log 493, 10A NCAC 13F. 1212(a) Reporting of Accidents and Incidents (Type B violation).) G. G. 131B-21(d) Declaration of Residents' Rights G. G. 131B-21 Declaration of Residents' Rights Every resident shall have the following rights:	06/12			
06/14		06/14			

Division of Health Service Regulation

STATEMENT OF INVESTIGATION
PROVIDER COMPLAINT

PROVIDER INFORMATION
A. LICENSE NUMBER

PROVIDER'S
COMPLAINT
C

STATE OF PROVISION OR SERVICE

PROVIDER'S
A. LICENSE NUMBER

THE HERITAGE OF CEDAR RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE
191 CRESTVIEW DRIVE
MOOREVILLE, NC 27028

STATE OF PROVISION OR SERVICE
PROVIDER INFORMATION
A. LICENSE NUMBER

PROVIDER'S
A. LICENSE NUMBER

PROVIDER'S
COMPLAINT
C

Case 14

Case 14

4. To be free of mental and physical abuse, neglect, and exploitation.

The Rule is not met as evidenced by:
TYPE A2 VIOLATION

Based on observations, interviews and record reviews, the facility's failure to ensure residents were free of neglect, abuse, and exploitation as evidenced by the failures failure to ensure residents were free of physical and mental abuse, which resulted in Resident #2 confining to reside across the hall from a male resident (Resident #1) who repeatedly sexually abused Resident #2 on multiple occasions, Resident #3 being sexually abused by a staff member who allegedly sexually abused Resident #3 in the bath, and Resident #4 being accused by the roommate.

The findings are:

- Resident #1 was afraid of Resident #1.
- Resident #2 was afraid of Resident #1.
- Resident #3 was sexually abused by a staff member.
- Resident #4 was sexually abused by a staff member.

Review of the facility's Adult Care Home Admission Agreement and Policies revealed:
-Residents will be free of mental and physical abuse, neglect, and exploitation.
-The ownership and management does not permit or support indecent sexual activity by residents of the facility.
-The touching of another without his/her consent for the purpose of harassment, abuse, or exploitation will not be permitted.
-The facility will request the resident, family, or responsible person or agency to make another

WE DISPUT THIS CLAIM AS MENTIONED NUMEROUS TIMES THROUGHOUT THIS REPORT, REGARDING RESIDENT #2

WE DISPUT THIS CLAIM FOR REASONS MENTIONED AT NUMEROUS TIMES THROUGHOUT THIS REPORT REGARDING RESIDENT #2

Division of Health Service Regulation
STATEMENT OF INVESTIGATOR AND PLAN OF CORRECTION

1431 PROCTORVILLE FERRIS CENTER/COMMUNICABLE

330 DAYS SINCE COMPLETED
08/25/2017

NAME OF PROVIDER OR SUPPLIER
KAL B. MOSEY

STREET ADDRESS, CITY, STATE AND ZIP CODE
191 CHESTNUT DRIVE
MCKEYSVILLE, IN 47928

THE MESSAGE OF CEDAR ROCK

DATE OF VISIT
08/14

STATEMENT OF INVESTIGATOR AND PLAN OF CORRECTION

STATE OF INDIANA
DEPARTMENT OF HEALTH SERVICE REGULATION

INVESTIGATOR AND CORRECTION
ADDRESS REFERENCED TO THE AMENDMENT REFERENCED

COMPLETION DATE

DATE	STATEMENT OF INVESTIGATOR AND PLAN OF CORRECTION	STATE OF INDIANA DEPARTMENT OF HEALTH SERVICE REGULATION	INVESTIGATOR AND CORRECTION ADDRESS REFERENCED TO THE AMENDMENT REFERENCED	COMPLETION DATE
08/14	<p>Continued From page 111</p> <p>Placement immediately when it is believed that a delay would jeopardize the resident's or others' health or safety.</p> <p>Review of Resident #2 current FIC-2 dated 4/22/17 revealed:</p> <ul style="list-style-type: none"> -Diagnosis included: Central Palsy, seizures disorder. -Disorder was documented as intermittently and non-ambulatory using a wheelchair. <p>Review of the facility's incident/accident reports for Resident #2 revealed:</p> <ul style="list-style-type: none"> -On 03/10/17 (no time) Resident #2 told staff Resident #1 had touched her while she was lying in bed. "and she did something wrong." -On 03/15/17 (no time) Resident #2 told staff Resident #1 kept coming to her room without being asked. "He came in and just stood there." -On 06/29/17 Resident #2 told staff Resident #1 went to her room again without asking her. -On 08/09/17 Resident #2 told staff that Resident #1 was going into her room and rubbed on her breast and reached forward on the penis with his pants down. <p>Interview with Resident #2 on 8/10/17 at 11:00 AM revealed:</p> <ul style="list-style-type: none"> -Resident #1 had been following her around the facility. -Resident #1 "has been doing things" she didn't like and wasn't comfortable with. -Resident #1 told came into her room at night and touched her breasts. -She told staff and she was moved to another room. She was unable to recall the date that she moved. -Resident #1 had not been hit or thrown in "a very long time" at least a "couple of weeks". -Resident #1 had not had sexual contact with her 	08/14		

Division of Health Service Regulation
STATEMENT OF FINANCIAL
AND/OR OTHER INTERESTS

NAME OF PROVIDER/PATIENT
AND PROVISION NUMBER

700 N. STATE STREET
A. BIRNBAUM, MD

08/29/2017

NAME OF PROVIDER/CLINIC

HAL KATZ

391 ONE/NEW DRIVE
MOORESVILLE, NC 27025

THE HERITAGE OF SENIAR HOME

DATE

Continued From page 112

12/31/14

PREVIOUS OR OTHER CONNECTION
WHICH CONFLICTS WITH THE PUBLIC
INTEREST (SEE INSTRUCTIONS)

CONFIDENTIAL

<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>
<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>
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<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>	<p>CONFIDENTIAL</p>

Division of Health Service Regulation

STATEMENT OF DEFENSES AND PLAN OF CORRECTION

400 MATCHED CORRECTION A BILLING

FOR DATE SUBJECT COMPLETED

MAIL 03/07

K 0305

04/25/07

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE MENTAGE OF CEDAR ROCK

191 CROSBYVIEW DRIVE
MOCKSVILLE, NC 27028

DATE OF PREVIOUS VIOLATION	STATEMENT OF DEFENSES AND PLAN OF CORRECTION	PROGRESS REPORT SUBMISSION (CHECK CORRECTIVE ACTION SHOULD BE TAKEN REFERENCED TO THE APPROPRIATE DEFERENCE)	DATE REVIEWED
03/14	Continued From page 113 -She had talked with the Assistant Director and was told that Resident #1 needed to stop, and she needed to be checked out. Interview with Resident #2 on 02/27/07 at 12:15 pm revealed: -She had been sent to the hospital and because Resident #1 "forced" himself on her on 03/27/07, she had tests done, including a pregnancy test, she was "not pregnant." -Law enforcement/police spoke with her at the hospital. Review of a hospital Sexual Assault Medical Report for Resident #2 revealed: -The resident disclosed to hospital staff "he zinged me." -It could not be determined if the resident had sexual contact. Review of the Nurses Notes in Resident #1's record revealed: -On 10/18/06, "concern: Resident #1 keeps following female resident around and was in shower room with female resident." -On 04/19/07, facility staff documented "concern: Resident #1 had been sexually aggressive towards a female resident on several occasions; resident has been given a 30 day notice." -On 04/26/07, "concerns Resident #1 had sexual incident of inappropriate behavior, called guard/ian to give notice to move out." Review of the facility's Incident/Assault reports for Resident #1 revealed: -On 04/06/07 Resident #1 had sexual aggressive act towards a female resident. -On 04/23/07 Resident #1 was touching another resident showing sexual aggression.	03/14	

Division of Health Service Regulation

STATEMENT OF PERSONNEL AND PLAN OF CONSTRUCTION

ON PERSONNEL, PERSONAL INFORMATION AND RESUME

DATE SUBMITTED: 08/25/2017

NAME OF PERSONNEL OR SURVEYOR: HALLSLEY

REGULATORY DIVISION: A. BUILDING

DATE SUBMITTED: 08/25/2017

NAME OF PROJECT OR SURVEYOR: THE HERITAGE OF CROAN ROCK
191 ORNSTEIN DRIVE
MOCKSVILLE, NC 27058

DATE PROJECT WAS	SUMMARY STATEMENT OF PERSONNEL (EACH PERSONNEL MUST BE PRECEDED BY FULL PERSONNEL OR PLAN OF CONSTRUCTION INFORMATION)	IS PERSONNEL/PERSONAL INFORMATION BEING REFERENCED TO THE APPROVALS (YES/NO)	DATE SUBMITTED
08/14	Continued From page 114 On 08/14/17 Resident #1 said a female wanted him to touch her. On 08/02/17 Resident #1 hit another resident's hand and said "Yes" because he was mad at another resident for hitting the radio up. Review of Resident #1's Psychiatric Notes prepared by the Physician Assistant (PA) on 08/25/17 revealed: -He discussed with Resident #1 about going into residents room at night and touching them while they slept. -Resident #1 admitted to the PA that he had a few episodes of touching other residents before staff realized what he was doing, and told him it was wrong. -Resident #1 told the PA that he masturbated and abused the computer. Interview with Resident #1 on 08/14/17 at 11:13 AM revealed: -He and Resident #2 were friends, she agreed to let him touch her. -He touched Resident #2 "a long time ago". -He and Resident #2 had sex together. -Resident #2 has had sex with Resident #1. -He only looked at Resident #2. Interview with Resident #1 on 08/22/17 at 10:30 AM revealed: -He lived at the facility since 2008. -He went to jail in 1978 for sexual assault and was there for 15 years. -Nothing has happened between him and Resident #2. -He and Resident #2 were friends and he did touch Resident #2 "a long time ago". -He and Resident #2 were friends and Resident #2 agreed to let him touch her. -Staff didn't know about him touching	NO	08/14

Division of Health Services - Residential		AND PROGRESSIVE/RETRIAL AND INSTITUTIONAL EQUIPMENT		AND ALLIANCE COORDINATION		AND DATE DERIVED	
NAME OF PERSON OR SERVICE PROVIDER		MILWAUKEE		A. YANG		08/25/2017	
THE HERITAGE OF CEDAR ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE		181 CRESTVIEW DRIVE		MOCKESELLE, MO 65068	
ACCORD TO:	STANDARD OPERATING PROCEDURES (SOP) AND/OR POLICY (MUST BE PRECEDED BY FILE NUMBER) OR IAC (IDENTIFYING ORGANIZATION)	IS PRESENT?	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEPARTMENT	DATE	BY	DATE	BY
08/14	Continued from page 116 Resident #2 -He only touched Resident #2's "skin and back" Interview with Resident #2's Guardian on 8/23/17 at 9:50 am roughly: -Resident #2 first made her Guardian aware of the alleged sexual abuse before May 2017. Resident #2 told her that Resident #1 came into her room at night and touched her. -The Guardian informed a Nursemaid Aida (MA) of the alleged sexual abuse, and the MA had told her "It will be taken care of on Monday." -The Guardian departed Resident #2 to be moved away from Resident #1 immediately. -Resident #1 was moved onto another hallway. -She visited Resident #2 in June 2017, and noticed Resident #1 was moved back onto Resident #2's hallway. -Resident #2 informed her that she had spoken with someone from the local agency and she going to talk with her. -Resident #2 was moved into a new room in August after talking with a person from the local county agency. -The Guardian was unsure if Resident #2 knew her timeframe. -Resident #2 informed her Guardian the staff did not complete 2 hour checks. -The guardian believed something happened, and Resident #1 was doing something to Resident #2 did not like. Interview with Assistant Director on 8/22/17 at 4:05 pm roughly: -She heard about the incident with Resident #1 and Resident #2) before she went on maternity leave. -She heard that a local county agency told the facility Director that Resident #2 was touched by Resident #1.	08/14					

Division of Health Service Regulation
A resident or offenders
and/or of correction

201 PERSON IDENTIFICATION NUMBER	201 MULTIPLE CORRECTIONAL A. NUMBER	201 DATE REPORT COMPLETED
44000000000000000000	00000000000000000000	06/20/2017

NAME OF PRISONER OR SUBJECT: **THE HERMAGE OF CEDAR ROCK**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **191 CRESTVIEW DRIVE ROCKFORD, NC 27996**

ARREST NUMBER	INMATE NUMBER	PROSECUTOR'S NAME	DATE COMPLETE
00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000

ARREST NUMBER	INMATE NUMBER	PROSECUTOR'S NAME	DATE COMPLETE
00000000000000000000	00000000000000000000	00000000000000000000	00000000000000000000
0414	0014	00000000000000000000	00000000000000000000

Division of Health Service Regulation
 44000000000000000000
 607911
 Confidential - Item 118 of 128

Division of Health Service Regulation
STRATIFIED FOR SUPERVISORS
AND PLANS OF CORRECTION

MSD PERIOD: 06/15/2016 - 06/30/2016
REVIEWER: J. HARRISON

MSD DATE: 06/25/2017

MSD DATE SUBMITTED: 06/25/2017

NAME OF PROVIDER OR SUPERVISOR: THE HERITAGE OF CEDAR ROCK
STREET ADDRESS, CITY, STATE, ZIP CODE: 191 CRESTVIEW DRIVE, ROCKFORD, IL 61201

FOUND PROBLEM TAG	SUMMARY STATEMENT OF DEFICIENCIES (PLEASE IDENTIFY ALL DEFICIENCIES BY FULL NUMBER OR LSC IDENTIFICATION NUMBER)	MSD NUMBER	REVIEWER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE
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0914	Continued from page 117. checked the recording on cameras to observe what happened in the hallway from the time she left to the time she was taken to the facility. -She would send Resident #2 to the ER to be checked out for sexual abuse. Interview with Facility Director on 06/17/17 at 12:05 PM revealed: -Resident #2 had informed her that Resident #1 had entered her room with the penis out. -Resident #2 had told three different stories involving Resident #1. -Resident #1's Guardian had been contacted about alleged sexual abuse and other placement options for Resident #1. -Resident #1's supervisor was to "keep an eye out" for when he is out. -Resident #1 was a pedophile and his preference was children. -Resident #1 would brag about his pedophile. -Resident #1 was usually quiet and stayed mostly in his room. -She discussed the alleged sexual abuse with Resident #1. -Resident #1 stated he would not do it again. Interview on 06/17/17 at 1:20 PM with the first shift, Washington Alder Supervisor (WAS) revealed: -He heard about the incident during a shift change report. -He was informed by another employee on the 014 shift that Resident #2 had reported Resident #1 came into her room and he had touched her. -Since the alleged sexual abuse, he made sure to keep Resident #1 away from Resident #2 while working the shift. -If Resident #1 was found to be near Resident #2, he would redirect Resident #1 to his room. -During his shift he monitored the hallways for Resident #2's location.	0914		
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		FACILITY INFORMATION FACILITY NAME: <u>WALTONWOOD</u> FACILITY TYPE: <u>RESIDENTIAL</u>		DATE OF VISIT DATE: <u>08/26/17</u> TIME: <u>08:00</u>	
NAME OF PROVIDER OR AGENCY: <u>STREET ADDRESS, CITY, STATE, ZIP CODE</u> <u>191 CHESTNUT AVE</u> <u>HOCKESSVILLE, MS 39028</u>					
THE MESSAGE OF CEDAR ROCK					
STATE OF MISSISSIPPI DEPARTMENT OF HEALTH SERVICE REGULATION DIVISION OF HEALTH SERVICE REGULATION	STATE OF MISSISSIPPI DEPARTMENT OF HEALTH SERVICE REGULATION DIVISION OF HEALTH SERVICE REGULATION	STATE OF MISSISSIPPI DEPARTMENT OF HEALTH SERVICE REGULATION DIVISION OF HEALTH SERVICE REGULATION	STATE OF MISSISSIPPI DEPARTMENT OF HEALTH SERVICE REGULATION DIVISION OF HEALTH SERVICE REGULATION	STATE OF MISSISSIPPI DEPARTMENT OF HEALTH SERVICE REGULATION DIVISION OF HEALTH SERVICE REGULATION	STATE OF MISSISSIPPI DEPARTMENT OF HEALTH SERVICE REGULATION DIVISION OF HEALTH SERVICE REGULATION
C914	Continued From page 119	0114	10 PREFIX TAG	PRONOUNS PART OF CONSTRUCTION TECH CORRECTION NUMBER SHOULD BE CROSS REFERENCED TO THE DEFICIENCY (DEFICIENCY)	001 DATE
<p>-Resident #2 had not informed him that Resident #1 sexually assaulted her.</p> <p>-Resident #2 had not reported any recent incidents with Resident #1 to him, but he heard this resident had reported alleged sexual abuse to a person at a local county agency last week.</p> <p>-He heard that Resident #2 notified the incident to a supervisor on the blind shift, but she had not reported an incident to him.</p> <p>Interview on 8/22/17 at 2:00 pm with a Medication Aide on the second shift available:</p> <p>-She recalled Resident #1 began yelling in Resident #2's room in September 2016.</p> <p>-She wrote incident reports at least two times per week on the 3 pm-11 pm shift regarding Resident #1's behavior (going into Resident #2's room).</p> <p>-She had written 6 of 7 incident reports.</p> <p>-She had given the reports directly to the facility Director, or if she was not in her office she slid the reports under the door.</p> <p>-She noted in the reports that Resident #1 had been in other people's rooms.</p> <p>-She recalled Resident #1 had worked in an another resident when they were taking a shift.</p> <p>-She verbally told the Assistant Director and the facility Director that she had observed Resident #1 going into Resident #2's and other residents' rooms.</p> <p>-She was not afraid of Resident #1, but thought the residents were afraid of Resident #1.</p> <p>Confidential interview with 4 staff members available:</p> <p>-Management had not discussed supervision plans with staff.</p> <p>-One staff member was aware of the supervision plans, and identified that Resident #1 was currently in the room.</p> <p>-The staff member cited to "walkin him at all times</p>					

Division of Health Service Regulation

STATEMENT OF SERVICES
AND PLAN OF CORRECTION

BY PROVIDER/INVESTIGATOR
IDENTIFICATION NUMBER:

REGISTRAR'S CONSIDERATION
A. BILDER: _____

DATE REVIEW
COMPLETED

HALDORSON

E. WANG

08/22/2017

NAME OF PROVIDER/INVESTIGATOR

SHIRLEY MOCHRESE GIFF, RN/MS, ZIN CODE

THE HERMITAGE OF CECAS ROCK

461 CHESTVIEW DRIVE
MOCKSVILLE, MO 67026

0410
0410
12/0

10
0410
12/0

PROVIDER'S PLAN OF CORRECTION
EXTRA CORRECTIVE ACTION SHOULD BE
REFERRED TO THE APPROVING
SUPERVISOR

DATE
COMPLETED

02/14

02/14

Continued from page 119
and who he is with, they know to "keep an eye
on him".
-One staff said the facility's plan was 2 hour
checks for Resident #1 and all residents.
-Management had not discussed any other
supervision plans besides checks every 2 hours
all residents.
-Three staff members were unaware of Resident
#1's current location.

Interview with the mental health agency on
02/24/17 at 11:00 am revealed:
-The physician assistant (PA) informed the facility
staff about Resident #1 sexual behaviors.
-The facility staff informed the PA that Resident
#1 had been issued a 21 day discharge.

B. Review of Resident #3's current PL-2 dated
04/25/17 revealed:
-The resident's diagnoses included Mood
disorder and sexual behavior disorder.
-The resident was intermittently disoriented.
-The resident required assistance with bathing
and dressing.

Review of Resident #3's Assessment and Care
Plan dated 08/20/17 revealed the resident
required extensive assistance with bathing and
bathing.

Review of Resident #3's record revealed it did not
contain documentation regarding any incidents that
involved Staff E on 08/20/17.

Review of Staff E's Personal Care Aide (PCA)
personnel record on 07/14/17 did not contain
documentation regarding the incident of abuse to
Resident #3 on 08/20/17.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

REGULATORY AGENCY

DATE SERVICES COMPLETED

NAME OF PROVIDER OR SUPPLIER
HALLMARK

REGULATORY AGENCY
A. AGENCY

DATE SERVICES COMPLETED
08/22/2017

THE HERBAGE OF CEDAR ROCK
151 CRESTVIEW DRIVE
MOCKSVILLE, MO 67086

NAME OF PROVIDER OR SUPPLIER
HALLMARK

REGULATORY AGENCY
A. AGENCY

DATE SERVICES COMPLETED
08/22/2017

ID NUMBER PRIORITY DATE	BRIEF STATEMENT OF DEFICIENCIES REGULATORY AGENCY (DO NOT REMOVE THIS INFORMATION)	ID NUMBER PRIORITY DATE	BRIEF STATEMENT OF DEFICIENCIES REGULATORY AGENCY (DO NOT REMOVE THIS INFORMATION)	ID NUMBER PRIORITY DATE
P014	<p>Continued From page 130</p> <p>Review of Employee Handbook for the facility revealed:</p> <ul style="list-style-type: none"> -There was a policy stating that sexual harassment for cause shall be subject of residents. -Employees will be suspended without pay until an abuse investigation is completed. -Employees shall be terminated if abuse allegations are founded. -Abuse incidents will be reported to Department of Human Services and law enforcement. <p>Review of the facility's employee work schedule revealed:</p> <ul style="list-style-type: none"> -Staff E worked was scheduled as an active employee of the facility. -Staff E worked 16 days in July 2017. -Staff E worked 14 days in August 2017, including today (08/22/17). <p>Observation on 08/22/17 from 10:00 am to 3:00 pm of Staff E revealed:</p> <ul style="list-style-type: none"> -Staff E was not employed at the facility. -She was interviewed with residents performing showers, dressing and hair/assistant. <p>Interview with Resident #3 on 07/12/17 at 2:15 pm revealed:</p> <ul style="list-style-type: none"> -After she was getting showered, and getting her face cleaned, Staff E put shaving cream in "my mouth." -She slapped Staff E in the face. -Staff E then slapped Resident #3 back in her face. -She was unable to recall the date the incident occurred. <p>Interview with Staff E on 07/12/17 at 2:52 pm revealed:</p> <ul style="list-style-type: none"> -The resident started talking "junk" then became 	P014		

Division of Health Service Regulation STATEMENT OF WORKS/NOTICES AND PLAN OF CORRECTION		DIV. PROJECT/REGISTRATION/INVESTIGATION NUMBER H4433007	DOJ/STATE CONSTRUCTION & BUSINESS A. BUSINESS:	JOB NUMBER 0	JOB NUMBER 0
NAME OF PROJECT OR SUBJECT THE HERITAGE OF DEBAR NOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 141 GREYSTONE DRIVE ROCKVILLE, MD 20858			
(VALID PERIOD) DATE	SECURITY STATEMENT OF WORKS/NOTICES EACH OPERATOR MUST BE PROVIDED BY FULL REGISTRATION OR REGISTRATION REINSTATEMENT	ID FEDERAL TAG	PROJECT'S PROJECT ORIGINATOR WHICH COMPANY IS THE CONTRACTOR (IF APPLICABLE)	JOB NUMBER DATE	JOB NUMBER DATE
03/14	Continued from page 121 angry and started her. She told the resident you don't give a "black woman" -She responded by rightly touching Resident #3's right cheek with an open right hand. -There was another PCA that witnessed the incident also. Interview with the Facility Director on 07/13/17 at 3:04 pm revealed: -Staff reported to her on 06/30/17 that Staff E hit Resident #3. -On 06/30/17 she completed an incident report. -She also issued Staff E an employee written warning stating Staff E was written up for neglecting to perform duties as outlined in her job description. -No action was taken to discipline Staff E and no internal investigation had not been completed. -She had not contacted the HCER. -She had not contacted law enforcement regarding the incident. -She did not send the incident report to DSG. Interview with on 07/14/17 at 11:45 with the PCA that witnessed the incident between Resident #3 and Staff E revealed: -Staff E admitted to shove Resident #3 on 06/30/17, the resident "tripped off and knocked the ... out of Staff E." -Staff E "tripped off and knock the ... out of Resident #3." -Staff E does believe to another staff member and stated "some one home or the one." -No one at the facility had talked with her or talked her about the incident on 06/30/17 with Resident #3 and Staff E. Interview with the Facility Director on 07/24/17 at	03/14			

PRINTED: 08/29/17
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF INCIDENTS
RELEVANT TO CONSTRUCTION

ICD PROJECT OR PERMITS
ADMINISTRATIVE NUMBER

CONTRACT OR CONSTRUCTION
A. SHEET NO.

ISSUE DATE SURVEY
COMPLETED

HA102007

B. PLAN

08/29/2017

NAME OF PROVIDER OR SUPPLIER

ATHEIT, ANDREAS, CTR, STAGE 2B CODE

THE HERITAGE OF SEEMA ROCK

181 CHEATSWAY DRIVE
MOCKSVILLE, NC 27025

DATE OF REPORT
10/2

REPORTING
TO

SPONSOR'S PLAN OF CORRECTION
IF ANY CORRECTIVE ACTION SHOULD BE
TAKEN BY PROVIDER TO THE APPROVING
AGENCY

DATE
COMPLETE
PAGE

08/14

08/14

1

Continued from page 122

12:25 pm revealed:
-She did not have Staff E off the schedule or off
work.
-Staff E had continually worked since the incident
-She had not completed an investigation of the
incident.
-She had not contacted the Health Care
Professional Registry.

Telephone interview with Resident A's family
member on 08/23/17 at 9:45 am revealed:
-The family member stated Resident A's at the
facility 3 - 4 times per year.
-Resident A's told her family member that
sometimes facility staff were mean to her and
cursed at her.
-The family member reported that sometimes
Resident B's was hard to get along with.

Interview with Assistant Director (AD) on 08/23/17
at 1:00 pm revealed:
-She was not aware that she needed to report the
incident to the HCPR.
-As of 08/23/17 she had not contacted the Health
Care Professional Registry about the incident
between Resident B's and Staff E.
-She had not contacted the local law enforcement
to report the abuse.

Telephone interview with the local law
enforcement on 08/23/17 at 3:05 pm revealed:
-The investigator had issued a criminal summons
for Staff E for the assault on a nondescript
person.
-They would deliver the summons 31 days to the
facility.

Telephone interview with staff at the HCPR on
08/24/17 at 10:35 am revealed:
-Staff E had not been reported to the HCPR.

DIRECTOR AND ASSISTANT DIRECTOR
HAVE BEEN REPRIMANDED FOR SUCH.
EMPLOYEE WAS TERMINATED ON
8/23/17.

Division of Health Service Regulation

PRINTED COURT REPORT
FORM APPROVED

NAME OF PROVIDER OR APPLICANT PROVIDER'S BUSINESS ADDRESS AND PLACE OF CONNECTION RALPH J. COOPER	225 MILL ST. CONSTRUCTION A. BRIDGE	REG. DATE ENTERED COMPLETED 0 10/23/2017
NAME OF PROVIDER OR APPLICANT STREET ADDRESS, CITY, STATE, ZIP CODE 141 CHESTNUT GROVE WOODRUFF, E. NC 27586		
NAME OF PROVIDER OR APPLICANT RALPH J. COOPER	TO WHOM 702	PROVIDER'S PLACE OF CONNECTION LEADS CORRECTIVE ACTION SHOULD BE KNOWN REFERENCED TO THE APPROPRIATE AGENCY
CONTINUED FROM PAGE 123 C. Review of Resident #7's current FCL dated 01/27/17 revealed: -Diagnoses included Huntington's disease, delirious condition, delusions, and hallucinations. -The resident was essentially disoriented. -Significant history with a walker. -Had loss of limb control. Review of Resident #7's Care Plan signed by the physician on 05/30/17 revealed: -The resident required extensive assistance with bathing and dressing. -The resident was totally dependent on facility staff for toileting and grooming. -The resident required written assistance with transferring and ambulation. Review of the Resident Register in Resident #7's record revealed: -The document was blank and had not been completed. Review of Resident #7's record revealed: -Resident #7 had a guardian to make decisions for him. -The resident was admitted to the facility on 01/29/16. Review of Resident #4's (Resident #7's roommate) record revealed the following documentation: -08/22/17, first visit, Resident #4 was very vibrant, wearing glasses, pants and throwing full cans of soda at the roommates (Resident #7) hitting him in the head, and fighting with staff. Observation on 08/22/17 at 11:43 am of Resident #7's record revealed: -The resident was NR in the back of head	12/14	(23) COMPLETE DATE

Division of Health Service Regulation

STATEMENT OF DEFENDANCE
APPLICANT OR OFFENSE

PROCEEDING IDENTIFICATION NUMBER

DATE ENTERED
COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

191 CRESTVIEW DRIVE
MOCKSVILLE, MO 67208

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

Division of Health Service Regulation

STATEMENT OF WORKS FOR SERVICES AND PLAN OF CORRECTIONS

(A) FACILITY IDENTIFICATION NUMBER
JH01170010100000000000

(B) RELIABLE CONSULTATION A. BUILDING: _____

(C) DATE SURVEY COMPLETED
08/26/2017

HALLOWAY

B. WORK: _____

NAME OF PROVIDER OR REFUSER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE HERITAGE OF CEDAR ROCK

141 CRESTVIEW DRIVE
MCKESSVILLE, NC 27628

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION
1601 BRUNNEN DRIVE
RALEIGH, NC 27601

(D) FACILITY TYPE

(E) FACILITY'S PLAN OF CORRECTIONS
EACH CORRECTIVE ACTION SHOULD BE IMPLEMENTED TO THE APPROPRIATE PRIORITY

(F) DATE SURVEY COMPLETED

08/14

08/14

Continued from page 125
2-3 times per week.
-He would throw his and his roommate's (Resident #7) clothes around or otherwise touch with his hand. "yo thoo it"
-Resident #6 would always throw his roommate's (Resident #7) stuffed animals and pictures in the sink.
-Resident #6 got upset and threw things around in the room as usual. Not today he hit his roommate in the head with a full can of pop.
-The roommate had sustained a bruise but no skin damage.

Based on recent review and observation it was determined that Resident #7 was not responsible.

The facility's failure to assure residents were free of physical and mental abuse occurred when Resident #2 was left unsupervised while continuing to walk across the hall from Resident #1 since facility was made aware of Resident #1's inappropriate touching Resident #2 on multiple occasions, and Resident #2 assaulted by a staff member who allegedly slapped Resident #2 in the face, and Resident #7 was subject to abuse from his roommate. This failure to assure Resident #2, #3, and #7 were safe from physical and mental abuse placed them at substantial risk for continued abuse and constitutes a Type A-2 violation.

The Plan of Correction provided by the facility on 8/23/17 revised:
-The facility will ensure safety of all residents by the following:
-The Assistant Director will immediately educate/train staff on residents' rights on abuse and neglect and document said action.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/REGISTRATION NUMBER

PROVIDER/REGISTRATION NUMBER

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DATE STATE COMPLIANCE COMPLETED

THE MESSAGE OF CEDEFINOCK

181 CURESTYVEN DRIVE
MCKESSVILLE, NC 27026

DATE OF PREVIOUS DEFICIENCY REPORT

DATE OF PREVIOUS DEFICIENCY REPORT

DATE OF PREVIOUS DEFICIENCY REPORT

DEFICIENCY ID	DEFICIENCY DESCRIPTION	DATE	PLAN OF CORRECTION	COMPLETION DATE
0814	Continued From page 128 -Immediately all residents and staff records will be monitored and reviewed by the Director and the Assistant Director, this protocol will start 07/24/17 and will continue for 3 months to ensure compliance. -There will be a Resident Council meeting held immediately by the Director to inform all residents of Resident's rights. -The Director will ensure all residents there is an open door policy for communication. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED SEPTEMBER 25, 2017.	08/01	DO NOT AGREE WITH THIS AS STATED WHILE WE CONCEDE ERRORS WERE MADE THIS STATEMENT IS TOO BROAD THERE IS NO REFERENCES MADE TO HOUSEKEEPING IN THIS REPORT AND THE INCIDENTS CITED WERE AVOIDABLE, WERE LIMITED IN SCOPE.	
0826	G.S. § 131D-28 Implementation G.S. 131D-26 Implementation Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21.	08/01		

Division of Health Services - **Registration**
 STATEMENT OF INVESTIGATION
 AND PLAN OF CORRECTIVE ACTION

REGISTRATION NUMBER: [REDACTED]

REGISTRATION NUMBER: [REDACTED]

REGISTRATION NUMBER: [REDACTED]

REGISTRATION NUMBER: [REDACTED]

NAME OF PROVIDER OR SUPPLIER: **THE HERITAGE OF CEDAR ROCK**

ADDRESS: **191 CHESTNUT DRIVE**
HOUSTON, TX 77052

REGISTRATION NUMBER: [REDACTED]

REGISTRATION NUMBER: [REDACTED]

REGISTRATION NUMBER: [REDACTED]

REGISTRATION NUMBER: [REDACTED]

DATE	TIME	REPORTING PARTY	DESCRIPTION OF INCIDENT	STATUS
08/04	10:00	REGISTRATION	PROVIDER'S NAME IS NOT REGISTERED IN THE STATE OF TEXAS	REGISTRATION

08/04 Continued From page 127

The findings are:

Interview on 08/23/17 at 10:00 AM with the Assistant Director revealed:
 - She had returned from a leave of absence recently and was just starting to work at the facility.
 - The staff came to her as there was an issue of concern.
 - She communicated with the facility Director daily.
 - The Director was available "24/7" by phone.

Interview on 08/23/17 at 10:15 AM and at 10:50 AM with a second state healthcare aide (SAA) revealed:
 - She was also the supervisor on that shift and she supervised second shift staff.
 - If a problem would occur on second shift, she would contact the Director who would then be available.
 - The Director was available "24/7" via phone if she was not in the facility.
 - If the Director was not available she would contact the Resident Care Director.
 - The Director was responsible for day to day operations in the facility.

Interview on 08/23/17 at 10:40 AM with a Personal Care Aide (PCA) revealed:
 - The PCA was in charge on second shift.
 - If she had an issue, she would go to the SAA first.
 - The Director of the facility was available on a leave of absence.
 - She would contact the Resident Care Director or the Assistant Director if she had an issue or a problem that the PCA could not handle.
 - The Director was responsible for day to day operations in the facility.

Interview on 08/23/17 at 11:55 PM with a night shift
 Director revealed:

Division of Health Services, Board of Health

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

ISO CERTIFICATION
A. EXPIRES:

ISSUE DATE
08/21/2017

HALTINSON

2. INVS

NAME OF PROVIDER OR SUPPLIER
THE HERBAGE OF GREAT ROCK
191 CHESTNUT DRIVE
MOCKSVILLE, MO 64086

COMPLAINT NUMBER	DATE OF VISIT	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	ISSUE DATE
128	08/21/2017	10400000000000000000	08/21/2017

DATE	DEFICIENCY	PLAN OF CORRECTION	COMPLETION DATE
08/21/2017	<p>MDM revealed:</p> <ul style="list-style-type: none"> -She had worked in the facility for 2 years. -She administered medications to the residents, she supervised staff work. -If a problem or issue occurred, she would contact the RCD first, the Director was on a leave of absence. -The RCD was available "24/7 via phone." -The Director was responsible for day to day operations in the facility. <p>Interview on 8/24/17 at 12:30 pm with the Director of the facility revealed:</p> <ul style="list-style-type: none"> -I am in charge of day to day operations in the facility. -She has been by the facility and was available 24/7 either by phone or she was in the facility. -She was in the facility Monday - Friday. -The Administrator met with her in the facility quarterly. -She was in charge of overseeing all staffing issues, and residents concerns and problems. <p>Nonconformance identified during the survey included:</p> <p>A. Based on observations and interviews the facility failed to assure the two coaches in the common area (day room located in the front of the facility) were kept clean and in good repair. (Refer to Tag D16, 10A MCAC 13F, 0506(a)(1) Housekeeping and Furnishings).</p> <p>B. Based on observations and interviews, the facility failed to assure all residents had a ready accessible supply of pillow cases, clean towels, and clean wash cloths on hand for use at all times. (Refer to Tag D20, 10A MCAC 13F, 0306 A)(e) Housekeeping and Furnishings).</p>	<p>PROVIDER'S PLAN OF CORRECTION: SPECIFIC CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY.</p>	08/21/2017

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE OF INSPECTION

DATE SURVEY COMPLETED

06/28/07

NAME OF PROVIDER OR FACILITY

181 CHESTNUT DRIVE
MOCKSVILLE, NC 27058

THE RESIDENCE OF CEDAR ROCK

DATE OF PREVIOUS DEFICIENCY 06/28/07

DATE OF PREVIOUS DEFICIENCY

PROVIDER PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)

DATE COMPLETE

DATE

09/01

C. Based on observations and interviews, the facility failed to assure 33 of the facility's 33 residents had pillow, top and bottom sheets, and pillowcases shaken out in good repair. (Refer to Tag 082, 10A, NCAAC 13F, 0106 (b)(4) Housekeeping and Furnishings)

D. Based on observations and interviews, the facility failed to provide bedside tables for 4 of 19 residents rooms (Rooms #212, #204, #206, and #208) as required. (Refer to Tag 090, 10A, NCAAC 13F, 0106 (b)(2) Housekeeping and Furnishings)

E. Based on observation and interview, the facility failed to maintain a wall or dresser mirror in 5 of 5 residents rooms that could be used by each resident (Rooms #102, #103, #106, #107, #108, and #202). (Refer to Tag 090, 10A, NCAAC 13F, 0106 (b)(4) Housekeeping and Furnishings)

F. Based on observations and interviews, the facility failed to assure 11 of 16 (6#102, #103, #106, #107, #201, #202, #204, #206, #208, #210, and #212) rooms occupied by two residents had at least 1 center table chair for each resident. (Refer to Tag 081, 10A, NCAAC 13F, 0305(b)(1)(B) Housekeeping and Furnishings)

G. Based on observation and interview the facility failed to provide that each bathroom assigned to a resident's room had one clean towel for each resident for 12 of 17 rooms. (#102, #104, #106, #108, #107, #201, #202, #204, #206, #208, #210, #212). (Refer to Tag 082, 10A, NCAAC 13F, 0302(b)(7) Housekeeping and Furnishings)

H. Based on observation and interview, the facility failed to provide each bedroom with a light overhead of bed with a switch within reach of person lying on bed for 27 of 33 residents. (Refer

WE DISAGREE WITH THIS FINDING FOR D, E, F, G, H. THRU 11. SURVEYS BY THE STATE WE HAVE NEVER BEEN GIVEN NEW FURNISHINGS HAD ALREADY BEEN ORDERED FOR HOME ON 7/17/07 AND THEY WERE INSTALLED ON 7/18/07.

WE DISAGREE WITH THIS FINDING

Division of Health Services Regulation

STATEMENT OF RESIDENCES AND PLACEMENT CORRECTION	DIVISION OF HEALTH SERVICES REGULATION	FOR HEALTH INFORMATION A. BIRTH DATE	FOR DATE REPORT COMPLETED
NAME OF BOARDER OR RESIDENT	HAL CHERRY	B. WING	01/22/2017
THE HERITAGE OF CLARK ROCK	191 CHESTNUT DRIVE	MOCKSVILLE, NC 27058	
STUDY PERIOD (Y2)	A. START OF STUDY PERIOD (Y2)	B. END OF STUDY PERIOD (Y2)	C. DATE OF STUDY PERIOD (Y2)
D060	Continued from page 130 to Tag 003, 10A NCAC 13F 0306(b)(9) Housekeeping and Furnishings	D060	
<p>1. Based on observations, interviews, and record reviews the facility failed to ensure the designated person for Activity Director had completed the basic course for assisted living Activity Director within 6 months of employment. (Refer to Tag 129, 10A NCAC 13F 0404(2) Qualifications of Activity Director).</p> <p>2. Based on observations, interviews, and review of personnel files, the facility failed to assure 1 of 6 sampled staff (Staff E) had a criminal background check upon hire. (Refer to Tag 139, 10A NCAC 13F 0407(9)(7) Other Staff Qualifications (Type A Violation)).</p> <p>K. Based on interviews and record reviews, the facility failed to assure 1 of 6 sampled staff (Staff E) successfully completed a 80-hour Personal Care Training and Competency Evaluation program within six months of hire. (Refer to Tag 150, 10A NCAC 13F 0501 Personal Care Training And Competency).</p> <p>L. Based on interviews and records reviews the facility failed to assure proper discharge of 1 of 1 resident (Resident #1) assigned with documentation of notification of discharge or the right to appeal notice. (Refer to Tag 227, 10A NCAC 13F 0702 Discharge Of Residents).</p> <p>M. Based on interviews, record reviews, and observations, the facility failed to provide supervisory training related to safety for 1 of 5 assigned residents as evidenced by oral resident (Resident #1) who repeatedly went into a hallway resident's (Resident #2) room and touched her inappropriately sexually. (Refer to Tag 270, 10A</p>	<p>PROVIDING STAFF OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE ENTERED TO THE APPROPRIATE CATEGORY</p>	<p>WE DISPUTE THIS CLAIM</p> <p>WE DISPUTE THIS CLAIM</p>	

Division of Health Service Regulation

STANDARD OF PERFORMANCE
AND PLAN OF CORRECTION

REGISTRATION NUMBER
PERMITS/REGISTRATION NUMBER

REGISTRATION NUMBER
N. STATE

DATE ENTERED
COMPLETED

0
09/20/17

NAME OF PROVIDER OR SERVICE

THE HERITAGE OF CELIA ROCK

STREET ADDRESS, CITY, STATE, ZIP CODE
181 CREEKVIEW DRIVE
MOCKSVILLE, NC 27026

REG ID
PROVIDER
TYPE

BLINDING STRUCTURE OF OPERATIONS
ELECTRICITY/SUBSET BE PROVIDED BY PUBLIC
UTILITY OR LOCAL DISTRIBUTION INFORMATION

REG
ID
ISSUED
BY

PROVIDER PLAN OF CORRECTION
EACH DAY/INVESTIGATIVE OR QUALITY
CONTROL/REFER TO THE APPROVED
DEPARTMENT

REG
ID
DATE
PAID

C9881 Continued from page 131

NCAO 13F 0804 (b) Parental Care and
Supervision (Type A2 Violation)

09/20

M. Based on observations, interviews, and record reviews the facility failed to assure 2 of 5 sampled residents (resident #4 and #5) physician notification regarding elevated finger stick blood sugar (FBS), refusal of medication, physical therapy ordered and aggressive behaviors. (Refer to Tag 272, 10A NCAO 13F 0802 Health Care (b) (Type A2 Violation)).

O. Based on observations, interviews, and record reviews the facility failed to assure medications and treatments were implemented as ordered by the physician in regard to Fingert Stick Blood Sugar (FBS), Sliding Scale Insulin (SSI) Knowledge (a) failing to assist health for lowering the blood sugar for 1 of 6 residents (Resident #6). (Refer to Tag 276, 10A NCAO 13F 0803 Health Care (b)(2-4)).

P. Based on observations and interviews, the facility failed to assure the table service included a non-disposable plate setting. (Refer to Tag 267, 10A NCAO 13F 0904 Nutrition And Food Service (b)(2)).

Q. Based on observation, interview and record review the facility failed to assure physician ordered therapeutic diets (NO Concentrated Swirls/NCST) were served for 2 of 5 sampled residents (Residents #5 and #6). (Refer to Tag 270, 10A NCAO 13F 0804 Nutrition And Food Service (b)(2)).

R. Based on observations, interviews and record review, the facility failed to assure at least 14 hours of planned activities were provided each week based on the resident's interests and

WE DISPUTE THIS CLAIM

PRINTED: 09/26/2017
 FORM APPROVED

STATEMENT OF DEFENSES AND PLAN FOR CORRECTION	PROGRESSIVE CARE PROGRAM FUNCTION NUMBER	PROVIDER OR SUPPLIER NAME	STATE	CITY	ZIP CODE	DATE SUBMITTED	DATE
<p>0889</p> <p>Continued From page 132</p> <p>5. Based on interviews and record reviews, the facility failed to protect 3 of 5 sampled residents (Resident #2, #3 and #4) residing in the facility from mental, physical, and sexual abuse. (Refer to Top 529, 10A NCAC 13F .0909 Resident Rights (Type A2 violation)).</p> <p>6. Based on observations, interviews, and record reviews the facility failed to ensure medications and medications were administered as ordered by the physician in regard to buspirone (used to treat anxiety) for 1 of 2 residents (Resident #9). (Refer to Top 529, 10A NCAC 13F .1004 Medication Administration (a)(1)).</p> <p>U. Based on observations, interviews, and record reviews, the facility failed to report the Health Care Personnel Registry (HCPR) allegations of abuse received by Resident #3 from Staff member #1, Personal Care Aide. (Refer to Top 434, 10A NCAC 13F .1205 Health Care Personnel Registry (Type B violation)).</p> <p>V. Based on interviews and record reviews, the facility failed to immediately notify the County Department of Social Services and the local law enforcement authority as required by law of any alleged sexual abuse (Resident #2) and alleged physical abuse by staff members in regard to Resident #3). (Refer to Top 453, 10A NCAC 13F .1212 Reporting of Accidents and Incidents (4) (Type B violation)).</p> <p>VI. Based on record review and interviews, the facility failed to assure every resident had the</p>	0889	08/16/2017	NC	MOCKSVILLE	27053	09/16/2017	09/16/2017
<p>WE DISPUTE THIS CLAIM IN REGARDS TO RESIDENT #2</p> <p>WE DISPUTE THIS CLAIM APPROPRIATE POLICIES & PROCEDURES WERE IN PLACE AT THE TIME STAFF HAS BEEN RETAINED IN THESE MATTERS.</p>							

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>		<p>DATE OF VISIT: 03/11/2011</p>		<p>STATE: NC</p>	
<p>NAME OF PROVIDER OR SUPERVISOR</p>		<p>HOSPITAL</p>		<p>DATE REPORT COMPLETED</p>	
<p>THE HERITAGE OF DENHAM ROCK</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p>		<p>03/25/2011</p>	
<p>101 HERITAGE DRIVE MOCKSVILLE, NC 27058</p>		<p>CDM MATURE CONSTRUCTION A. MILLER</p>		<p>0</p>	
<p>DATE OF PREVIOUS VISIT</p>		<p>NO PREVIOUS VISIT</p>		<p>COMPLETION DATE</p>	
<p>03/01</p>		<p>03/20</p>		<p>03/25</p>	
<p>Continued from page 133</p>		<p>WE DISPUTE THIS AS WRITTEN. THE "ALLEGED FAILURES" DID NOT AFFECT EVERY RESIDENT</p>		<p>WE DISPUTE THIS CLAIM AS IT RELATES TO RESIDENT #2</p>	
<p>Right to receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and other state regulations as related to health care, residents' rights, supervision, criminal background, accident and incident, and the health care personnel registry. Refer to Tag 912, G.S. 131D-43 Declaration of Resident's Rights (2)</p>		<p>X. Based on observations, interviews and record reviews, the facility failed to ensure residents were free of neglect, abuse and exploitation as evidenced by the facility's failure to assure residents were free of physical and mental abuse, which resulted in Resident #2 continuing to reside across the hall from a male resident (Resident #71) who inappropriately touched Resident #2 on multiple occasions. Resident #3 during an assault by a staff member who allegedly slapped Resident #3 in the face, and Resident #7 being abused by his roommate. (Refer to Tag 914, G.S. 131D-21 Declaration of Resident's Rights (4))</p>		<p>Y. Based on observation, interviews and record reviews, the facility failed to ensure 1 of the facility staff (A) used an or other 100% OTC had a controlled substance possessing upon hire. (Refer to Tag 902, G.S. § 131D-45 Expiration and screening)</p>	
<p>Failure of management to provide oversight and monitor the facility for sufficient rule areas resulted in a resident allegation of sexual assault, an allegation of resident abuse, not report an allegation to the HCFR, not reporting incidents and accidents to the proper authorities or the local OHS, violating Resident Rights to be free of harm, and sexual, not publishing reports and follow up in regard to physician not being aware of the refusal of SRS, health and medication, failure</p>		<p>STAFF HAS BEEN AND WILL CONTINUE TO BE TRAINED ON THESE MATTERS COMPLETION: 03/21/11</p>			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(a) FACILITY'S REGISTRATION NUMBER 000000000000000000000000	(b) FACILITY'S REGISTRATION NUMBER 000000000000000000000000	(c) DATE WHEN COMPLIANCE CHECKED 08/28/2017
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK		STREET ADDRESS, CITY, STATE, ZIP CODE 133 DRETTVIEW DRIVE MERRILLVILLE, IN 46768		
NAME OF DEFICIENT UNIT 100	NUMBER OF DEFICIENCIES OBSERVED 0	NUMBER OF DEFICIENCIES CORRECTED 0	NUMBER OF DEFICIENCIES REMAINING 0	NUMBER OF DEFICIENCIES CORRECTED 0
CASE NO. Continued from page 134	<p>to have trained staff in control of activities program and inadequate staff training. not following therapeutic goals and failure to ensure non-disposable piece settings. failure to ensure adequate housekeeping and housekeeping supplies. failure to ensure original background checks, examination and screening and document care training were obtained on all staff. The failure of management in providing oversight in these areas resulted in substantial risk for the health and safety for all residents and constitutes a Type-A2 Violation.</p> <p>The Plan of Correction provided by the facility on 8/24/17 consisted:</p> <p>-Immediately the Director will have a daily calendar with a list of each resident and their needs that will be checked daily to ensure all needs are met and all documentation is completed and reported. Effective 8/28/17.</p> <p>-The Director will complete the documentation audit per that it is completed daily.</p> <p>CORRECTION DATE FOR THE TYPE-A2 VIOLATION SHALL NOT EXCEED SEPTEMBER 25, 2017.</p>			
DEFICIENCY Q. 51.8 1310-45 (a) Examination and screening	Q. 51.8 1310-45: Examination and screening for the presence of controlled substances required for applicants for employment in adult care facilities.			
CORRECTIVE ACTION (a) All offer of employment by an adult care home licenses under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall	(a) All offer of employment by an adult care home licenses under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall			

Division of Health Services Regulation

STANDARD STATEMENT OF INVESTIGATIONS
AND PLAN OF CORRECTION

REG. PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL000001

I. NAME

4161 CRESTVIEW DRIVE
MOOREVILLE, NC 27055

II. ALTERNATE IDENTIFICATION
A. NUMBER:

PHONE NUMBER
FACSIMILE
C

09/25/2017

NAME OF PROVIDER OR SUPPLIER

THE HERITAGE OF CECILIA ROCK

DATE OF REPORT

0822

REGULATORY PLAN OF CORRECTION
FIELD CONTINUING ACTION SECTION
STATUS: REFERRED TO THE APPROPRIATE
OFFICE/UNIT

ISSUE
COMPLETION
DATE

D982 Continued from page 135

be conducted in accordance with Article 20 of Chapter 25 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the individual that provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.

This rule is not met as evidenced by:
Based on observation, interviews and record review, the facility failed to assure 1 of 9 facility staff (A) hired on or after 10/01/13 had a certified substance screening upon hire.
The findings are:

- Review of Staff A's personnel record revealed:
- There was no date of hire.
- Staff A was hired as a Personal Care Assistant.
- There was no documentation Staff A completed

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

REGULATORY AGENCY

REGULATORY AGENCY

STATE OF MICHIGAN OR SUPERVISOR

REGULATORY AGENCY

REGULATORY AGENCY

THE HERITAGE OF CEDAR ROCK

194 CRESTVIEW DRIVE
 HICKSVILLE, MO 65866

REG ID PREFIX TAG

NO PREFIX TAG

REG ID PREFIX TAG

0982

0982

0982

Continued From page 135
 a Drug Screen prior to employment.

Observation on 08/22/17, 08/23/17, and 08/24/17 at 3:30 pm revealed:
 -Staff A worked as a Medication Aide/Supervisor on the second shift.
 -Staff A administered medications to residents, checked blood sugars, and gave insulin injections.

Interview on 08/23/17 at 3:15 pm with Staff A revealed:
 -She previously worked at the facility, then resigned.
 -She had been gone for more than one year.
 -She was rehired in July or September 2016, but was unable to recall the specific date.
 -She thought the supervisor, which was a Medication Aide, completed a drug screen.
 -She was unable to recall specific dates.

Interview on 08/23/17 at 3:40 pm with the facility Director revealed:
 -Staff A was hired on 07/18/16.
 -She was responsible for ensuring new hires completed all requirements for employment.
 -She did not obtain a drug screen on Staff A.
 -She had planned to do it, but forgot.