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HAL026054		6 WNG_	<u> </u>		05 MA4*
WIDER OR SUPPLIER	STREETA	DORESS, C.TY, ST	TAYE ZIP COOK 800 12	017	25/2017
LLE MANOR	231 TRE	ETOP DRIVE EVILLE, NC 28:		9 <b>17</b> 5	
	ATEMENT OF DEFICIENCIES			PRÉCION	
		PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	COMPLETE DATE
nitial Comments		D 000		· · · · · · · · · · · · · · · · · · ·	
					***************************************
10A NGAC 13F .0311	(d) Other Requirements	D 113			
d) The hot water system and adequate of the control	stem shall be of such size to supply of hot water to the aundry, housekeeping room. The hot water ures used by residents shall inimum of 100 degrees F hall not exceed 116 degrees				· Demonstrate contrast of
Based on observation ailed to assure water Care Unit (SCU) on the maintained at temper Fahrenheit (F) and 15 ixtures, including one pathroom, one sink in pathroom, one shower esident's private bathroid shared bathroid b	is and interviews, the facility temperatures in a Special me West Wing Hall were atures between 100 degrees 6 degrees F for 9 of 9 tub in a community tub a community shower er and one sink in a proom and five sinks in coms.  If from 10:56 a.m. to perature in the shared sident rooms #127 and F. emperature in the		have been adjusted the work been adjusted the work will not fall to 100° F and not exceed 116° F. The maintenant will chick heat to ensure with	naus  usted upto  the temp  sclow  to  ce direct  the themo  in reang	iil 11
Service Regulation	SOPPLER REPRESENTATIVE SIGNATUR	ELETTS	REMAIN adminst		1 27   11 27   shot sheet 1 c
	mittal Comments  The Adult Care Licentary on the Adult Care Licentary on Octon OA NCAC 13F .0311  The hot water system or ovide an adequate stchen, bathrooms, is losets and soil utility emperature at all fixthe maintained at a middle of the maintained at a middle of the maintained at temperature water (ased on observation willed to assure water that on one sink in athroom, one sink in athroom, one sink in athroom, one showed esident's private bathroom, one showed esident's private bathroom on 10/24  2:40 p.m. revealed: The sink's water temperature on 10/24  2:40 p.m. revealed: The sink's water temperature on the shower's water to manurity shower bathrooms of the shower	the Adult Care Licensure Section conducted an innual survey on October 24-25, 2017  OA NCAC 13F .0311 (d) Other Requirements  OA NCAC 13F .0311 (d) Other Requ	REGULATORY OR LSC DENTIFYING INFORMATION)  PREFIX TAG  Initial Comments  In Adult Care Licensure Section conducted an innual survey on October 24-25, 2017  OA NCAC 13F. 0311(d) Other Requirements  In the hot water system shall be of such size to rovide an adequate supply of hot water to the stochen, bathrooms, laundry, housekeeping losets and soil utility room. The hot water emperature at all fixtures used by residents shall e maintained at a minimum of 100 degrees F and degrees C) and shall not exceed 116 degrees (46.7 degrees C). This rule applies to new and xishing facilities.  In this Rule is not met as evidenced by: lased on observations and interviews, the facility lated to assure water temperatures in a Special fare Unit (SCU) on the West Wing Hall were naintained at temperatures between 100 degrees ahrenheit (F) and 116 degrees F for 9 of 9 witures, including one tub in a community shower athroom, one shower and one sink in a desident's private bathrooms.  The findings are:  The sink's water temperature in the shared athroom between resident rooms #127 and 129 was 93 degrees F.  The shower's water temperature in the shared athroom between resident rooms #127 and 129 was 93 degrees F.  The shower's water temperature in the community shower bathroom was 98 degrees F.  Service Regulation ECTOR'S OR PROVIDER/SPILER REPINESIENT TUPE STONYLINE  Service Regulation ECTOR'S OR PROVIDER/SPILER REPINESIENT TUPE STONYLINE  Service Regulation ECTOR'S OR PROVIDER/SPILER REPINESIENT TUPE STONYLINE	AND CAC 13F .0311 (d) Other Requirements  OA NCAC 13F .0311 (d) Other Requirements  OA NCAC 13F .0311 (d) Other Requirements  Of the hot water system shall be of such size to rovide an adequate supply of hot water to the action, bathrooms, laundry, housekeeping losets and soil utility room. The hot water semperature at all fixtures used by residents shall e maintained at a minimum of 100 degrees F 38 degrees C) and shall not exceed 116 degrees (46.7 degrees C). This rule applies to new and xissing facilities.  This Rule is not met as evidenced by: lased on observations and interviews, the facility siled to assure water temperatures in a Special are Unit (SCU) on the West Wing Hall were inaintained at temperatures between 100 degrees ahrenhet (F) and 116 degrees F for 9 of 9 with the start of the star	## PRODUCTION WAST OF PROCEED BY FULL REGIS AT FOR ISO CHMINNO INFORMATION TO BE CROSS-REFERENCE TO THE APPROPRIATE CROSS

Division	of Health Service Regu	ulation			FORM APPROVED
STATEMEN	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	£ CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	0.20		COMPLETED
0)					
		HAL026054	B WING		10/25/2017
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, ST	ATE ZIP CODE	1 10/20/2011
			ETOP DRIVE	2. 002.	
FAYETTE	VILLE MANOR		EVILLE, NC 28	311	
(X4) IO		FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX	(SACH DEFICIENC REGULATORY OR	DY MUST BE PRECEDED BY FULL ESCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	SE COMPLETE
		CONTRACTOR CONTRACTOR CONTRACTOR OF THE CONTRACT	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE
D 113	Continued From pag	e 1	D 113		
	1		1 113		
		nperature in the shared			1
	#130 was 98 degree	esident rooms #128 and	i		1
		s r. perature in the community	1		 
	tub bathroom was 96	heracie in the community			1
		operature in the shared	ļ		
		esident rooms #120 and	1		
	#122 was 90 degree:	sF	ì		***************************************
		nperature in the shared			
		esident rooms #124 and			
	#126 was 93 degree				
	The sink's water ten	nperature was 96 degrees F		The state of the s	
		ter temperature was 91 e bathroom in resident room	I		ļ
	#117.	e pagricour at resident 10011			
	Interview with a resid	dent who fived in resident			
	room #128 on 10/24/	17 at 11:10 a.m. revealed		_	حدا معلما
	the resident did not h	have any concerns about the		11 trans	7) 10/26/17
	water temperature be	eing too cold.		The maintenance director will cal thermometer da before any read to issure temp re are accourate.	· late att
	Observation on 10/2/	4/17 from 3:40 p.m. to 3:47		director will cal	<i>war</i>
	p.m revealed:	4717 110511 3:40 p.tit. to 3:47	Í	t. In	. (1)
	-The surveyor's therr	nometer was calibrated to 32	,	they manuter da	~~ <b>,</b>
	degrees F.			Mand	linop
	-The Maintenance St			before any rear	
	thermometer to 34 5	degrees F.		Jun of Me	Ladurop
	Interview with the Me	sintenance Staff on 10/24/17		to wome to	
	at 3:58 p m, revealed			an acculrate.	
	and the second s	mperatures in the resident	ļ	we will	
	rooms between 105 (	degrees F to 106 degrees F.	1		
		arate hot water heater tank.		·	
	Review of the Mainte	mance Staff's daily hot water			
	temperature log on th	ne West Wing Hall dated			
	September 2017 reve	Paled:	l.		
		perature in the community	ļ		
	tub bathroom on 9/1/	17, from 9/3/17 to 9/9/17,			8
	9/11/17 to 9/16/17, 9/	/18/17 to 9/22/17 and from			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING HAL026054 10/25/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GOOE. 231 TREETOP DRIVE **FAYETTEVILLE MANOR** FAYETTEVILLE, NC 28311 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRITTIN PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEPICIENCY D 113: Continued From page 2 D 113 9/26/17 to 9/29/17 ranged from 102.3 to 113 degrees F -The shower's water temperature in the community shower bathroom on 9/1/17, from 9/3/17 to 9/9/17, 9/11/17 to 9/16/17, 9/18/17 to 9/22/17 and from 9/26/17 to 9/29/17 ranged from 102.7 to 111.3 degrees F -The resident rooms on 9/1/17, from 9/3/17 to 9/9/17, 9/11/17 to 9/16/17, 9/18/17 to 9/22/17 and from 9/26/17 to 9/29/17 ranged from 102 7 to 111.3 degrees F. Review of the Maintenance Staff's daily hot water temperature log on the West Wing Hall dated October 2017 revealed: -The tub's water temperature in the community tub bathroom from 10/2/17 to 10/6/17, 10/9/17 to 10/13/17, 10/16/17 to 10/20/17 and from 10/23/17 to 10/24/17 ranged from 104.9 to 106.3 degrees F. -The shower's water temperature in the community shower bathroom from 10/2/17 to 10/6/17, 10/9/17 to 10/13/17, 10/16/17 to 10/20/17 and from 10/23/17 to 10/24/17 ranged from 105.3 to 106.3 degrees F. -The resident rooms from 10/2/17 to 10/6/17. 10/9/17 to 10/13/17, 10/16/17 to 10/20/17 and from 10/23/17 to 10/24/17 ranged from 108.1 to 109.7 degrees F. Review of the Maintenance Staff's hot water temperature log on the West Wing Hall dated 10/24/17 from 7:08 p.m. to 7:37 p.m. revealed: -He checked 7 resident shared bathroom sinks and the temperatures ranged from 94.3 to 103.4 -The tub's water temperature in the community tub bathroom was 99.6 degrees F. -The sink water temperature in the community tub bathroom was 101.6 degrees F

STATEMEN	of Health Service Reg FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE (	ONSTRUCTION	Porn	to ou also also
ND PLAN	OF CORRECTION	CENTIFICATION NUMBER:	A BUILDING			E SURVEY IPLETED
		1				
		HAL026054	B. WING		4	0/25/2017
ame of P	ROYIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		0/25/2017
AVETTE	VILLE MANOR		EETOP DRIVE			
W.EITE.	VICLE MANOR		EVILLE, NC 28311			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	iD	PROVIDER'S PLAN OF O	ORRECTION	(XC5)
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL Lac IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLET
D 113	Continued From pag	ge 3	D 113			
	Observation of the w	vater temperatures with the				
	Maintenance Staffo	sing the surveyor's and the thermometers on the West	1 ]			
	Wing Hall on 10/24/	17 from 3:52 p.m. to 4:14				İ
	p.m. revealed:					
	-The surveyor's wate	er temperature of the sink in				
	the shared bathroom	n between resident rooms				
	#127 and #129 was	96 degrees F; the				
	Maintenance Staff's					
	-The surveyor's water	er temperature of the shower	Ì			
1		ower bathroom was 96				ļ
l	degrees F. me Mam degrees F.	tenance Staff's was 99.1				Î
		er temperature of the sink in				
	the shared bathroom	n between resident rooms	į			İ
	#128 and #130 was	96 degrees F; the				
	Maintenance Staff's	was 99 degrees F.				
	-The surveyor's water	er temperature of the tub in				
	the community tub b	athroom was 96 degrees F;	,			
	the Maintenance Sta	iff's was 98.9 degrees F.				
	the shared both room	er temperature of the sink in between resident rooms				
	#132 and #134 was		i			
-	Maintenance Staff's	was 98 8 degrees F				
į	-The surveyor's water	er temperature of the sink in a				
	private bathroom in a	esident room #117 was 98				
		tenance Staff's was 99				•
	degrees F.					
ļ	Interview with the Ad	lministrator on 10/24/17 at				
	4:25 p.m revealed:					
	-She kept the water	temperatures in the resident				
İ	rooms between 102	degrees F to 103 degrees F.				1
į	because she was tol	d to keep the temperatures				:
	at low temperatures					
i		Maintenance Staff increase				
	the temperature on the	ne not water heater				in the second
	Observation of the hi	ot water heater on the West				
		er nero ricarci dil Bie vvesi	1 1			11

Division (	of Health Service Regi	liation			FORM APPROVED
STATEMENT	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
/ WEST CONTRACT	OF WARRESTON	*DENTIFICATION NUMBER	A BUILDING		COMPLETED
			į		
		HAL028054	B WNG		10/25/2017
NAME OF P	ROVICER OR SUPPLIER	STREETA	DORESS, CITY, STATE	7/9 CODE	
EAVETTO	(III C MANAGE		ETOP DRIVE	, w. Vove	
PATELIE	VILLE MANOR		EVILLE NG 28311		
(X4) (D		ATEMENT OF DEPICIENCIES	4D	PROVIDER'S PLAN OF CORRECT	TON WE
PREFIX TAG	REGULATORY OR	TY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU	JLD BE COMPLETE
		303 900009031 1000000 30000 000000000000	i AS	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE   DATE
D 113	Continued From page	e 4	D 113		<u> </u>
	water temperature w	7 at 4.43 p.m. revealed the as set at 100 degrees F.	Ì		
	mater temperatare w	as act at 100 Degrees F.	1		
	Interview with the Ad	ministrator on 10/24/17 at	i i		i
	4:43 p.m. revealed				1
	-The Maintenance St	aff had left for the day			į.
	-She and the Assista	nt Maintenance Staff were			I I
		w to adjust the hot water			
	heater.				İ
	Observation of the wa	ater temperatures on the	<b>1</b>		1
	West Wing Hall on 10	0/24/17 from 5:50 p.m. to	i i		İ
Į	6:10 p.m. revealed:				
9	-The sink's water terr	perature in the shared	1 1		1
	bathroom between re	sident rooms #127 and			
	#129 was 97 degrees				
ļ	-The shower's water	emperature in the ethroom was 98 degrees F.	j		ļ
1	-The sink's water term	perature in the shared	]		j
	bathroom between re	sident rooms #128 and			
	#130 was 98 degrees	s F			
	-The tub's water temp	perature in the community	1		
	tub bathroom was 97	degrees F.			Ť
[	bathroom between re	perature in the shared sident rooms #120 and	1		
	#122 was 98 degrees		1		
	-The sink's water term	perature in the shared			
	bathroom between re	sident rooms #124 and			
ĺ	#126 was 93 degrees		1		
į	and the photostic water	perature was 97 degrees F			
	degrees F in a private	er temperature was 93 bathroom in resident room			
1	#117.	- Sommouth in resident footh	-		
***************************************	Observation on 10/24	√17 at 5:52 p.m. revealed			
i	me not water heater o	on the West Wing was set to			
	104 degrees F.				ł
į	Interview with the Ace	stant Maintenance Steff			
1	and the Administrator	on 10/24/17 at 6:14 p.m.			

PRINTED: 11/11/2017 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (XI) PROMDERASUPPLIERACIA (X2) MALTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING: COMPLETED HAL026054 B WING 10/25/2017 NAME OF PROVIDER OR SUPPLIER STREET ADUNESS, CITY, STATE, ZIP CODE 231 TREETOP DRIVE FAYETTEVILLE MANOR FAYETTEVILLE, NG 28311 (X4) IO SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LISC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 113 Continued From page 5 D 113 revealed they did not know how long it would take for the water temperature to increase, since the temperature on the hot water heater was adjusted on 10/24/17 (between 4.43 p.m. and 5:50 p.m.) Interview with the Administrator on 10/25/17 at 8:15 a.m. revealed: -The water temperatures in the resident rooms had increased. -The Maintenance Staff came to the facility on 10/25/17 at 5:30 a,m. to check the hot water temperatures in the resident shared bathrooms and the community bathrooms on the West Wing Hall. -When the Maintenance Staff checked the hot water temperatures, all of the temperatures were 102.2 degrees F Observation of the hot water temperatures in the private bathroom on 10/25/17 in resident room # 117 revealed -At 8:19 a.m., the sink's water temperature was 96 degrees F -At 8:25 a.m., the shower's water temperature was 92 degrees F. Observation on 10/25/17 at 8:26 a.m. revealed: -The Administrator asked the Personal Care Aide (PCA) how many showers they gave the morning of 10/25/17 on the West Wing Half. -The PCA responded they gave 4 showers. Interview with the Administrator on 10/25/17 at 8:26 a.m. revealed. -She would have the Maintenance Staff increase the temperature on the hot water heater on the West Wing half -Some showers were given on third shift on 10/24/17 (11 p.m. to 7 a.m.) -Staff needed to finish giving showers.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING \_ COMPLETED e. Wing \_\_\_\_ HAL026054 10/25/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CHY, STATE, ZIP CODE 231 TREETOP DRIVE **FAYETTEVILLE MANOR** FAYETTEVILLE, NC 28311 SUMMARY STATEMENT OF DEFICIENCIES (XIIII) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECIDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) 140 TAG CROSS-REFERENCED TO THE APPROPRIATE OME DEFICIENCY) D 113 Continued From page 6 D 113 -The hot water temperatures would have increased to a minimum of 100 degrees F by 8:19 a m., since staff had given residents, showers the morning of 10/25/17. Interview with a PCA on 10/25/17 at 10:36 a.m. revealed: -There had not been any problems with the water temperatures at the facility. -Residents had not complained of the water temperature being too cold. Interview with a second PCA on 10/25/17 at 11:00 a m. revealed; -She had not noticed the water temperatures being too cold. -No residents complained of the water temperatures. Observation on 10/25/17 at 4:51 p.m. revealed the hot water heater on the West Wing was set to 104 degrees F. Observation of the water temperatures with the Maintenance Staff using the surveyor's and the Maintenance Staff's thermometers on the West Wing Hall on 10/25/17 from 2:57 p.m. to 3:14 p.m revealed the following water temperatures were within normal range: -The surveyor's water temperature of the sink in the shared bathroom between resident rooms #127 and #129 was 108 degrees F; the Maintenance Staff's was 109.8 degrees F. -The surveyor's water temperature of the sink in the community shower bathroom was 108 degrees F; the Maintenance Staff's was 110 degrees F -The surveyor's water temperature of the sink in the shared bathroom between resident rooms #128 and #130 was 108 degrees F the

Division	of Health Service Regu	lation			FORM APPROVED
STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A	(X2) MARTIP	E CONSTRUCTION	(X3) DATE SURVEY
THING Y LIVE	OF CORRECTION	DENTIFICATION NUMBER	A BUILDING	·	COMPLETED
		HAL025054	9 WWG		10/25/2017
NAMEOFP	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	IATE ZIP COOE	
FAVETTE	VILLE MANOR		ETOP DRIVE		
TRICIL	ALCEE SIMIAON	FAYETT	EVILLE, NC 28	311	
(X4) (D	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC ICENTIFYING INFORMATION	PRILFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	SE COMPLETE
			1	DEFICIENCY	MAIE DAIE
D 113	Continued From page	e 7	D 113		
		vas 109.8 degrees F.			
	-The surveyor's water	r temperature of the tub in	1		
	the community tub ba	athroom was 106 degrees F;	1		
la .	the Maintenance Star	f's was 109.3 degrees F.			
	-The surveyor's wate	r temperature of the sink in	i		
	the shared bathroom	between resident rooms			
	#124 and #126 was 1	06 degrees F; the			
	Maintenance Staff's v				
	-The surveyor's wate	r temperature of the sink in	ļ		
		between resident rooms	1		
	#120 and #122 was	vas 108 9 degrees F.			
		r temperature of the sink in a	İ		
		esident room #117 was 102	1		ļ
N		enance Staff's was 106			
	degrees F.				
	-The surveyor's water	r temperature of the shower	}		1
	in a private bathroom	in resident room #117 was			
		aintenance Staff's was	ŀ		
	105.1 degrees F			1	v. de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina
	Telephone interview	with the Maintenance Staff			<u> </u>
	on 10/25/17 at 4 38 p			1.	10/27/17
*		er temperatures daily.	i	administrator pr new log with room numbers to ident	ovided
	-He had been checke	ng the water temperatures		old and the policy	
h),	deily since May 2016			moon to with room	L ] [
	-When he checked w	ater temperatures in the	ſ	number of to ideat	·
		ndomly checked 3 rooms on		The race	79
	each hall.			Which Moom is ch	ecked
	checked for water ter	ot documented the rooms he		Do do la Maria	
92	-He was told on 10/2	5/17 he needed to document		for anny rounds	
	the rooms of the water	er temperatures he checked.		U	
	He tried to keep the	water temperatures between		which room is chon acity rounds  See attachmen	X+101
	105 degrees F to 106	degrees F.	]	Su utachner	7.44
		thermometer one month		/	
	ago.			1	
i	-He last checked water	er temperatures on	į		
	10/25/17		•		
			i		[ ]

Division of	of Health Service Regu	itation			FORM APPROVED
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
		CONTRICATION (NEWSOCK)	A BUILDING		COMPLETED
		HAL026054	B WING		10/25/2017
NAMEOFIL	ROVIDER OR SUPPLIER	STREET	CODRESS, CITY SI	ATE, ZP CODE	
FAYETTE	/ILLE MANOR	231 TRE	ETOP DRIVE		3
			EVILLE, NC 28	311	
(X4) ID PREFIX FAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PRESIX IAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRINCE (CROSS-REFERENCE)	JLD SE COMPLETE
D 113	Interview with the Ad 4.35 p.m. revealed; -The Maintenance St temperatures daily M. The Assistant Maintenance St temperatures daily M. The Assistant Maintenance Stephen Steph	aff checked the water onday through Friday. enance Staff did not check at temperatures on the lower would not get burned. Ince Staff checked the water inperatures had always degrees F to 116 degrees F, the water temperatures were is F on the West Wing. Incompany the would have had ne hot water heater adjusted. In the private was not interviewable. In the private was not interviewable.  In the would have had record who lived in resident room inwable.  In the would have had record who lived in resident room inwable.  In the would have had record who lived in resident room inwable.  In the would have had food Service and Service in Adult Care.  I include a napkin and is setting consisting of at least plate and beverage is may be made on an shall be based on	D 287		ill 11/17  to 10/26/17  rector  led  be book 10/26/17
	resident			readings to adm	Histrator

	of Health Service Rec				
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
			5135550		
-		HAL026054	B. WING		10/25/2017
MAME OF P	ROVIDER OR SUPPLIER	STREETA	CORPES, CITY, I	STATE, ZP CODE	
FAYETTE	VILLE MANOR	231 TRE	ETOP DRIVE		
		FAYETTI	EVILLE, NC 2	B311	
(X4) ID PREFIX TAG	EACH DEROEN	STATEMENT OF DEPICIENCIES ICY MUST BE PRECEDED BY FULL R LISC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE OBJECTIVE OF COMMENTS	SHOULD BE COMPLETE
D 287	Continued From page	ge 9	D 287		solant.
	This Rule is not me	t as evidenced by:		(): + +	10/30/
	Based on observation	ons and interviews, the facility		Eutay meet	crojuas.
	failed to assure table	e service included	1	hild to some	9 +
	non-disposable beve	erage containers.		Dutary meet	L adequate
	The findings are:			supplies were	available
	Interview with the A	dministrator on 10/24/17 at	İ	and non disposa	ble goods
	10:30 a.m. revealed	the current census was 54,		are only being	mod.
89	Observation in the d	ining room on 10/24/17 at		are drawy saw y	
	4:51 p.m revealed.			1	: ::
		dents seated in the dining		l	
	area.			1	
	-Each resident was	served two beverages.		unsurviced of	retary 11/10/13
	- I Wo residents were	served supplements in a 4		staff and res	
	ounce (oz.) disposal	each resident in a 4 ounce	1	staff and res	ident
	(oz.) disposable cup			care staff the	et disposable
	Observation of Residual 10/25/17 at 8:27 a m	dent #3's breakfast meal on	Ì	productions	not to be
		sakfast in her bedroom due to		used for any no survice RC will monitor	real
		to the resident in a 4 oz.		NINNICL. RC	Cluanul
	disposable cup.	, <u> </u>	İ	will monitor	dutary
	Observation in the d	ining room during the lunch		1. acutment	daily
	meei on 10/25/17 at	12;30 p.m. revealed:		alparina	المورد
	-There were thirty re	sidents in the dining room		to amoune prop	er we
	with disposable cups	<b>S</b> .		10 20 20 20 1	
	-Residents were ser	ved milk, shakes,		of products.	
	applesauce, and gel	atin in disposable cups.		department to ensure prop of products.	
	Interview with the Co	ook on 10 <i>r</i> 25/17 at 2:50 p.m.			
1	-Dietary aides poure	d drinks for the residents.		Į.	
Į,	-Each resident should	d receive 8 oz. of milk in a	1		
Ĉ	non-disposable cup :	at breakfast.			
	-Milk was served in a	large pitcher at lunch and	4	•	

Division of	of Health Service Rega	alation_			FORM APPROVED
STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	1		COMPLETED
		HAL028054	B. WING	4.40	
NAME OF D	BOMBED OD BARRY PR				10/25/2017
IVANE OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	
FAYETTE	VILLE MANOR	231 TRI	ETOP DRIVE		
<u> </u>			EVILLE, NC 28	311	
(X4) ID PREFIX	SUMMARY ST (EACH DEFICIENT	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	) PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROIS	BE COMPLETE RIATE DATE
			į.	DEFICIENCY)	
D 287	Continued From pag	e 10	D 287		1
	10 10		2.20		
	dinner and offered to				
	was used for the coff	d in disposable cups when it		1 11-	ا مان ب
		mplained about the use of	ļ	Jacoby placed o	rder 118/17
	plastic cups.	implained about the use of	-	01:	4.3
	Francis Caps.			for non disposator	
	Interview with a Pers	onal Care Aide (PCA) on		I diant	bourb
	10/25/17 at 3:00 p.m	revealed:	1	cups and aister	1000004 (0.00) - (0.00) (0.00) (0.00)
	-Dietary aides poured	the drinks in the dining	Ĭ	and it	ita)
	room.			to ensure plant	
		when residents needed		lable to	all
	coffee.			are availar	
		only served in disposable		to loval	
	Cups.			resident for	+1
	residente enterior in	ved on the table prior to the a regular, non-disposable		1 214 71812	العكران
	cup.	a regular, non-disposable	Į,	facility placed of for non disposable cups and desert to ensure product are available to residents for all meal services a adequate suppose	11.
	•			alequati supp	ug.
8	Interview with a seco	nd PCA on 10/25/17 at 3:09		adigate.	0
	p.m. revealed:			1 0	
	-The dietary staff usu	ally poured drinks for the	-		; 1
	residents.				
	-She typically worked	first shift and was not sure	ĺ		
	how dinner was serve	HO 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100			
	resembled glass.	served in plastic cups that			
		re only used with certain	- 1		
	response that are represented to the contract of the contract	was easier for them to			
	grasp.	rad coder for bleffi to	ĺ		
	-No residents had cor	mplained about the use of			W. Carrier Control
	the plastic cups.		ļ		
Į	211 - SERVICE		ļ		
ĺ		PCA on 10/25/17 at 3:15			į
	p.m. revealed;				
		ally poured drinks for the			
	residents	Control No. of Control	1		
	-one was unsure of w	hat cups were normally	ì		
1	need because sue ou	ly recently started working			
	Interview with a facility	PCA on 10/25/17 at 3:18		<u> </u>	, dela constitución de la consti
<del> </del>	TO THE WILL STORE	11 OA 001 10/23/17 at 3:18			1

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. GUILDING: \_ B VANG HAL026054 10/25/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, 70P GODE 231 TREETOP DRIVE **FAYETTEVILLE MANOR** FAYETTEVILLE, NC 28311 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREF.X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LISCIDENT: FYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 287 Continued From page 11 D 287 p.m. revealed: -Dietary aides usually poured drinks for the residents. -PCA's would assist residents as needed with refilis and other requests. -Milk served at dinner was usually in a pitcher and offered to the residents. -Drinks were usually served in non-disposable -Disposable cups were not used in the dining room and were used for medications and snacks. interview with the Dietary Manager on 10/25/17 at 5:00 p.m. revealed: -The dietary aides usually poured the residents drinks prior to them entering the dining room. -The PCA's would refill drinks as needed for the residents. -The PCA's most likely used the disposable cups. -There was one aide in particular who would use disposable cups when giving refills on drinks such as milk. -Dietary staff knew that disposable cups were not to be used. Interview with the Resident Care Coordinator (RCC) on 10/25/17 at 3:23 p.m. revealed: -Ali staff were responsible for pouring drinks in the dining room. -Milk and other beverages should be served in non-disposable cups -It was possible, the PCA's used disposable cups for milk. -She monitored the kitchen at minimum of three times a week. -She was not aware disposable cups were being used for meals -There were enough non-disposable cups in the facility to serve all beverages.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(XZ) MURTIPLE C	ONSTRUCTION		ESURVEY PLETED
- delicitation and the		HAL026054	B. WANG		10	H25/2017
NAME OF PE	ROYIDER OR SUPPLIER	STREETA	DORESS CITY, STATE	. ZP ∞00€	· · · · · · · · · · · · · · · · · · ·	
FAVETTEL	/ILLE MANOR	231 TRE	ETOP DRIVE			
	TIELE MANUA	FAYETT	EVILLE. NC 28311			
(X4) (D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO I DEPIGIENC	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE
O 287	Continued From pag	e 12	D 287			1
	5:26 p.m. revealed: -She was unaware the being used in the dintering used in the dintering used in the disposable cups becaused and the property of the second of the property	CA's may have used the souse they were easier for PCA's used disposable cups nience for the residents.				
D 296	-There were 44 resid -There was a total of cups of milk, 48 8 oz water and 48 8 oz no the tables to serve to	ents in the dining area.  48 8 oz non-disposable non-disposable cups of in-disposable cups of tea on the residents.  4(c)(7) Nutrition And Food	0.200			
J 230	Service  10A NCAC 13F _090 (c) Menus in Adult C (7) The facility shall	4 Nutrition And Food Service are Homes: have a matching therapeutic sician-ordered therapeutic	D 296			
	reviews, the facility fa therapeutic diet meni residents (#6, #7) wit	ns, interviews and record ailed to have matching us for 2 of 2 sampled th physician's orders for the VNo Concentrated Sweets				
1	The findings are:					†

Division (	of Health Service Regu	ilation			FORM APPROVED
STATEMEN	TOF CEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MR.S.TIPL	E CONSTRUCTION	(X3) DATE SURVEY
ANIO PLAN (	OF CORRECTION	IDENTIFICATION NUMBER	96 0868000 08		COMPLETED
		1			
		HAL026054	9, WING		10/25/2017
NAME OF P	ROVIDER OF SUPPLICE	STREET	AUDRESS, CITY, ST	ATE, ZIP CODE	
CAVETTE	ALLE MANOS	231 TRE	ETOP DRIVE		
PATELIE	VILLE MANOR	FAYETT	EVILLE, NC 283	311	
(X4) (D		ATEMENT OF DEPICIFICIES	l ic	PROVIDER'S PLAN OF CORRECTI	ON (35)
PREFIX JAG		TY MUST BE PRECEDED BY FULL LSC (CENTREYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL	DBE COMPLETE
1770		Section (Many that Chapter (1049)	TAG	CROSS-REFERENCED TO THE APPROX DEFICIENCY)	PRIATE DATE
D 296	Continued From pag	n 12	D 296		
3 234	- Somminged From page	E 13	D 296	1000 - 1 11	
	! !			RCC pulled all diets that current had two orders a	resident,
	<ol> <li>Review of Reside</li> </ol>	nt #6's current FL-2 dated	i	i + that ALLANDA	III. 10/26/17
	5/24/17 revealed:		Į	acers to a curve	7
	-Diagnoses included			IL I Lin medika a	nd i
		der, coronary artery disease,		had two dame.	(1)
	and hypertension.		İ	1. It of them	
	-There was no diet or	rder.		had two orders a contacted their physician to contacted their order based uphysician regular physician	banad
8	Review of a physicial	n's order dated 6/19/17		Inhunician 70 6	
		was to receive a NAS/NCS		Frysie	ng2)
	diet			andon brased u	1
			Į.	HOOL	10DL
	Review of the facility	s menus revealed the facility	j	inhinician lago	
	did not have a menu	for a NCS/NAS diet	ļ	The sad	<b>b</b>
				A RI SIGUET JULE	
	Review of the 2017-2			of acces	+
	regularitys dinner	menu revealed the resident			
	react 14 cup of coulf	unces (oz.) savory perk łower au gratin, 1/2 cup			j
		heat dinner folitoread, a	Į.		1
		2x3 square oatmeal bar, 8	1		
		of the beverage of choice.			
		The Develope of Bilbios.	ļ		
	Review of the 2017-2	2018, Week 4, Day 3 NCS			ĺ
		d the resident was to be			İ
		) savery pork reast, 1/2 cup of			
	cauliflower au gratin	1/4 cup reasted zucchini, 4			
		rs, 8 oz. of skim milk, and 8			ή
	oz. of a diet beverage	e of choice			
	Observation of Recid	ent #6 on 10/24/17 at 4 51		i	
		r meal revealed the resident		1	
8		of beef and potatoes, 1/2 cup	1	-	į.
	of steamed carrots, 1	sice of bread, 8 oz. of		İ	
	unsweet tea, and 8 o		ala E	1	
	Ohn				
		ent #6 on 10/24/17 at 5:08	1	1	j
	p.m. revealed:	100/ -54			į
1		ten 90% of the meat and	1	i	
	Porgross, 30% of the	steamed carrots, and 95%	T		

	of Health Service Regu	ation			
	OF DEFICIENCIES	(X1) PROMDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	4		COMPLETED
		<u> </u>			tortomer approximates
			1,,,,,,,,		
		MAL026054	a. Wing		10/25/2017
NAME OF P	ROVICER OR SUPPLIER	STREETA	DDAĽSS, CITY, ST	TATE ZIP COOSE	
	121		ETOP DRIVE		
PAYETIE	VILLE MANOR		EVILLE, NC 28:	344	
(X4) ID	DI MARADIV OT			<del></del>	
PRESIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR	LISC IDENTIFYING INFORMATION	; fAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 296	Continued From page	e 14	D 296		
	V	= 472	D 130		111
	of the bread slice			chouse with W	11 112 17
		a with two packets of artificial		ELIDENICE WITH W	a in in
	sweetener and 3 oz	of water.	1	On A harrier of other	aidial)
	Dariou at the OACT of	1046 Minut & Page 4	İ	Care Survices phy along with RCC, a administrator wheld to review a	un jun
	Review of the 2017-2	U18, Week 4, Day 4		Jalam with RCC.	and!
	regularityes to be an	ist menu revealed the rived a serving of cereal of	1	may will	<b>`</b>
	choice 14 cup of free	h fruit, one egg, a slice of	ł	Odministrator W	
	bacon, a slice of whe		1	Cara range and	工士.
		sik, 8 oz. of coffee or hot tea.		hold to neville	ا مسر
	and 6 oz. of juice of c			Tuesday - Jones	+ \
			ļ	THE THE PARTY OF THE	<b>—</b>
	Review of the 2017-2	018, Week 4, Day 4, NCS	i	orders and specie	1 duetto.
	breakfast menu rever	aled the resident was to be		orders and open	~~~
		ereal of choice, 1/2 cup of			
		slice of bacon, a slice of	ļ	(n) shysician ag	rua
		t of margarine or diet jelly, 8		Jan Pry	+
		of coffee or hot tea, and 6		that each ruside	$\mathcal{M}$
	oz. of juice of choice.			new physician ag that each reside	,
	) O5			The second of th	/ i
	mad an 10/25/17	ent #6 during the breakfast	1	W.L.	ann.
		3 02 a.m. revealed the z. sliced ham, 2 eggs, 1		mule del.	
	bowl of cereal R oz	z. siiced nam, z eggs, t of milk, a slice of white	Į	Marie 1	- 61
	bread, and 6 oz. of or	rance wice	***************************************	would update a	ia
				War tord	למאם
	Observation of Resid	ent #6 on 10/25/17 at 8:13		specific diet. I would update a review dut ord	
	a.m. revealed:		į	in month	200
		ten ail of the cereal and mik,		evuy six of cons	- nau
		ggs, and drank all of the	1	Jul per ch	7.7
	orange juice.			as recard	nedical
	-The resident ate non	e of the ham or bread.		and tion of	
	D		[ <u>i</u>	in correct	
	based on observation	ns, interviews, and record	***************************************		
	reviews Resident #6	was not interviewable.	Ì	every six month as needed per chi in condition of reed.	dimension A.
	An estamana a la sa a a a	mindle Builder Albert B	ļ		
1	of Attornation 10000	w with Resident #6's Power			
	of Attorney on 10/25/ unsuccessful.	17 81.4.20 p.m. was			
	unaucusaalut.				

Division	of Health Service Rec	culation			FOR	MAPPROVE
	TOF DEFICIENCIES OF CORRECTION	(X1) FROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE	SHOULV
- Cu1	···· worst very close	IDENTIFICATION NUMBER	A BUILDING:			PLETED
		ALEXANDER IN			ì	
		HAL026054	E WING		10.	25/2017
ume of P	ROWDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	. ZIP CODE		
AYETTE	VILLE MANOR		EETOP DRIVE			
			EVILLE, NC 28311			
(X4) (O	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	€ CORRECTION	T
PREFIX TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LISC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLETE
		and in only	TAG	CROSS-REFERENCED TO DEFICIEN		DATE
D 296	Continued From page	ne 15	D 296			
8		5	U 296			İ
	An attempted intervi	iew with Resident #6's				1
į		ian on 10/25/17 at 4:39 p.m.				Ĩ
	was unsuccesful.					
ļ	Refer to interview w	ith the Dietary Manager on				
ļ	10/25/17 at 9:22 a.n	n.				ļ
1		•••				1
	Refer to interview wi	ith the Resident Care				
	Coordinator on 10/2	5/17 at 3:23 p m.				
			1			
Ì	Refer to interview wi	ith the Administrator on				
	10/25/17 at 1:00 p.m	п.				1
1	2 Review of Reside	ent #7's current FL-2 dated				
į	5/11/17 revealed	siii #/ S Curient FL-2 dated				
ĺ		unspecified dementia w/o				
	behavior, chronic ob	structive pulmonary disease,				
ļ,	diabetes mellitus II,	and bipolar disorder	1 1			
	-There was a diet or	der for a Low Concentrated				
	Sweets/No Added Sa	alts (LCS/NAS0 diet.				
	Review of a physicia	on's order dated Flagge				
1	review of a priyercia	m's order dated 5/11/17 7 was to receive a No				
	Concentrated Sweet	7 Was to receive a No	+			
ļ	(NCS/NAS)diet.					-
Ì						
	Review of the facility	's menus revealed the facility				
	did not have a menu	for the NCS/NAS diet.				
	Review of the 2017-2	2018 Mack 4 Doug				
	Regular/NAS dinner	menu revealed the resident				
	was to be served 2 n	ounces (oz.) savory pork				1
	roast, 1/2 cup of caulif	flower au gratin, 1/2 cup				
1	roasted zucchini a w	heat dinner roll/bread, a	1			
Ĩ	packet of margarine,	2x3 square catmeal bar, 8				
00000	oz of milk, and 8 oz.	of the beverage of choice.				<u> </u> 
	Review of the 2017	2049 West 4 D 24422				
	dinner menu revocia	2018, Week 4, Day 3 NCS d the resident was to be				
	served 2 nunces (A.2	a the resident was to be ) savory pork reast, 1/2 cup of				
on of Head	In Service Regulation	/ severy pork roast, 15 cup of				

The second second	of Health Service Regu	iation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	(X3) DATE SURVEY		
IDEM INCOME BEAMBER		A BUILDING:	COMPLETED			
		1				
		HAL028054	8 WING	<u> </u>	10/25/2017	
NAME OF P	ROMDER OR SUPPLIER	evect.	ADDECES FOR AN ARE		10/25/2017	
	WAS A DAME OF A DOLL F. F. F. M.		ODRESS CITY, STATE	. AP COOE		
FAYETTE	VILLE MANOR		ETOP DRIVE			
		<del></del>	EVILLE, NC 28311			
(X4) ID PREFIX	SUMMARY ST EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CORRECTIO	[ (54)	
TAG	REGULATORY OR	LISC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DATE DATE	
				DERICIENCY)		
D 296	Continued From page	e 16	D 296			
	Caulifformer au grotin	1/2 cup roested zuochini, 4	950000000000		!	
	cookies venile water	rs, 8 oz. of skim milk, and 8	1 1		i	
	oz. of a diet beverage	of choice			a.	
		or Grotes.				
	Observation of Resid	ent #7 during the dinner	1			
	meal on 10/24/17 at 4	4:45 p.m. revealed the				
	resident received 1.5	cups of beef and potatoes.				
	% cup of steamed ca	rrots, a cup of coffee, and 8				
	oz. of water.					
		W W 1994 W MANAGEMENT D 10 MANAGEMENT				
		ent #7 on 10/24/17 at 4:51				
	p.m. revealed the res	ident had eaten all of her				
	sweetener	sups of coffee with artificial				
	SW DOLCHICL.				la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
ì	Review of the 2017-2	018, Week 4, Day 4 NAS	į		ļ	
	breakfast menu revea	aled the resident was to be	1			
	served a serving of co	ereal of choice, 1/2 cup of	•			
	fresh fruit, one egg, a	slice of bacon, a slice of				
	wheat toast, a packet	of margarine, 8 oz. of milk,				
		tea, and 6 oz. of juice of	***			
	choice.					
	Double of the 2017 2	048 135-1-4-5	!			
ļ	breakfact menu revoc	018, Week 4, Day 4 NCS aled the resident was to be				
	served a serving of or	ereal of choice, 1/2 cup of	1			
	fresh fruit, one ean a	slice of bacon, a slice of	Ì			
	wheat toast, a packet	of margarine or diet jelly, 8				
	oz. of skim milk, 8 oz.	of coffee or hot tea, and 6	l i			
	oz. of juice of choice.					
i i	Observation of Resid	ent #7 during the breakfast				
		7.55 a.m. revealed the				
	resident received 2 of	z. sliced ham, 2 eggs, a				
; }	now or cereal, two pa	ckets of artificial sweetener,				
	8 oz. skim milk, and a	сир от сопее.				
i	Observation of Recide	ent #7 on 10/25/17 at 8:00				
	a.m revealed the reci	ident had eaten all of her			!	
Ì	meal and drank all of		i i			
		a a contra	1			

of the distance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A. BURLDING:			(X3) DATE SURVEY COMPLETED	
1000000	HAL026064		e wwg	10	)/25 <i>/</i> 2017		
NAME OF P	ŘÓVÍČER OR SUPPLIER	STREETA	DERESS, CITY, STATE	ZIP CODE		72012011	
AYETTE	VILLE MANOR		ETOP DRIVE				
		FAYETTI	EVILLE, NC 28311				
(X4) IO PREFIX TAG	Í (EAGH DEÍIGEN	STATEMENT OF DEPICIENCIES KOY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			DIBE: COMPLE	
D 296	Continued From pa	ge 17	D 296				
	p.m. revealed: -She was a diabetic -She was watching were improving.  Telephone interview Attorney on 10/25/1 -Resident #7 was dia -Resident #7's diet v -She had taken Res Endocrinologist on -The Endocrinologis Hemoglobin "A1C (i) sugars were now ba	her blood sugars and they with Resident #7's Power of 7 at 4:45 p.m. revealed, labetic and on a NCS diet, was being followed correctly, lident #7 to the					
	care physician (PCF at 4:33 p.m. reveale -There were no diet resident's record. -The resident was d portion controlled di	orders mentioned in the labetic and should be on a					
	10/25/17 at 9:22 a.r	n ith the Resident Care					
		ith the Administrator on					
	9:22 a.m. revealed: -They did not cook v	ietary Manager on 10/25/17 at with salt at all in the facility.				and the second s	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:  HAL026054		(X1) PROVIDER/SUPPLIER/OLIA	(X2) MULTIPLE CONSTRUCTION		(XS) DATE SURVEY		
			A. BUILDING:			PLETED	
		8. WING	40	125 MAT			
VAME OF P	ROVIDER OF SUPPLIER	STREEL	CORESS, CHY, STATE	Z!P CODE		/25/2017	
AYETTE	VILLE MANOR		ETOP DRIVE	9 ma (armen)			
		FAYETT	EVILLE, NC 28311				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF (	ORRECTION	1	
PREFIX TAG	REGULATORY OR	TY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX TAĞ	ON SHOULD BE HE APPROPRIATE (1)	LDBE COMPLET		
0 296	Continued From pag	e 18	D 296			<del></del>	
	-If a resident had an	order for a NCS/NAS diet	1			1	
	she would follow the	Regular/NAS diet and also					
	the NCS diet menu to	prepare the meal.				ļ	
	-She ensured resider	nts with NCS diet orders got	1			ļ	
	sugar free desserts a	and drinks.				1	
	-She did not have a d the NCS/NAS menu.	combination diet menu for					
	-There was a list of d	iet orders in the kitchen.					
		te list every time a diet order					
	changed.	2 2.0.0,00					
	-The current diet list	was approximately a month	1				
	old.						
		C on 10/25/17 at 3:23 p m.					
ļ	revealed		j				
j	-The diet list was updated last Friday 10/20/17.					ŧ	
ĺ	-She updated the list any time there was a						
,	change,	Manager and and a					
İ	week to review the di	Manager met every other					
1		et its: ed both orders to prepare the					
	resident's food if there	e was a combination diet					
	order	ent constitution to the					
ļ	one diet order require	at residents with more than					
į	-She would contact the	te PCP to have the orders					
	clarified for both resid	lents.					
	Interview with the Adr	ministrator on 10/25/17 at				The state of the s	
	1:00 p.m. revealed:					j	
	-The RCC was respon	nsible for monitoring the				ļ	
	meals in dietary.		1				
		nsible for maintaining the				1	
	diet list					1	
	-She did not know wh	en the facility started					
	allowing combination	diet orders.					
	-Diet orders were revi	ewed prior to a resident's				1	
	admission.	A A Contract	1 [			ļ	
	-She was unaware the combination diet men	e facility needed a specific	i			1	
	th Service Regulation	u					

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naveni) Ndplani	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(XZ) MOULTIF	LE CONSTRUCTION			
		CORRECTION NUMBER:		<u> </u>	(X3) DATE SURVEY COMPLETED		
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		HAL028054	B. WING		10/25/2017		
ME OF P	POVIDER OR SUPPLIER	STREET	ACCORESS, CITY, S	TATE, ZIP CODE			
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		FAYETT	EVILLE, NC 28	311			
(X4) ID   PREFIX	(® ACH DEFECTENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C	ORRECTION		
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		M. Article Control of the Control of		DEFICIENCY	) DATE		
D 296	Continued From pag	e 19	D 296				
	-The RCC would con	tact the PCP for changes in		12 c A contratid	Oh 10124		
	a resident's diet need	ds	]	Rccontacted on changes to diet ruds as were obtained Ohange.	grupucian 1 4		
ĺ				on changes to	residut		
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attachment # 1

FAYETTEVILLE MANOR

HOT WATER TEMP LOG

MONTH:\_\_\_\_YEAR:\_\_\_\_

DAY	WEST SHOWER	EAST SHOWER	NURSE STATION	ROOM	KITCHEN HAND SINK	KITCHEN FOOD SINK	GUEST BATH ROOM	RESIDENT ROOM NUMBER	RES. ROOM WEST TEMP	RES. ROOM EAST TEMP
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