PRINTED: 01/25/2018 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SU COMPLET	
74157 2747	or dorate of the transfer of t	BENTI TO THOM BETT.	A. BUILDING: _			
		HAL017054	B. WING		R-C 12/21	; /2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	_ HOUSE		HWAY 158 WE LLE, NC 2737			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	J	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	annual survey and fol complaint investigation	n on December 13, 2017 5, 2017 and December 18,				
D 074	10A NCAC 13F .0306 Furnishings	i(a)(1) Housekeeping And	D 074			
	10A NCAC 13F .0306 Furnishings (a) Adult care homes (1) have walls, ceiling coverings kept clean	shall: gs, and floors or floor				
	review, the facility fail walls that were clean evidenced by dirt and edges and at the corrunderneath beds in for common bathrooms, room and common had unit (SCU); walls with and stains in five resione resident room on side, six resident bathroear the counter space room on the SCU; stathree resident rooms on the paper holders, expositions or four resident rooms on four resident rooms on the paper holders, expositions and the stath resident rooms on the paper holders, expositions are sident resident.	as, interviews and record ed to maintain floors and and in good repair as dust accumulation on the hers of the floors and burteen resident rooms, two the Gentlemen's dining fallways in the Special Care in damaged paint, drip marks dent rooms on the SCU and the Assisted Living (AL) frooms on the SCU and the in the gentlemen's dining tined and damaged floors in				

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

(X6) DATE TITLE

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILANC	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COWII LETED
			P WING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US H	IGHWAY 158 WE	≣ST	
OAOTTEE		YANCEY	/ILLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 074	Continued From page	e 1	D 074		
	resident room on the				
	resident room on the	AL Side.			
	The findings are:				
	Inspection report date -There was a notation section marked "Floo -There was a hand w bottom of the 1st pag throughout the facility corners and hard to re some A/C (air condition dusty. Floors must be -There was a hand w "Bathrooms in patient	n of two demerits under the rs, Walls and Ceilings." ritten comment at the e of the report, "Floors showing dust especially in each areas. Also where oning) unit cords are, very kept clean." ritten commentthat read, a rooms showing they need ecially on handicap rails, ne toilets and bases."			
	12/13/17 from 11:15a -There was heavy acceptained the entrance of along the edges of the 106, 109, 110, 302, 3314, 315, 316 and and the Gentlemen's dinir bathroom and the corroom.	Special Care Unit (SCU) on m until 12:40pm revealed: cumulation of dirt and dust doors, in the corners, and e floors in resident rooms 03, 304, 305, 307, 309, 313, unmarked resident room, ag room and common mmon shower and bathing			
	drip marks on the wal the bed and air unit, a under the bed. -The bathroom wall in yellow drip marks and waist height on the w -In resident rooms 30 yellow drip marks and	I and baseboard between and heavy dust accumulation resident room 313, had a smudges from chest to all around the light switch. 5 and 314, there were a black smudges on the andows and the dressers.			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	Y
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL017054	B. WING		12/21/20	17
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		535 US HIC	SHWAY 158 WE	EST		
CASWELL	. HOUSE	YANCEYVI	LLE, NC 2737	9		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N I	(X5)
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	MPLETE DATE
D 074	Continued From page	2	D 074			
D 074	-In the bathroom in rea a large yellow stain (a small bath mat) on the lin the common bathredining room and in the rooms 305, 307, 313, yellow/brown drip mattoiletsThe wall next to the sunder the counter in thad yellow/orange dri Observations on the State of the common showed bathroom in resident paper holders leaving protruding from the wato the toiletsIn resident room 106 was off the trackIn resident room 110 peeled and missing pand an area of discolesize of a basketball of line the bathroom inside was one exposed bramounted on the wall a height next to the should resident room 302 approximately three in floor on the metal docular resident room 305 wardrobe closet had a four inches in width transident room 307	sident room 316, there was approximately the size of a se floor in front of the toilet. soom in the Gentlemen's se bathrooms in resident 314 and 316, there were rks on the walls next to the sink and cabinet doors he Gentlemen's dining room p marks. SCU on 12/13/17 from m revealed: r and bathing room and the room 313 had missing toilet the mounting brackets all with no toilet paper next , the 1st folding closet door , there were marks of aint, two screw sized holes or aint, two screw sized holes or ation approximately the n the wall next to the bed. He resident room 110, there cket with sharp edges at approximately chest wer. , there was rust and rot noches in height from the or jamb to the bathroom. , the floor in front of the a section of approximately nat was warped. , the floor transition plate to	D 074			
	the bathroom was mis the sink was peeling a	ssing and the caulk around and cracked.				
	-In resident room 313	, there were eight marks of aint and two screw sized				

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	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					_	_
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		HAL017054	B. WING		12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, STA	II E, ZIP CODE		
CACMELL	ПОПОЕ	535 US H	IGHWAY 158 WI	EST		
CASWELI	- HOUSE	YANCEY	/ILLE, NC 2737	9		
	CUMMADV CT		<u> </u>			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	`	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 074	Continued From page	e 3	D 074			
	holes on the wall abo					
		, the baseboard was ajar				
		mately two inches in width				
	and 12 inches in leng	th.				
	Interview with a Perso	onal Care Aide (PCA) on				
	12/13/17 at 4:19pm re	evealed:				
		customed to the way the				
		ed and just did not see any				
	dust accumulation or	-				
		any needed repairs on the				
	SCU.					
		oncerns and needed repairs				
	were reported to the	Administrator.				
	Interview with the SC	U Housekeeper on 12/15/17				
	at 9:30am revealed:					
	-Before the housekee	per began cleaning the				
	residents' rooms, he	would make rounds on the				
		aning the rooms, based on				
	the cleanliness of the					
	-He sprayed the sink,					
	residents' bathrooms					
		-				
		outes and wiped the spray off				
	the sink and the com					
		room floor daily, and the				
		veekly and as needed.				
		and nightstands into the				
	middle of the floor we	ekly to clean underneath the				
	furniture.					
	-He wiped down the b	paseboards, lamps and				
	window sills weekly.	•				
	,	idents' rooms were dusted				
	weekly.	.acs recine nore adoled				
	,	room and dayroom were				
		oom and dayroom were				
	cleaned daily.					
		n the SCU Housekeeper on				
	12/15/17 at 1:19pm re					
	-He tried to "get unde	r the beds" with the dust				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU	
			A. BOILDING.			_
		HAL017054	B. WING		R-0	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US HI	GHWAY 158 WI	EST		
CASWELL	YANCEYV			9		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 074	Continued From page	e 4	D 074			
D 074	mop twice a week. -He did not have a recorners of the floors of the floors of the Gentlemen's din be cleaned by 3rd shide and all the floors in the He did not get to cleatevery day, but he did day. -He cleaned the walls once a week." -He wrote down any rethe Administrator. -He had reported the toilet paper holders to did not know when. -The Maintenance Tellast week working on linterview with the Me on 12/13/17 at 4:41pr -Housekeepers reported the toilet paper holders to did not know when. -The Maintenance Tellast week working on linterview with the Me on 12/13/17 at 4:41pr -Housekeepers reported the toilet paper holders to did not know when. -The Maintenance Tellast week working on linterview with the Me on 12/13/17 at 4:41pr -Housekeepers reported the toilet paper seems and aware of accumulation and standard for the seems and the facility. -She could not recall have been mentioned meetings where staff the facility. -She knew that there Administrator had put not sure of which repare	sponse for the edges and on the SCU. sing room was supposed to lift staff. for cleaning the bathrooms lie SCU. In the walls around the toilet clean the bathrooms every so when he could, "maybe repair needs and gave it to warped floor and missing the Administrator, but he chnician was in the facility repairs. In the walls in the facility repairs. In the dirt and dust lins on the walls in the com and bathrooms on the specific repairs that may	D 0/4			
	whenShe was not sure when monitoring that house completed.	no was responsible for ekeeping duties were				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		HAL017054	B. WING		R-C 12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US HI	GHWAY 158 WE	EST	
YANCEYVI			ILLE, NC 2737	9	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 074	Continued From page	e 5	D 074		
D 074	Observation of reside 11:44 a.m. revealed: -The paint had been a both Bed A and Bed B-The damaged area by 1 inch with sheet restricted by 1 inch with sheet re	ent room 505 on 12/13/17 at scratched off the wall behind 3. Dehind Bed A was 36 inches ock exposed. Dehind Bed B was 24 inche	D 0/4		
	12/18/17 at 10:15 a.m	· · · · · · · · · · · · · · · · · · ·			

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Division (of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			B. WING		R-	
		HAL017054	B. WING		12/2	21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		535 IIS H	GHWAY 158 WI			
CASWELL	_ HOUSE		ILLE, NC 2737			
		TANCET	TILLE, NC 2737	9		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
iAO		,	IAG	DEFICIENCY)		
			+			
D 074	Continued From page	e 6	D 074			
	If he saw something	that needed to be fixed, he				
	would tell the Adminis					
		ould walk with him and				
	"eye-ball" the things r					
		walls being scraped up in				
		not recall when he reported				
	it.	not recall when he reported				
		ough on the walls and				
	furniture.	ough on the walls and				
		missing molding in quito				
		missing molding in suite				
		ecall when he had reported it.				
		ntry doors to resident's				
	rooms 505 and 506 w	•				
	-They were working o	on "all this now."				
	Interview with the Ma	intenance Technician on				
	12/20/17 at 12:10 p.m					
		f the walls being damaged in				
	room 505.	the wans being damaged in				
		ng and painting walls as				
	needed.	ig and painting wans as				
		been pulled off the wall in				
		k" due to a pipe that had				
		board was never replaced.				
		off in May 2017 when he				
		,				
	started working at the					
		e went in every room doing				
		and if he saw something that				
		e would complete a work				
	order on it.					
	-The Housekeeper told him a lot of things that					
	needed to be done.					
		wed him something that				
		e would write up a work				
		director, complete the work				
	and then sign off on it					
		g in room 110, patching,				
	sanding and painting.					
		strip and linoleum had been				
	put on a work order la	ast night, 12/19/17.				

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL017054	B. WING		12/21/2017
		TIALSTI GOT			12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
CASWELL	HOUSE	535 US I	HIGHWAY 158 W	EST	
OAOWELL	HOOOL	YANCEY	VILLE, NC 2737	9	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGOLATORT ORT	EGO IDENTIL TING IN GRANATION,	TAG	DEFICIENCY)	WAIL
D 074	Continued From page	e 7	D 074		
	-Prior to receiving the	work-order, he did not			
	know this was a probl				
		any problems with 302.			
		ork order for resident rooms			
	307, 309, 106, and 11				
	(12/19/17).	ŭ			
	•	received showed that Room			
	106 had a closet door	r off track, the SCU spa			
		holder, and room 110			
	needed painting.				
	-The wall bracket beir	ng exposed in room 110			
	was not on the work-o	order.			
	-He was not aware of	room 316 having any			
	problems.				
	-He was not aware of	a damaged wall in room			
	313.				
	Observation of reside	ent volume CAE main rate			
	Observation of reside	7 at 11:50 a.m. revealed:			
	-The bathroom smelle				
		rown stain on the laminate nat led to the side of the			
	toilet.	iat led to the side of the			
		of water underneath the			
	bathroom sink.	or water underneam the			
		the base of the toilet was			
	dark brown.				
	-The bottom of the rul	bber baseboards on all four			
	walls had built-up bla	ck dirt.			
	-The floor of the shower had built-up brown stains				
	throughout the floor.				
	-The caulking betwee	n the side of shower floor			
	and the laminate floor	r had multiple cracked			
	areas.				
	-Four inches of the bo	ottom of the rubber			
	baseboards on one of	f four walls was concaved.			
	Interview with the res	ident, who resided in			

resident room 615, on 12/13/17 at 11:55 a.m. -Housekeeping cleaned his bathroom daily.

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMPLETED R-C		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE S35 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379 CALIFORM SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 074 D 074 Continued From page 8 D 074 - Staff had not cleaned his bathroom on 12/13/17.	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE S35 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379 CALIFORM SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 074 D 074 Continued From page 8 D 074 - Staff had not cleaned his bathroom on 12/13/17.						
NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 074 Continued From page 8 -Staff had not cleaned his bathroom on 12/13/17He had not noticed a puddle of water under his sinkHis bathroom has had the cracked caulking around the baseboard and the built-up dirt around the baseboards since October 2017He did not have a problem with the cleanliness of his bathroom. Interview with a Housekeeper on 12/13/17 at 11:57 a.m. revealed: -He had not cleaned Resident Room #615He would go to the resident's room and clean the puddle of water on the bathroom floor. A second observation of resident room 615 on 12/13/17 at 5:12 p.m. revealed: -The bathroom smiled like urineThe resident urinated on the floor in the bathroomThe puddle of water under the bathroom sink had been removedThere was no change with the above concerns in the bathroomThere was a large brown stain on the laminate floor under the sink that led to the side of the toilet.			HAI 017054	B. WING		Ī
CASWELL HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL RECULATIONY OR LSC IDENTIFYING INFORMATION) D O74 Continued From page 8 -Staff had not cleaned his bathroom on 12/13/17He had not noticed a puddle of water under his sinkHis bathroom has had the cracked caulking around the baseboard and the built-up dirt around the baseboard since October 2017He did not have a problem with the cleanliness of his bathroom. Interview with a Housekeeper on 12/13/17 at 11:57 a.m. revealed: -He had not cleaned Resident Room #615He would go to the resident's room and clean the puddle of water on the bathroom floor. A second observation of resident room 615 on 12/13/17 at 5:12 p.m. revealed: -The bathroom smelled like urineThe resident uninated on the floor in the bathroomThe puddle of water under the bathroom sink had been removedThere was no change with the above concerns in the bathroomThere was a large brown stain on the laminate floor under the sink that led to the side of the toilet.				l		12/21/2017
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 074 Continued From page 8 -Staff had not cleaned his bathroom on 12/13/17He had not noticed a puddle of water under his sinkHis bathroom has had the cracked caulking around the baseboard and the built-up dirt around the baseboards since October 2017He did not have a problem with the cleanliness of his bathroom. Interview with a Housekeeper on 12/13/17 at 11:57 a.m. revealed: -He had not cleaned Resident Room #615He would go to the resident's room and clean the puddle of water on the bathroom floor. A second observation of resident room 615 on 12/13/17 at 5:12 p.m. revealed: -The resident urinated on the floor in the bathroomThe puddle of water under the bathroom sink had been removedThere was no change with the above concerns in the bathroomThere was a large brown stain on the laminate floor under the sink that led to the side of the toilet.	CASWELI	CASWELL HOUSE				
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-Staff had not cleaned his bathroom on 12/13/17He had not noticed a puddle of water under his sinkHis bathroom has had the cracked caulking around the baseboard and the built-up dirt around the baseboards since October 2017He did not have a problem with the cleanliness of his bathroom. Interview with a Housekeeper on 12/13/17 at 11:57 a.m. revealed: -He had not cleaned Resident Room #615He would go to the resident's room and clean the puddle of water on the bathroom floor. A second observation of resident room 615 on 12/13/17 at 5:12 p.m. revealed: -The bathroom smelled like urineThe resident urinated on the floor in the bathroom. -The puddle of water under the bathroom sink had been removedThere was no change with the above concerns in the bathroomThere was a large brown stain on the laminate floor under the sink that led to the side of the toilet.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
-He had not noticed a puddle of water under his sink. -His bathroom has had the cracked caulking around the baseboard and the built-up dirt around the baseboards since October 2017He did not have a problem with the cleanliness of his bathroom. Interview with a Housekeeper on 12/13/17 at 11:57 a.m. revealed: -He had not cleaned Resident Room #615He would go to the resident's room and clean the puddle of water on the bathroom floor. A second observation of resident room 615 on 12/13/17 at 5:12 p.m. revealed: -The bathroom smelled like urineThe resident urinated on the floor in the bathroomThe puddle of water under the bathroom sink had been removedThere was no change with the above concerns in the bathroomThere was a large brown stain on the laminate floor under the sink that led to the side of the toilet.	D 074	Continued From page	e 8	D 074		
dark brown. -The bottom of the rubber baseboards on all four walls had built-up black dirt. -The floor of the shower had built-up brown stains throughout the floor. -The caulking between the side of shower floor and the laminate floor had multiple cracked areas and the linoleum floor was loosed on the sides. -Four inches of the bottom of the rubber	D 074	-Staff had not cleanedHe had not noticed a sinkHis bathroom has ha around the baseboards the baseboards sinceHe did not have a proof his bathroom. Interview with a Houst 11:57 a.m. revealed: -He had not cleaned in the would go to the repuddle of water on the puddle of water on the staff of the resident urinated bathroomThe bathroom smelledThe resident urinated bathroomThe puddle of water had been removedThere was no chang the bathroomThere was a large brown floor under the sink the toiletThe caulking around dark brownThe bottom of the rule walls had built-up blactedThe floor of the show throughout the floorThe caulking between and the laminate floor and the linoleum floor	d his bathroom on 12/13/17. In puddle of water under his Ind the cracked caulking It and the built-up dirt around It October 2017. It oblem with the cleanliness Resident Room #615. Resident's room and clean the It bathroom floor. It of resident room 615 on I revealed: It don'the floor in the I under the bathroom sink I with the above concerns in I wown stain on the laminate I hat led to the side of the I the base of the toilet was I bber baseboards on all four I ck dirt. I wer had built-up brown stains I the side of shower floor I had multiple cracked areas I was loosed on the sides.	D 0/4		

Division of Health Service Regulation

Observation of the bathroom in resident room

STATE FORM 6899 LFLW11 If continuation sheet 9 of 144

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			
			D. MINIC			R-C
		HAL017054	B. WING		12	/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		535 US I	HIGHWAY 158 WES	Т		
CASWEL	L HOUSE	YANCEY	VILLE, NC 27379			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 074	Continued From page	e 9	D 074			
	-The caulking around dark orange and brow-The caulking between and the laminate floor areasThe floor of the showthroughout the floor. A second observation room suite 611 on 12 the same observation. On 12/13/17 at 5:20 the Administrator of the same of th	en the side of shower floor r had multiple cracked ver had built-up brown stains n the bathroom in resident /15/17 at 9:43 a.m. revealed				
	in resident room suite	e 611.				
	a.m. revealed: -The bathrooms at th -She cleaned resider sometimes twice dail -She cleaned resider morning of 12/15/17The resident, who live the floor in the bathroom resident poured the use in the bathroom and in the bathroom and in the bathroom and in the loosed area on the shower in the bathroom -She was not aware of linoleum floor by the resident room suite 6 -She did not know if to of the caulking comin	y. yet room 615 bathroom the yed in room 615, urinated on your and sometimes the urine in the urinal on the floor the urine runs under the sink around the base of the toilet. He caulking coming up and He linoleum floor by the your in resident room 615. Hof the the loosed area on the shower in the bathroom in He Administrator was aware Hig up and the loosed				
	linoleum by the show	er on the floors in the troom 615 and resident				

Division of Health Service Regulation

STATE FORM 6899 LFLW11 If continuation sheet 10 of 144

Division o	f Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	ĒD
					R-C	
		HAL017054	B. WING		12/21/2	2017
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	F ZIP CODE		
TO AVIL OF TH	COVIDER ON OUT FILE		IIGHWAY 158 WE			
CASWELL HOUSE		VILLE, NC 27379				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DAIL
D 074	Continued From page	e 10	D 074			
	room suite 611.					
	-If something needed	to be repaired, she reported				
	it to the Administrator					
	1. (
	Interview with a second 12/15/17 at 10:05 a.m	•				
		in some of the bathrooms				
		n like that for over a month.				
	-He reported the crac					
	Administrator and Ma	•				
	-The floors were cleaned daily in the resident					
	bathrooms.	•				
	-He was not allowed t	to use a strong cleaning				
	solution in the bathroo					
	_	solution to clean around the				
	baseboards weekly.	oning colution last wook				
	(between 12/3/17 to 1	aning solution last week				
	(between 12/3/17 to	12/9/17).				
	Interview with the Adr	ministrator on 12/15/17 at				
	11:07 a.m. revealed:					
	-The floors, baseboar	ds and walls were in the				
	process of renovation					
	approximately six mo	•				
	-	s and dusting were done as				
		en the Housekeepers saw floors and baseboards				
	should be cleaned.	noors and baseboards				
		ntenance recaulked the tile				
	in some of the bathrooms as needed.					
	-He was aware of the	cracked caulking on the				
	floors in the bathroom					
		a cleaning solution to help				
	get rid of the the stair					
		stains around the caulking				
	of the base of the toiled -It had been like that					
		ning solution helped to clean				

around the toilet and sometimes it did not help.
-He was aware of the baseboards in the

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STATEMEN [*]	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
			GHWAY 158 WI	•		
CASWEL	L HOUSE		ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	Έ
D 074	Continued From page	: 11	D 074			
	bathroomsThe baseboards had monthsHe was in the proces repaired or repainted -Staff reported any m housekeeping concer AdministratorHe was always walki building making obse -He was periodically i -He checked the clea dayHe was responsible housekeeping staffHe was not aware of on the Environmental dated 10/6/17 regardi bathroomsThere was a mainter facility twice a weekWhen repairs were n request to the facility's the maintenance tech went directly to himThe Maintenance Te Administrator through completion of repairs received an email cor repairsHe had submitted so concerns (exposed bin missing floor transitio and warped flooring) in the last three montispecific requests had-He was unable to pro-	been like that for the past 6 as of getting the baseboards at the facility. aintenance and/or ans directly to the ang through each hall of the rotations. In resident rooms each day. aliness of the building each for supervising the the comments documented Health Inspection report ang the floors, walls and sance technician in the eeded, he submitted a as Maintenance Director or if anician was in the facility, he chnician would walk the the building upon and the Administrator also affirmation for completed me of the maintenance ackets, peeling sink caulk, an plates, loose baseboards to the Maintenance Director as, but could not recall what				

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-He was aware of the toilet paper holders and

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,		.52.11.10.11.01.0	A. BUILDING: _		"	
			R WING		R-	
		HAL017054	B. WING		12/2	1/2017
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET AL			TE, ZIP CODE		
CASWELL	CASWELL HOUSE 535 US HI			EST		
OAOWELL	HOOOL	YANCEYV	ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 074	Continued From page 12		D 074			
	need for painting of the walls and had submitted a request for repairs.					
D 188	10A NCAC 13F .0604 Other Staffing	e(e) Personal Care And	D 188			
	Staffing	Personal Care And Other				
	shall comply with the	city or census of 21 or more following staffing. When the				
	_	nsus and the census falls				
	a home with a census	ne staffing requirements for s of 13-20 shall apply				
		ave staff on duty to meet				
		lents. The daily total of aide				
	duty hours on each 8-be at least:	-hour shift shall at all times				
		ng) - 16 hours of aide duty				
		nsus or capacity of 21 to 40				
		rs of aide duty plus four de duty for every additional				
		for facilities with a census				
		nore residents. (For staffing				
	chart, see Rule .0606	, ,				
	(B) Second shift (after	ernoon) - 16 hours of aide				
		a census or capacity of 21				
		6 hours of aide duty plus				
	four additional hours					
		residents for facilities with a				
		40 or more residents. (For le .0606 of this Subchapter.)				
	_	ng) - 8.0 hours of aide duty				
		ents (licensed capacity or				
	•	or staffing chart, see Rule				
	.0606 of this Subchap	•				
		have additional aide duty to				
	meet the needs of the					
	-	amount of time reimbursed				
	by Medicaid. As used	d in this Rule, the term,				

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STATE FORM 6899 LFLW11 If continuation sheet 13 of 144

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		R-C	
		HAL017054	B. WING		12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		HWAY 158 WE			
			LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 188	188 Continued From page 13		D 188			
	"heavy care resident" residing in an adult ca "heavy care" by Medi is receiving enhanced (E) The Department if it determines the ne	, means an individual are home who is defined as caid and for which the facility				
	facility failed to assure minimum requirement sampled from 5/19/17 7/1/17-7/2/17; 10/22/ 11/10/17-11/11/17. re available to provide p supervision for a cens the Assisted Living (A	and record reviews, the e aide hours met the ts on 18 of 45 shifts 7-5/20/17; 5/31/17-6/1/17; 17;10/28/17-10/29/17; and sulting in inadequate staff ersonal care and sus of 42 - 49 residents on				
	The findings are:					
	12/13/17 at 7:00pm re-She visited a resider -There was not enoug-There were times wh Care Aide (PCA) on the could not take care of the Administrator we shift stay if the oncomupStaff that had to stay out on the residents.	at daily at the facility. If he staff in the facility. If he he he was one Personal If he AL side and one staff If the residents alone. If he				
	resident on 12/18/17	nd guardian/family of a at 1:30 p.m. revealed: ny staff on the floor during				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US HI	GHWAY 158 WI	EST		
CASWELL	CASWELL HOUSE YANCEYV		LLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPL	.ETE
D 188	Continued From page	: 14	D 188			
D 100	second shift and on the There was not enough. The few staff that we were too busy in the brooms assisting reside on the halls. The family member has staff person. Confidential interview on the AL, revealed: There were usually 3 working at the facility. There were not enough facility. Confidential interview lived on the AL, revealed: There was usually 2 the facility. When it snowed this 12/10/17), there was 12/10/17), there was 12/10/17, the during first and secon MAs on the AL. During third shift, 2 Fithere was 1 MA who were usually 2 first and second shifts.	ne weekends. In staff working on the floor. Ire working at the facility bathrooms or in the dining ents and were not available and to walk around to locate with a resident, who lived It to 4 PCAs and 2 MAs Igh staff working at the with a second resident, who lied: PCAs and 2 MAs working at PCAs and 2 MAs working at past weekend (12/9/17 to one PCA working on the AL. with a staff revealed: hree shifts. It usually staffing pattern dishifts were 2 PCAs, and 2 PCAs worked on the AL, and worked on the AL and SCU. with a second staff It and second shift. It PCAs and 2 MAs during	D 100			

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Confidential interview with a third staff revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BUILDING: _		COMPLETED	
					R-C	
		HAL017054	B. WING		12/21/2017	
NAME OF PE	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
				,		
CASWELL	. HOUSE		IGHWAY 158 WI			
			/ILLE, NC 2737			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(-)	
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
D 188	Continued From page	15	D 188			
D 100	Continued From page	: 15	D 100			
	-There were not enou	igh staff to work the floor				
	and assist the resider	nts.				
	-When behaviors occ	ured, staff were few in				
	number and were tied	d up in the bathrooms or				
	helping another reside	ent in their room and could				
	not intervene.					
		er several times during the				
	month to cover both t	he AL and SCU units.				
	0 61 11 11 1					
		with a fourth staff revealed:				
	•	read thin and there were not				
	enough to do the job.					
		loyed a red dot system				
	•	beside the name of a staff				
	short staffed.	tay if the oncoming shift was				
		aff not doing the job they				
		because they did not want				
	to be there and were	<u>-</u>				
	to be there and were	incu.				
	Review of staff punch	n details, staff schedule and				
	daily census report fo					
	-	ents in the AL which required				
	16 aide hours for 3rd					
		de hours for 3rd shift leaving				
	the AL short 4.73 aide	e hours.				
	-There were 87 reside	ents in the facility (38 in the				
		hich required 46.4 aide				
	hours for 3rd shift.					
	-There were 32.85 aide hours for the building for					
	3rd shift, leaving the b	building short by 13.55 aide				
	hours.					
		details, staff schedule and				
	daily census report fo					
		ents on the AL side which				
	-	rs for 1st and 2nd shift, and				
	16 aide hours for 3rd	shift.	1			

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-There were 18.7 aide hours for 1st shift leaving

the AL side short 1.3 aide hours.

STATE FORM 6899 LFLW11 If continuation sheet 16 of 144

Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			7 20.125 10.			
					R-C	
		HAL017054	B. WING		12/2	21/2017
NAME 05 B	20,4250 02 01 02 150	0.70557.40	DD500 0171/ 074	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ALE, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WI	EST		
CASTILLI	. 11003L	YANCEY	/ILLE, NC 2737	9		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 400	0 " 15	40	D 400			
D 188	Continued From page	2 16	D 188			
	-There were 17 13 aid	de hours for 2nd shift leaving				
	the AL side short 2.87	-				
		de hours for 3rd shift leaving				
	the AL side short 4.93	•				
		ents in the facility (39 in the				
	,,,	hich required 59 aide hours				
		and 47.2 aide hours for 3rd				
	shift.					
		de hours for the building for				
	1st shift, leaving the b	ouilding short by 10.82 aide				
	hours.					
	-There were 49.3 aide	e hours for the building for				
	2nd shift, leaving the	building short by 9.7 aide				
	hours.	,				
	-There were 32.94 aid	de hours for the building for				
		building short by 14.26 aide				
	hours.	odinaning chart by 11.20 dido				
	nouro.					
	Peview of staff nunch	details, staff schedule and				
	daily census report fo					
	-There were 48 reside					
	required 20 aide hour					
		e hours for 1st shift leaving				
	the AL side short 9.55					
		ents in the facility (37 in the				
		hich required 57 aide hours				
	for 1st shift.					
	-There were 46.93 aid	de hours for the building for				
	1st shift, leaving the b	ouilding short by 10.07 aide				
	hours.					
	Review of staff punch	details, staff schedule and				
	daily census report fo					
		ents in the AL which required				
		and 2nd shift and 16 hours				
	for 3rd shift.					
		vere 28.02 aide hours for 1st				
		for 2nd shift and 8.16 hours				
		ne facility short-staffed by				
	_					
	4.20 alde nours on 2r	nd shift and 7.84 hours for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
			D. WING		R-C	
		HAL017054	B. WING		12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CACMELL	CASWELL HOUSE 535 US HIG			EST		
CASWELL	- HOUSE	YANCEY	/ILLE, NC 2737	9		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 188	8 Continued From page 17		D 188			
	3rd shift.	ents on the AL side and 39				
		Required hours for the nd shift based on a census				
	_	lents in the SCU was 59 aide				
		rs for the building for 3rd shift				
		f 46 AL and 39 residents in				
	the SCU was 47.2 aid					
		de hours documented for the				
	building for 1st shift.					
	-There were 51.17 aid	de hours documented for the				
	building for 2nd shift I	leaving the building short				
	7.83 hours.					
		de hours documented for the				
	_	eaving the building short				
	17.55 hours.					
	Review of staff punch	n details, staff schedule and				
	daily census report for	or 07/01/17 revealed:				
		ents in the AL which required				
		and 2nd shift and 16 hours				
	for 3rd shift.					
		vere 30 aide hours for 1st				
		s for 2nd shift and 21.84				
	hours for 3rd shift.	onto on the Al aide and 44				
		ents on the AL side and 41 Required hours for the				
		nd shift based on a census				
	_	lents in the SCU was 61 aide				
		rs for the building for 3rd shift				
		f 42 AL and 41 residents in				
	the SCU was 48.8 aid					
		hours documented for the				
		eaving the facility short 3				
	aide hours.	,				
	-There were 56.95 ai	de hours documented for the				
		leaving the building short				
	4.05 aide hours.	- -				
	-There were 36 02 air	de hours documented for the				

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building for 3rd shift leaving the building short

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DIVISION	of Health Service Regu	lation			
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	
TO THE OT THE				•	
CASWELL	. HOUSE		IGHWAY 158 WI		
		YANCEY	/ILLE, NC 2737	9	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE DAIE
				52.18.2.16.17	
D 188	188 Continued From page 18		D 188		
	12.78 aide hours.				
		n details, staff schedule and			
	daily census report fo	or 07/02/17 revealed:			
	-There were 46 reside	ents in the AL which required			
	20 aide hours for 1st	and 2nd shift and 16 aide			
	hours for 3rd shift.				
	-On 07/02/17, there w	vere 24.73 aide hours for 1st			
	shift, 28.16 aide hours	s for 2nd shift and 25.98			
	aide hours for 3rd shi	ft			
	-There were 46 reside	ents on the AL side and 38			
	residents in the SCU.	Required hours for the			
		nd shift based on a census			
	•	lents in the SCU was 58 aide			
		s for the building for 3rd shift			
		f 46 AL and 38 residents in			
	the SCU was 46.4 aid				
		de hours documented for the			
		eaving the building short			
	3.83 hours.	saving the building short			
		de hours documented for the			
	5.42 hours.	eaving the building short			
		de hours documented for the			
		de nours documented for the			
	building for 3rd shift.	detelle eteff celedule end			
	· · · · · · · · · · · · · · · · · · ·	details, staff schedule and			
	daily census report fo				
		ents in the AL which required			
		and 2nd shift and 16 hours			
	for 3rd shift.	40.00 11.1			
	•	vere 16.06 aide hours for 1st			
	•	s for 2nd shift and 11.29 for			
	_	acility short-staffed by 3.91			
		ft and 8.71 hours for 3rd			
	shift.				
		ents on the AL side and 38			
	residents in the SCU.	Required hours for the			
	building for 1st and 2i	nd shift based on a census			
	of 45 AL and 38 resid	lents in the SCU was 58 aide			

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hours. Required hours for the building for 3rd shift

STATE FORM 6899 LFLW11 If continuation sheet 19 of 144

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	Υ
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL017054	B. WING		R-C 12/21/20 1	17
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	12/2 //20	
	535 US HI			EST		
CASWELL	_ HOUSE		LLE, NC 2737			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		MPLETE DATE
D 188	Continued From page 19		D 188			
	the SCU was 46.4 aid -There were 59.29 aid building for 1st shiftThere were 52.31 aid building for 2nd shift I 5.69 hoursThere were 18.77 aid building for 3rd shift Id 27.63 hours. Review of staff punch daily census report fo -There was 44 reside 20 aide hours for 1st hours for 3rd shiftOn 10/22/17, there w shift, 22.9 aide hours hours for 3rd shift lea by 3.32 aide hours or hours on 3rd shift.	de hours documented for the de hours documented for the eaving the building short de hours documented for the eaving the building short details, staff schedule and r 10/22/17 revealed: Ints in the AL which required and 2nd shift, and 16 aide were 16.68 aide hours for 1st for 2nd shift and 11.68 aide ving the facility short-staffed in 1st shift and 4.32 aide				
	building for 1st and 2i of 44 in AL and 38 res 58.00 aide hours. Ref for 3rd shift based on residents in the SCU -There were 54.68 aid building for 1st shift o short by 3.32There were 63.3 aide building for 2nd shiftThere were 30.43 aid building for 3rd shift o building short by 15.9 Review of staff punch daily census report for	Required hours for the nd shift based on a census sidents in the SCU was quired hours for the building a census of 44 in AL and 38 was 46.4 aide hours. de hours documented for the n 10/22 leaving the building the hours documented for the de hours documented for the n 10/22/17 leaving the 7 aide hours.				

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STATE FORM 6899 LFLW11 If continuation sheet 20 of 144

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			A. BOILDING		R-	
	HAL017054		B. WING		1	1/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US HI	GHWAY 158 WE	EST		
OAGWEEL		YANCEYV	/ILLE, NC 2737	9		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 188	Continued From page 20		D 188			
	hours for 3rd shiftOn 10/28/17, there we shift, 20.00 aide hours hours for 3rd shift lead by 5.00 aide hours or hours on 3rd shiftThere were 43 resideresidents in the SCU. building for 1st and 20 of 43 in AL and 37 readide hours. Required shift based on a cens residents in the SCU. There were 50 aide I building for 1st shift obuilding short by 7.00. There were 54.25 aide building for 2nd shift building short by 2.75. There were 40.00 aide I building short by 2.75.	was 45.6 aide hours. hours documented for the n 10/28/17 leaving the aide hours. de hours documented for the on 10/28/17 leaving the aide hours. de hours documented for the on 10/28/17 leaving the on 10/28/17 leaving the				
	and daily census reportance and daily census reportance 45 residence required 20 aide hours for 3rd aide hours for 3rd along the AL side and daily census reportance and d	de hours documented for le of the facility which left the				
	-There were 12.15 aide hours documented for 3rd shift on the AL side of the facility which left the facility short a total of 3.85 aide hours. Review of the staff punch details, staff schedule, and daily census report dated 11/10/17 revealed: -There were 44 residents on the AL side which required 20 aide hours for 1st and 2nd shift, and 16 aide hours for 3rd shiftThere were 21.73 aide hours documented for					

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2nd shift on the AL side of the facility which left

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL017054	B. WING		R-C 12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
535 US HIC		HWAY 158 WE	ST		
CASWELL	. HOUSE	YANCEYVII	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 188	Continued From page	21	D 188		
2 ,00	the facility short a total of 2.27 aide hours. -There were 14 aide hours documented for 3rd shift on the AL side of the facility which left the facility short a total of 2 aide hours.		2 .00		
	and daily census reportant and daily census reportant required 20 aide hours for 3rd aide hours for 3rd and shift on the AL un	de hours documented for it which left the facility short			
	a total of 2.34 aide hours. Review of staff punch details, staff schedule and daily census report for 12/10/17 revealed: -There were 48 residents in the AL which required 16 hours for 3rd shiftOn 12/10/17, 14.94 hours for 3rd shift on the AL leaving the facility short of 1.06 aide hoursThere were 48 residents in the AL side and 39 residents in the SCU. Required hours for the building for 3rd shift based on a census of 48 AL and 39 residents in the SCU was 47.2 aide hoursThere were 26.90 hours for the building for 3rd shift leaving the building short 20.30 hours.				
	on 12/19/17 at 11:00 -She had been covering Resident Care Manage working at the facility -She was responsible and the ALShe was responsible needs or concerns the the residentsShe tried to spend the SCU, but the printer for the residents.	ng as the MCM and as the ger (RCM) since she started			

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STATE FORM 6899 LFLW11 If continuation sheet 22 of 144

DIVISION	n nealth Service Regu	lation	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION (X	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL017054	B. WING		12/21/2017
		13.2017001	<u> </u>		1 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US H	IGHWAY 158 W	EST	
OAGNEEL	YANCEYVI		/ILLE, NC 2737	9	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE DATE
D 188	Continued From page	22	D 188		
	-She estimated that to	wo to three hours of her day			
	were spent on the AL	side.			
		M on 12/20/17 at 2:49 pm			
	and 12/21/17 at 2:13				
	turnover in staff at the	related to call outs and high			
		worked 2nd shift and she			
		3rd shift because there was			
	no else to work.				
	-She had not kept tra-	ck of hours and shifts she			
	had worked covering				
		have come in at 4:00am or			
		n emergency or a call out.			
		nber the last time she had to			
	stay for 2nd shift or co	ome in for 3rd sniπ. a full 2nd shift and came in			
		e she started working at the			
	facility in June 2017.	e she started working at the			
	radinty in dance 2017.				
	Interview with the MC	M on 12/21/17 at 2:13 pm			
	revealed:				
	-When there was one	MA on duty for 3rd shift, the			
		etween the AL side and the			
	SCU.	44			
		AA worked 8 hours on 3rd			
	hours were on the SC	on the AL side and four			
	nouis were on the Sc	,0.			
	Interview with the Adr	ministrator on 12/21/17 at			
	2:13pm revealed:				
		cility had staffing issues.			
		dot system in place to			
	cover short shifts.				
		dentified a staff each shift			
		to stay and work if the			
	oncoming shift was sl				
	-All staff who worked				
	accounted for on the	punch details report.			

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PRINTED: 01/25/2018 FORM APPROVED

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
	HAL017054		B. WING		R-C 12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CACWELL	CASWELL HOUSE 535 US HIG			EST		
CASWELL	. HOUSE	YANCEYVI	LLE, NC 2737	9		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	E
D 270	Continued From page	23	D 270			
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision		D 270			
	10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.					
	This Rule is not met TYPE A1 VIOLATION	•				
	Based on observations, interviews and record reviews, the facility failed to provide the supervision necessary to prevent 3 of 11 sampled residents (#1, #2, #9), with known physical aggression and sexually expressive behaviors, from hitting, pushing and pursuing other residents on the Special Care Unit (SCU) resulting in one resident sustaining a broken pelvis (#10) and another resident (#1), who was incapable of consenting due to cognitive status, being lured into an unwitnessed sexual encounter.					
	The findings are:					
	-Resident #9 was rec Committed (IVCd) aft residents. -Resident #9 had a pa- -Resident #9 had pus the floor in the day ro #10 to have a broken (November 2017). -There were no interv					

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-C	
		HAL017054	B. WING		12/21/2017	
			1		12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		SHWAY 158 WI			
		YANCEYVI	LLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	24	D 270			
D 270	Resident #9's medical -Staff were not given monitoring of Resider -There was nothing single -Resident #9 was sent two residents and had before the incident with 2017). -A week after returning Resident #9 slapped -Staff would try to "staff would try to "staff was in her room. -Many staff were afrak new Resident #9's home -The 1st shift usually 3rd shift was frequent -The facility employed placed a mark besided designated to stay if the staffed. -Usually this led to staff were supposed to do to be there and were review of Resident #3/29/17 revealed diagon Dementia, Essential home -Formatting -Forma	instructions to increase the nt #9. taff could do. In to the hospital after hitting do some medication changes the Resident #10 (November and from the hospital), another resident. The property of hitting staff. The three Personal Care Aides in the property of hitting staff. The three Personal Care Aides in the care Unit (SCU) which was residents and specifically seeds of Resident #9. The had enough staff and the the staff of the care of the staff of	D 270			
	to be there and were Review of Resident # 3/29/17 revealed diag Dementia, Essential I Cataracts, Gastro-esc and Arthritis. Review of Resident # 3/10/17 revealed:	tired. 9's current FL-2 dated gnoses included Alzheimer's Hypertension, Bilateral ophageal Reflux Disease 9's current care plan dated				
	 -Resident #9 had war and physically abusiv 	ndering, verbally abusive e behaviors and was				

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resistant to care.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIEAN	or dorace from	IDENTIFICATION NOWIDER.	A. BUILDING: _			
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELI	. HOUSE		HWAY 158 WI			
			LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	25	D 270			
	-Resident #9 was recomedications for behavior	eiving services and				
	12/18/17 revealed the incidents where Residual an "altercation" w	s dated 6/1/17 through ere were a total of 15 dent #9 had hit, pushed or vith another resident and entation of interventions such				
	6/6/17 at 3:15pm for F	nic Charting Note dated Resident #9 revealed staff t #9 hit a resident in the				
	Review of an Accident/Injury Report dated 6/6/17 at 2:33pm for Resident #9 revealed staff documented Resident #9 was involved in an altercation with another resident with no injurie.					
		ministrator on 12/21/17 at ident #6 was the resident hit 6/17.				
	•	on 12/18/17 at 12:39pm with the incident on 6/6/17 for uccessful.				
	note for Resident #9 of -Staff reported agitation been "fussing."	lealth Provider (MHP) visit dated 6/13/17 revealed: on and Resident #9 had had any recent assaultive				
	note dated 6/29/17 fo -Resident #9 was dro	Care Provider (PCP) visit r Resident #9 revealed: wsy and confused on exam. ridone was decreased from				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. DUILDING: _		B.C.	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WE	EST		
OAOWELL		YANCEY	/ILLE, NC 2737	9	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	26	D 270			
	twice daily to daily at bedtime. (Risperidone is used to treat symptoms of irritability, bipolar disorder and schizophrenia.)					
	Review of an electronic Charting Note dated 7/11/17 at 10:30pm for Resident #9 revealed staff documented Resident #9 hit a resident that walked into her room.					
	Review of an Accident/Injury Report dated 7/11/17 at 1:55pm for Resident #9 revealed staff documented Resident #9 was "standing in room by door" and the PCP was notified.					
	Interview with the Administrator on 12/21/17 at 2:05pm revealed Resident #17 was the resident hit by Resident #9 on 7/11/17.					
	staff who completed t	on 12/18/17 at 12:40pm with he Accident/Incident Report ident #9 was unsuccessful.				
	Resident #9 revealed -Resident #9 struck a after the resident enteresulting in superficia	nother resident in the face ered Resident #9's room,				
	residentStaff were expected of Resident #9 to avo	to increase their awareness id future altercations.				
	8/2/17 at 11:11pm for documented Residen	ric Charting Note dated Resident #9 revealed staff t #9 got into an altercation realtime that resulted in a				
	at 5:40pm for Resider	t/Injury Report dated 8/2/17 nt #9 revealed staff t #9 was knocked to the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: C (X3) D C		
			A. Boilbillo.			R-C
		HAL017054	B. WING			2/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
CASWELI	HOUSE	535 US H	HIGHWAY 158 WES	Т		
OAOTTEE		YANCEY	VILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 27	D 270			
	floor by another resid PCP's office was noti	ent with no injury and the fed.				
	Interview with a MA o revealed:	n 12/20/17 at 5:49pm				
	dated 8/2/17 at 11:11 -Resident #9 was kno	the electronic charting note pm for Resident #9. ocked down by Resident #6 d entered Resident #9's				
	Resident #9 revealed -Resident #9 was involved with another resident exact same circumsta -Divalproex was adde	olved in a second altercation in one month under the ances. ed to curtail dementia ess. (Divalproex is used to				
	8/15/17 at 6:40pm for documented Residen	nic Charting Note dated Resident #9 revealed staff t #9 was observed hitting staff would continue to				
		nt/Injury Report dated Resident #9 revealed staff t #9 was observed hitting				
		ministrator on 12/21/17 at ident #17 was the resident 8/15/17.				
	Resident #9 revealed -Resident #9 was investigated another resident from	t note dated 8/17/17 for: : colved in an altercation with what appeared to be an t #9's personal space.				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		
			A. BOILDING.			D C
		HAL017054	B. WING			R-C 2 /21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
		535 US H	IGHWAY 158 WES	ST		
CASWELI	_ HOUSE	YANCEY	VILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	28	D 270			
	-This was the 3rd occ the exact same circur -Divalproex was incre	urrence in five weeks under nstances. ased and staff were active role in observing II, don't let wanderers				
	8/22/17 revealed: -Staff reported Reside when others came in -Resident #9 was see	en by the PCP on 8/17/17 for ation with another resident as the "instigator."				
	9/15/17 at 8:02pm for	nic Charting Note dated Resident #9 revealed staff t #9 was involved in an er resident.				
	did not document any	t/Injury Report dated Resident #9 revealed staff details or description of an anted there were no injuries.				
		ninistrator on 12/21/17 at ident #6 was involved in the ent #9 on 9/15/17.				
	Resident #9 revealed -Staff reported Reside and agitated when oth her spaceAs long as staff could Resident #9's room, s -Resident #9 reported	ent #9 remained territorial ner residents wandered into d keep other residents out of she was fine. I on exam she was going to them; she did not like when				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			_		
		1141.047054	B. WING		R-C
		HAL017054			12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CACWELL	HOUSE	535 US HIC	SHWAY 158 WI	EST	
CASWELL	HOUSE	YANCEYVI	LLE, NC 2737	9	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
D 270	Continued From page	e 29	D 270		
	Ctaff had been "adua	natad multiple times" to			
		cated multiple times" to om Resident #9's room; and			
		cent altercations in over a			
	month so it seemed to				
	month so it seemed to	o be working.			
	Review of an electron	nic Charting Note dated			
		or Resident #9 revealed:			
		esident #9 hit another			
	resident and employee around 2:00am because				
	she (Resident #9) was mad because the resident				
	was in her (#9) room.				
	` ,	d and ordered for Aprazolam			
		razolam is used to treat			
	anxiety.)				
	,				
	Review of an Acciden	nt/Injury Report dated			
	10/18/17 at 2:00am fo	or Resident #9 revealed staff			
	documented Residen	t #9 was hitting another			
		nployee in the forehead;			
	there were no injuries	S.			
	1. (10/04/47			
		ministrator on 12/21/17 at			
	•	sident #9 hit Resident #14 on			
	10/18/17.				
	Telephone interview	with a PCA on 12/20/17 at			
	4:35am revealed:	a 1 5/15/1 12/20/17 at			
		ways having altercations with			
		was real possessive over			
		ce, and she could not stand			
	to have a roommate."				
		ry sweet when she was first			
		y (12/16/15) and did not			
		until she got a roommate.			
	_	ut thought Resident #9's 1st			
		d the beginning of 2017.			
		Resident #9 a "certain way"			
		nice" and giving her snacks.			
		ep a staff with Resident #9			

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at all times except when she was in her room.

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF COMPLET			
			A. BOILDING			R-C
		HAL017054	B. WING			21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ΓΕ, ZIP CODE		
CASWELI	_ HOUSE		IGHWAY 158 WE			
			VILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From page	e 30	D 270			
	-If Resident #9 was ir	n her room, she was fine.				
	Resident #9 revealed -Resident was transfer resident was transfer -Staff were expected avoid placing residen Review of an electror 10/30/17 at 12:12pm -Staff documented Rean altercation with an (the other resident) in times." -The PCP made med #9. Review of an Accider 10/30/17 at 11:34am staff documented Reresident in the face the injuries, the PCP was was to have a follow PCP on 11/2/17. Interview with the Additional resident with the Additiona	d another resident after that red into Resident #9's room. to redirect the resident and ts in Resident #9's room. nic Charting Note dated for Resident #9 revealed: esident #9 "was involved in nother resident, hitting her in the face with a shoe three ication changes for Resident #0 revealed for Resident #0 revealed sident #9 revealed sident #9 hit another nree times, there were note in notified and Resident #9 up appointment with the				
	2:05pm revealed Res 10/30/17.	sident #9 hit Resident #14 on				
	2:35pm revealed: -She was working on hit another resident ir -She did not witness: -She could not remer name, but the other reroommate.					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(3) DATE SURVEY COMPLETED	
		HAL017054	B. WING			R-C 2/21/2017	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE ZIP CODE	12	121/2011	
			IGHWAY 158 WE				
CASWEL	L HOUSE	YANCEY	/ILLE, NC 27379)			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 270	Continued From page	231	D 270				
	into her spaceStaff were expected of Resident #9's room -Sertraline was increase behavior. (Sertraline in Review of an Accident 11/4/17 at 6:05pm for documented Resident the face; there were reserview of electronic of #9 revealed there was incident.	en involved in another usion from the other resident to keep other residents out in to avoid altercations. used to improve mood and is used to treat depression.) it/Injury Report dated Resident #9 revealed staff t #9 hit another resident in					
	11/10/17 at 7:01pm re	nic Charting Note dated evealed staff documented ding over another resident room on the floor.					
	documented Residen of another resident th	or Resident #9 revealed staff t #9 was standing over top at was in her room, there the on call provider at the					
	2:05pm revealed Res	ministrator on 12/21/17 at ident #1 was the resident on #9's room on 11/10/17.					
	Review of an Accident 11/11/17 at 6:30am for	nt/Injury Report dated or Resident #9 revealed staff					

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PRINTED: 01/25/2018 FORM APPROVED

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R-C	
		HAL017054	B. WING		12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		GHWAY 158 WE ILLE, NC 2737			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	V (X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 270	Continued From page	32	D 270			
	another resident, the	t #9 was observed hitting on call provider at the PCP's d Resident #9 was sent to (ER).				
	staff documented Res an altercation with and no injuries, the on call was notified, Residen	t/Injury Report dated r Resident #15 revealed sident #15 "was involved in other resident," there were provider at the PCP's office t #15 was sent to the ER cility with no new orders.				
	documented Resident another resident, the	t/Injury Report dated r Resident #9 revealed staff t #9 was observed hitting on call provider at the PCP's d Resident #9 was sent to				
	staff documented Res being hit by another re were no injuries, the c office was notified, Re	t/Injury Report dated r Resident #16 revealed sident #16 "was observed esident in the face," there on call provider at the PCP's esident #16 was sent to the e facility with no new orders.				
	11/11/17 at 9:17am re Resident #9 hit two re	ic Charting Note dated evealed staff documented esidents in the face, the on fied and instructed staff to the ER for evaluation.				
	11/11/17 at 5:53pm re Resident #9 was adm	ic Charting Note dated evealed staff documented itted to the hospital for low e Urinary Tract Infection				

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STATE FORM 6899 LFLW11 If continuation sheet 33 of 144

DIVISION	i Health Service Regu	ialion			Т
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAI 047054	B. WING		
		HAL017054			12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		535 US H	IGHWAY 158 WI	EST	
CASWELL	. HOUSE		/ILLE, NC 2737		
			11222, 110 2707		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 270	Continued From page	e 33	D 270		
	Review of a hospital of	discharge summary dated			
	11/17/17 for Resident	,			
	-Resident #9 presente				
		ssive behavior and was			
		for acute kidney injury.			
		involuntary commitment and			
	· •	luation and medication			
	changes.				
		d a one to one sitter for			
	safety and redirection	throughout the			
	hospitalization.				
		m and cooperative on the			
	day of discharge back	k to the SCU (11/17/17).			
	Telephone interview v	with a PCA on 12/20/17 at			
	4:35am revealed:				
	-She was working the	morning of 11/11/17 when			
	Resident #9 hit two re	esidents in the face.			
	-She did not see the i	incident.			
	-Another PCA reporte	ed that Resident #9 had hit a			
	resident who was just	t walking by.			
	•				
	Review of an Acciden	nt/Injury Report dated			
		or Resident #9 revealed staff			
	documented Residen				
	resident; there were r	•			
	redident, there were r	io injuneo.			
	Review of electronic (Charting Notes for Resident			
		s no entry for the 11/27/17			
	incident.	one only for the ThZHTI			
	moldent.				
	Interview with the Adr	ministrator on 12/21/17 at			
	•	sident #10 was the resident			
	wno was pushed by F	Resident #9 on 11/27/17.			
	Davidson (C.)	Objection Not 111 112/017			
		Charting Note dated 10/3/17			
	_	Resident #10 revealed:			
		Spm, staff documented a			
	mobile x-ray was don	e on Resident #10's right hip			

Division of Health Service Regulation

which showed a possible fracture.

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STATEMENT OF CERCISIONOS AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SSU SUB HIGHWAY 158 WEST YANGEWILL, N. C. 27379 AND PLAN OF CORRECTIVE ACTION NUMBER: ABULDING SSU SIB HIGHWAY 158 WEST YANGEWILL, N. C. 27379 PROVIDERS RAA OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (Division of	of Health Service Regu	liation				
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CASWELL HOUSE Manual Content of the Content of t			HAL017054	B. WING		12/2	1/2017
CASWELL HOUSE Manual Content of the Content of t	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS CITY STA	TE ZIP CODE		
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DATE CANADARY STATEMENT OF DEPICIENCES PRESENT REQUILATORY OR LSC IDENTIFYING INFORMATION) PRESENT REQUILATORY OR LSC IDENTIFYING INFORMATION PRESENT RESIDENT RES	CASWELL	. HOUSE					
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would "just try to keep an eye on her."		•					
would "just try to keep an eye on her."		-Resident #9 was usu	ually awake all night and staff				

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CASWELL HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET AGE (EACH CORRECTIVE ACTION SHOU		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
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D 270 Continued From page 35 D 270	D 270 Co	Continued From pag	age 35	D 270			
from her having a roommate. Resident #10, Resident #3 roommates and had been hit by Resident #9Staff would redirect Resident #9 and distract her with snacksWhen a resident was aggressive and/or combative, staff would complete an incident report for all involved residents and notify the PCPThe completed incident reports were given to the Administrator to reviewThe MAs were responsible for documenting altercations in the residents' charting notes and reporting to the next shift MA, so the resident could be put on the list to see the PCP. Review of a PCP visit note dated 12/1/17 for Resident #9 revealed: -Resident #9 had instigated another altercation which resulted in the other resident sustaining a pelvic fracturePrior attempts to IVC Resident #9 had failedResident #9 had instigated eight unprovoked altercations in the past seven months and was a danger to herself, the staff and all residentsStaff were expected to immediately IVC Resident #9 if she instigated one more fight. Review of an electronic Charting Note dated 12/4/17 at 10:43pm revealed staff documented Resident #9 was IVCd *because of an altercation with another resident.* Interview with a second PCA on 12/19/17 at 2:35pm revealed: -Resident #18 was moved to Resident #9's old room on 12/4/17, and Resident #9 saw Resident	fror -Re had bee -Sta with -Wil cor rep PC -Th Adi -Th alte rep cou Re: -Re whi pel -Pr -Re alte dar -Sta #9 Re: with linte 2:3 -Re	from her having a ro-Resident #10, Resident #been hit by Resident 5-Staff would redirect with snacks. -When a resident was combative, staff would report for all involved PCP. -The completed incide Administrator to revident and the responding to the next could be put on the last Resident #9 revealed Resident #9 had insuffice fracture. -Prior attempts to IVID-Resident #9 had insuffer salter ations in the pelvic fracture. -Prior attempts to IVID-Resident #9 had insuffer salter ations in the pelvic fracture. -Prior attempts to IVID-Resident #9 had insuffer salter #9	roommate. sident #14 and a third resident at #9's roommates and had ent #9. ect Resident #9 and distract her was aggressive and/or ould complete an incident yed residents and notify the cident reports were given to the eview. sponsible for documenting residents' charting notes and ext shift MA, so the resident e list to see the PCP. visit note dated 12/1/17 for alled: instigated another altercation the other resident sustaining a IVC Resident #9 had failed. instigated eight unprovoked past seven months and was a the staff and all residents. and to immediately IVC Resident and one more fight. tronic Charting Note dated m revealed staff documented VCd "because of an altercation ent." econd PCA on 12/19/17 at as moved to Resident #9's old				

Division of Health Service Regulation

-Resident #9 tried to take the sweater from the

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
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D 270	Continued From page 36		D 270			
	Resident #18.					
		the confrontation between				
		Resident #18, but Resident				
		ind the PCA and slapped				
	Resident #18.	on. Decident #0 to the				
		iny Resident #9 to the g the transport, Resident #9				
	_ ·	se and spit on the Sheriff				
	DeputyResident #9 had been IVCd once before the					
		ad not done any good.				
		ident to the MA on duty and				
	had seen the MA fill o	ven any instruction on				
	monitoring Resident					
	prevent harm to other					
	-She was only told to	"be careful" around				
	Resident #9.					
	-She reported aggres	sive behaviors to the , the MA/Manager reported				
		changed the resident's				
	medications and "tha	•				
	Interview with a MA o	n 12/20/17 at 5:49pm				
	revealed:					
		t #9 took Resident #18's				
	•	went to take the jacket back				
		ped the other resident. MCM, completed an incident				
		incident for both residents,				
		t under the Administrator's				
		e incident to the next shift				
	MA.					
		ppened, staff were expected				
	-	d the MCM would notify the				
	PCP.					
	Review of Charting N	otes and Accident/Incident				
		#9 revealed there was no				

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documentation of incidents involving Resident #9

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	535 US HI	DRESS, CITY, STA GHWAY 158 WE ILLE, NC 2737	EST		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 270	reviews, Resident #9 interview due to hosp Telephone interview von 12/20/17 at 5:23pr -She visited Resident three times a week ar -Resident #9 went to was moved to behavi medications regulated -Resident #9 did not his understood what p-lt was hard for Resident #9 wspend her time moving anotherWhen Resident #9 wspend her time moving anotherResident #9 seemed her behaviors over the because staff had been more oftenWhen Resident #9 fill was in a room by herseldent #9 got into resident #9 got into resident #9 got more was moved from one Interview with a third revealed: -Resident #9 would fill and had been that was facility (12/16/15)Staff would "never see	ns, interviews and record was not available for italization since 12/4/17. with Resident #9's Guardian in revealed: #9 at the facility one to indicate the hospital on 12/4/17 and oral health to get her id. hear so well and people were saying to her. ent #9 to not be in her own it is at home, she would ing clothes from one room to it is have gotten worse with the last three or four months en calling the Guardian in rest got to the facility, she is elf. an altercation with another they moved her with another is confused because she	D 270			

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walking by."

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						_
			B 14/11/0		R-	_
		HAL017054	B. WING		12/2	1/2017
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIR CODE		
NAME OF PI	ROVIDER OR SUPPLIER		, ,	,		
CASWELL	HOUSE	535 US HIC	SHWAY 158 WI	EST		
0/1011222		YANCEYVI	LLE, NC 2737	9		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 270	Continued From page	20	D 270			
D 210	Continued From page	30	D 270			
	-Resident #9 was "pa	rticularly violent" when				
	another resident went					
		ed into other residents'				
	rooms and took their					
		ifficult time getting other				
	residents' clothes bac					
		esident #9 calm by seeing				
	what she liked to do a	and involve her in activities				
	or give her snacks.					
	-The activities and snacks "did not do any good"					
	for Resident #9.					
	-Resident #9 was IVC	Cd on 12/4/17 because staff				
	could not get the resid					
	•	y specific details of the				
		•				
	altercation on 12/4/17					
		ere afraid of Resident #9.				
	_	staff, but the staff did not				
	know how to work wit	h residents with Alzheimer's				
	and most of the time	had not worked at the facility				
	long enough to know	the residents.				
	Interview with a fourth	n MA on 12/19/17 at 2:20pm				
	revealed:	r				
		ry combative with residents"				
	and her behavior was					
		•				
		Resident #9 most of the time				
	•	out of other residents' rooms,				
	but redirecting did not					
		ecially aggressive about her				
	room or what she tho	ught was her room.				
	-Resident #9 had war	ndered into other resident				
	rooms and thinking th	at it was her room, she				
	_	ents" who went into their				
	own room.					
		happened on 2nd and 3rd				
	shift with Resident #9	·.				
		B ===				
		with Resident #9's PCP on				
	12/19/17 at 3:25pm a	nd 12/20/17 at 2:22pm				

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revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		R- 12/2	C 1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE		HWAY 158 WE LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	whenever another respace. -He was not aware of on 12/4/17, but staff of the incidents involving probably have been in been trying, but the imprevent with the limite to the number of resident #9 needed health controlled enving would be okay for the He felt the residents supervision. Attempted interview with 12/20/17 at 1:54pm with the MC	itorial and highly provoked sident wandered into her the details of the altercation did notify him. In the graph of the gr	D 270			
	to residents over the monthsResident #9 had a congetting into her personal and other residents but to wander and Reside in the common areasShe had communicate aggressive behavior to the staff implemented resident spaceStaff were expected wandered into other resident was being aggressive as the staff were expected wandered into other resident was being aggressive.	for had been more harmful ast one and half to two concern for other residents and space. One between Resident #9 ecause residents were free ent #9 was free to come out ted Resident #9's o the PCP. commendations from the so out of Resident #9's				

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needed medications, if they were ordered, and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL H	CASWELL HOUSE 535 US H YANCEY					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
design of the second of the se	and down the halls on There were staffing is always enough staff or residents like Resider on terview with the Adm 2:13pm revealed: Resident #9 had had approximately one year occurring more is everity, except the innaving a fractured pell and dition to communicated were medication charmals of the communicated were in close produced as a staff were in close produced as and Resident #9 was on the communicated were expected in the communicated were medication charmals. There was no set time there was no docume requently. There was no set time there was no docume refer to interview with 12/18/17 at 5:20pm. 2. Review of Resident 11/21/17 revealed: Diagnoses included Appelavioral disturbances of the communication of th	ts. hinutes checks walking up he the SCU. Issues where there was not an duty to supervise hit #9. hinistrator on 12/21/17 at hinaggressive behaviors for har, and the behaviors had frequently, but not with more hicident resulting in a resident hivis. hinicating with the PCP, staff hith the family and there higes. hin the common areas, hinimity to supervise. hin was on a case by case his was one of those cases. his check Resident #9 he frame for frequently and hitation of checks. hin a Medication Aide (MA) on hit #1's current FL2 dated history of depression, herry disease, controlled type history of depression, herry disease, history of depression, history of depres	D 270			

Division of Health Service Regulation

STATE FORM 6899 LFLW11 If continuation sheet 41 of 144

Division of Fleath Service Regulation		1		ı		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
			1		R-	_
		UAI 047054	B. WING		1	
		HAL017054	1		1 12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
0.4.014/51.1		535 US HI	GHWAY 158 WE	EST		
CASWELL HOUSE YANCEYVI		ILLE, NC 2737	9			
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 270	Continued From page	41	D 270			
	. •					
	Review of Resident #	•				
		was admitted to the Special				
	Care Unit (SCU) of th	e facility on 7/21/17.				
	Davious of the ourrent	care plan for Decident #1				
	dated 7/24/17 reveale	care plan for Resident #1				
		ed, had physically abusive				
	behaviors, and was re					
		receiving services and				
	medications for behaviors/mental illness.					
	-Extensive staff assist	tance was required for				
	toileting, bathing, dres					
	-Limited staff assistar					
	ambulation and transf	•				
		yays disoriented and had				
		ss and must be directed by				
	staff.					
	Intorviou with Posido	nt #1's guardian on 12/18/17				
	at 1:30 p.m. revealed					
	•	tty much" with Resident #1's				
		il the incident occurred on				
	10/28/17.	ii alo iilolaoni oodan oa on				
		told by staff that Resident				
		lway of the SCU to the				
	men's dining room are	-				
	-A male resident was					
	Resident #1 with his p	_				
		ong Resident #1 had been				
	down on the men's si	de of the SCU.				
	-He wasn't sure how	often Resident #1 was				
	monitored, but she ne	eded to be checked more				
	often due to unsteadi	ness at times, falls, and				
		at incident on 10/28/17.				
		ot speak and had dementia.				
		p and to be "checked on				
		ware of her known name,				
	where she was, or wh	nat she was doing."				
		aviors but "didn't have any				

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more behaviors than the other residents."

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		R-C 12/21/2017	
	NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE STREET AE 535 US H YANCEY					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 270	toward Resident #1 li -Resident #1 would g push othersSometimes, when he staff were not around occurred because the SCU. Confidential interview -Resident #1 roamed dailyShe wandered in and roomsThe resident was "veresidents if they were put her hands on ther -She would grab othe clothesShe hit other resident -Resident #1 was nor not socialize with othe -She was monitored of minutes to an hour or grab or pull on other in -Resident #1 was obs hall dining room on 10 behaviorAfter the sexual incic Resident #1 and a ma monitoring was increa Resident #1It was difficult to mor 15-minutes from all a the dining rooms and visible from the main -Sometimes Resident by staff in the areas of	esidents be aggressive ke she was toward them. rab, hit, throw things, or evisited with Resident #1, to help when behaviors by were other places in the with a staff revealed: the hallway of the SCU dout of other residents' ery touchy" with other close to her and she would m. er residents or pull on their lats. every touchy to the SCU. Closely by staff every "30 erso" because she would residents and was a fall risk. Everyd by a staff in the men's 10/28/17 engaged in sexual served by a staff and the served by	D 270			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:			
		HAL017054	B. WING	B. WING		R-C 21/2017	
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZID CODE	12	21/2011	
NAME OF P	ROVIDER OR SUPPLIER						
CASWELL	. HOUSE		IGHWAY 158 WE /ILLE, NC 27379				
	OUR MARK OT						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO' DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 270	Continued From page	2 43	D 270				
	Observation of the SC room area on 12/13/1 12:35 p.m. revealed: -There were 10-12 re room tables without for Resident #1 and two walked back and fortt-There were no staff in 11:45a.m. until 12:35 Observation of Resid 9:15 a.m. through 9:3 -The resident was was hallway of the SCU.	7 from 11:45 a.m. through sidents seated at the dining pod or beverages, while other female residents n. n the dining room area from p.m. ent #1 on 12/14/17 from 8 a.m. revealed: lking up and down the main of three residents' rooms.					
	revealed: -On 7/21/17 at 9:51 p physical altercation w no injuries occurredOn 7/22/17 at 6:29 p combative with anoth resident twice in the f tore the closet door o -On 7/29/17 at 10:39 combative during the on the floor and onto to stay still for meals allOn 9/05/17 at 11:04 in the resident's beha the hospital. Resident from the other resident resident #1 continue	ic charting notes for 21/17 through 11/28/17 .m., Resident #1 got into a ith another female resident; .m., Resident #1 became er resident, struck the other ace with provocation and ff its track in her room. p.m., Resident #1 became evening meal, threw drinks other residents; did not like and was not cooperative at p.m., no change was noted vior after she returned from the #1 had to be separated into a three mealtime because she residents' food and drink. It is a three mealtime to the residents' rooms and					

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DIVISION C	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			_		_	
			B. WING		R-	
		HAL017054	B. WING		12/2	21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			GHWAY 158 WE	,		
CASWELL	CASWELL HOUSE					
		YANCEYV	ILLE, NC 2737	9		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
IAG		200 IDENTIFY THIS IN ORIGINATION,	TAG	DEFICIENCY)	W (1 L	
			+			
D 270	Continued From page	e 44	D 270			
	0.00747.144.00	B : 1 (//4) - 1 ()				
		p.m., Resident #1 had to be				
	separated from anoth					
		take another resident's food				
	and drink.					
		o.m., Resident #1 ate all				
	meals, but had to sit a	alone so she didn't take				
	residents' food.					
	-On 9/29/17 at 1:36 p	o.m., Resident #1 seemed to				
	be agitated; pulled and grabbed on residents and					
	would not sit down or	-				
		p.m., Resident #1 was				
		ations today; struck another				
		ead with a bowling pin and				
	then, went to the dinir	• • • • • • • • • • • • • • • • • • • •				
		of her chair, causing that				
		_				
	· ·	orted to the hospital by				
	Emergency Medical S					
		p.m., Resident #1 was				
	ı ·	other residents' plates, took				
	their drinks, and tried	to nit staπ.				
	l					
		onal Care Aide (PCA) on				
	12/13/17 at 12:47 p.m					
		the hallway and went in and				
	out of other resident r					
	-Staff checked on the					
	Resident #1, every or	ne to two hours.				
	-Resident #1 would re	each out and grab other				
	residents at times.					
	-She would hit at other	er residents.				
	-She was confused a	nd didn't know what she was				
	doing because of her	dementia.				
	_	to be monitored closely but				
		the halls; it wasn't easy to				
	check her as often.	and name, it maem today to				
	Interview with a Medi	cation Aide (MA) on				
	12/18/17 at 5:20 p.m.					
I	, 12/10/17 at 5.20 p.111.	. IEVEAIEU.	1			

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-Resident #1 had to be monitored "all of the time" because of her behaviors of touching and hitting

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	or riealth Service Regu	I				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COIVIFLI	ETED
					R-	C
		HAL017054	B. WING		1	1/2017
		HALOTTOOT			1 12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		535 US HI	GHWAY 158 WI	EST		
CASWELL	_ HOUSE		ILLE, NC 2737			
			1			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
			D 070			
D 270	Continued From page	e 45	D 270			
	other residents.					
		a locked unit so she thought				
		sident to roam the halls.				
		ould take other residents'				
		neir plates even after she				
	had eaten.	ien plates even alter sile				
		from the table because she				
	would take food from					
	-Resident #1 would fight other residents and staff					
	"all of the time."					
	Interview with Reside					
	physician (PCP) on 1	2/21/17 at 11:40 p.m.				
	revealed:					
		nitted July of 2017 to the				
	facility SCU.					
	-She knew Resident #	#1 for years prior to her				
	decline and admission	•				
	-The resident should	be monitored closely by staff				
	because of her cognit	tive/ mental status.				
	-She was aware Resi	dent #1 had behaviors and				
	was aggressive towar	rd others.				
	-There had been no n	nedication changes to				
	address behaviors or	aggression.				
	Interview with the Me	mory Care Manager (MCM)				
		a.m. revealed she was				
	aware Resident #1 ha	ad behaviors, but not				
	aggressive behaviors					
	Interview with the Adr	ministrator on 12/20/17 at				
	3:45 p.m. revealed he	e was unaware of Resident				
		behaviors toward others.				
	B. Review of electron	ic charting notes for				
		01/17 through 11/26/17				
	revealed:	5 unough 11/20/11				
		.m., Resident #1's nose was				
	very swollen; unusual					
		.m., Resident #1 had a				
	-OII 3/02/1/ at 3.41 p	.iii., NESIUEIII # I IIdU d	I			

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DIVISION	n Health Service Regu	ialion	_		•	_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-C	
		HAL017054	B. WING		12/21/2017	
NAME OF D	ROVIDER OR SUPPLIER	STDEET AD	DRESS, CITY, STA	TE ZID CODE		
NAME OF PI	ROVIDER OR SUPPLIER					
CASWELL	HOUSE		GHWAY 158 WI			
		YANCEYV	ILLE, NC 2737	9		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)	
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
				DEFICIENCY)		
D 270	Continued From page	46	D 270			
22.0	Continued From page	, 40	52.0			
	swollen nose on 9/01	/17 and on that day, when				
	staff came in at 7:00	p.m., Resident #1 had a				
	black eye. Resident #	1 acted fine and continued				
	to walk around.					
	-There was no docum	nnetation of what happened				
	to Resident #1's nose					
	-On 9/04/17 at 1:15 p					
	·	face down at 8:30 a.m. She				
	was sent to the emerg					
		.m., Resident #1 returned				
		stitches over her left eye.				
	•	•				
	· · · · · · · · · · · · · · · · · · ·	p.m., late entry, Resident #1				
		r in another resident's room				
	with that resident star	•				
		a.m., Resident #1 was				
	observed laying on th	e floor in the dayroom.				
	Review of an Accider	nt/Injury Reports dated				
		#1 revealed on 9/04/17 at				
		1 was found on the floor				
		ng and an abrasion noted to				
	the "eye area."	ng and an abrabion noted to				
	•	on 12/14/17 at 6:25 p.m.				
	and 12/15/17 at 1:56	p.m., with the staff who				
	completed the Accide	nt/Injury report dated				
	9/04/17 for Resident #	#1, were unsuccessful.				
	Review of an Accider	nt/Injury Reports dated				
		:#1 revealed on 11/26/17, at				
		1 was observed laying in the				
	dayroom on the floor.	, ,				
	22,100m on the moon.					
	Interview with a secon	nd PCA on 12/13/17 at 4:30				
	p.m. revealed:	0, (0), (2, 10) 17 4(7.00				
	•	nitored more closely to				
		she stumbled at times.				
	•					
		ed up and down the halls of				
	the SCU and went int	o other residents' rooms.				1

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-She checked on all of the SCU residents,

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DIVISION	i Health Service Regu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	ED
					R-C	
		HAL017054	B. WING		12/21/	/2017
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE ZIR CODE		
TWANE OF T	NOVIDER OR OUT FIER					
CASWELL HOUSE		GHWAY 158 WI				
YANCEYV		ILLE, NC 2737	9			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DAIL
				,		
D 270	Continued From page	e 47	D 270			
	inaludina Dasidant #4	avam. O have				
	including Resident #1	, every 2 nours.				
	Interview with Reside	nt #1's PCP on 12/21/17 at				
	11:40 p.m. revealed:	110 m 1212 m 11 at				
	•	of an incident involving				
		ding over Resident #1 that				
	was noted on 11/10/1	~				
		ware of incidents of falls				
	involving Resident #1. -There was no documentation in their system regarding the incident of another resident					
	standing over Resider	nt #1.				
	Thoro was no docum	entation provided to indicate				
		and the guardian/family				
		ents of Resident #1 being				
		a result of a fall (9/04/17) or				
		Resident #1 on the floor with				
	a resident standing ov	ver her (11/10/17).				
	O Davison of an alast					
		ronic charting note for				
	Resident #1 dated10/					
		p.m., Resident #1 was				
	•	ember "engaged in sexual				
	behavior" with anothe	r resident and staff would				
	continue to monitor.					
	Review of an Acciden					
		or Resident #1 revealed:				
		exual behavior noticed."				
		d in the dining room and				
	was witnessed by star	ff.				
		1004				
		nd PCA on 12/13/17 at 4:30				
		n incident near the end of				
		al incident on 10/28/17),				
	Resident #1 was plac	ed on 15 minute checks.				
	Interview with a Medic	cation Aide (MA) on				

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12/18/17 at 5:20 p.m. revealed "eyes were to be

STATE FORM 6899 LFLW11 If continuation sheet 48 of 144

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	
			A. BUILDING: _			
		HAL017054	B. WING		R-0	C 1/2017
NAME OF ST			DDEGG CITY CT	TE 710 000E	1 12/2	1,2011
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA GHWAY 158 WE			
CASWELL	. HOUSE		ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	e 48	D 270			
	sexual incident, staff (Resident #1) more continuous (Resident #1) more continuous (Resident #1) more continuous (Resident #1) more continuous (Resident #1) could not sexual act due to here-She was not made a	nt #1's PCP on 12/21/17 at ot consent to particiapte in a				
	Interview with the Memory Care Manager (MCM) on 12/19/17 at 11:00 a.m. revealed: -The SCU staff called her following the sexual encounter between two residents on 10/28/17 and asked what to do. -The MCM informed the facility staff that she was unsure of what to do and she would call the facility staff back. -Resident #1 went to the men's hall on the day of the incident (10/28/17). -The MCM was unsure of when Resident #1 had last been checked by staff or how long she had been down on that end of the hall but the incident on 10/28/17 "probably only lasted three minutes." -Following the incident on 10/28/17, Resident #1 was immediately separated from the male resident and she was placed on 15 minute					
	checks. Interview with the Administrator on 12/20/17 at 3:45 p.m. revealed: -Resident #1 was monitored closely due to being at risk for falls and as a result of an incident on 10/28/17On 10/28/17, Resident #1 was found by staff "engaging in a sexual act" with a male resident on the SCUHe was told Resident #1 was seated in the					

Division of Health Service Regulation

male's dining room at the table and a male

STATE FORM 6899 LFLW11 If continuation sheet 49 of 144

STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
					R-(c
		HAL017054	B. WING		12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELI	HOUSE	535 US H	GHWAY 158 WE	EST		
OAGWEE	YANCEY		ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	e 49	D 270			
	resident was standing exposed. -The male resident's: #1's blouse, face, and resident's pants. -"Resident #1 drooled substance observed to the resident #1 drooled substance observed to the part of	g beside her with his penis semen was on Resident d hair and also on the male d and some or all of the may have been her drool." of harm and Resident #1 nute checks. Ins, interviews, and record was not interviewable. If welked the halls of the ff were attending to the ey could and were not able to supervised by staff most of ff were busy in the ooms of the SCU. ed unit and it was okay for halls. Incation Aide (MA) on revealed: In emonitored "all of the time" riors of touching and hitting a locked unit so she thought sident to roam the halls. Incould take other residents' ineir plates even after she from the table because she				

Division of Health Service Regulation

"all of the time."

-Resident #1 would fight other residents and staff

STATE FORM 6899 LFLW11 If continuation sheet 50 of 144

DIVISION	n nealth Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		1101 047054	B. WING		_
		HAL017054	B: Wille		12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		535 IIS H	GHWAY 158 W	- - QT	
CASWELL	. HOUSE		/ILLE, NC 2737		
			TILLE, NC 2737	y	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
1710		,		DEFICIENCY)	
D 270	Continued From page	e 50	D 270		
	Intonuious with a acces	nd MA on 12/19/17 at 11:45			
		110 MA 011 12/19/17 at 11.45			
	a.m. revealed:	into other regidents! reems			
		into other residents' rooms			
	on the SCU.				
		grab other residents' food			
		st eaten all of her food.			
	-She was asked by of	·			
	Resident #1 down wh	en the resident was upset.			
	1. (NA 40/40/47 10 45			
		MA on 12/19/17 at 2:45 p.m.			
	revealed:				
		ecked every 30 minutes to			
	an hour in the SCU.	alcad account 45 mains star			
		ecked every 15 minutes			
		rs bothered other residents.			
	-Resident #1 was not				
		ner behaviors, but "more so			
	to protect others."				
		Resident #1 when these			
	behaviors occurred.				
		Resident #1 by walking with			
		halls of the SCU and by			
	talking to her.				
		urred on the SCU, there			
	•	changes; staff redirected the			
	residents' behaviors.				
		nt #1's PCP on 12/21/17 at			
	11:40 p.m. revealed:				
		nitted July of 2017 to the			
	facility SCU.				
		#1 for years prior to her			
	decline and admission				
		be monitored closely by staff			
	because of her cognit	tive/ mental status.			
		mory Care Manager (MCM)			
	on 12/19/17 at 11:00	a.m. revealed:			

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-All residents on the SCU were monitored

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL017054	B. WING		R- 12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELI	HOUSE	535 US HIG	HWAY 158 WE	EST		
0,101122	Г		LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	e 51	D 270			
	differently. -Some residents requivere monitored more -All residents on the SC freely because it was -Residents on the SC hours for toileting. -SCU staff monitored and "laid eyes" on ever Resident #1, at least -Resident #1 wandered Interview with the Adr 3:45 p.m. revealed: -All residents in the SC at least every 2 hours more supervision. -Those residents who monitored more close unaware of how often Interview with, the MC 12/21/17 at 2:45 p.m. -No one saw what has the SCU in the dining and a male resident. -No one knew how lost there, "it couldn't have minutes." -Staff in the SCU more according to their specified the staff within 15 minute. There were no specified residents, including -Residents, including	dired more supervision and closely than others. SCU could walk around a locked unit. U were monitored every 2 the halls every 15 minutes ery resident, including every 30 minutes. ed the halls in the SCU daily. ministrator on 12/20/17 at CU were monitored by staff a unless their plans required to were fall risks were ely by staff, but he was a. CM and the Administrator on revealed: ppened on the men's side of room between Resident #1 mg Resident #1 was down to be been more than five the side of the side o				

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There was no documentation of Resident #1's 15

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. DUILDING:		D.C.
		HAL017054	B. WING		R-C 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CASWELI	. HOUSE		IGHWAY 158 WI		
YANCEYV		VILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 270	Continued From page	e 52	D 270		
	minute checks provid	ed prior to survey exit.			
	Refer to interview with 12/18/17 at 5:20pm.	h a Medication Aide (MA) on			
	3.Review of Resident #2's current FL-2 dated 3/29/17 revealed: -Diagnoses included Alzheimer's dementia and				
	hypertensionResident #2 was inte	ermittently disoriented.			
	Review of Resident #2's current Care Plan dated 8/25/17 revealed:				
	-Resident #2 was son -Resident #2 was forg				
	reminders.				
	10/26/17 revealed:	2's physician's note dated			
	arousal acutely"	splaying increased sexual			
	had a diagnosis of De	2 and the female resident ementia, it could not be			
	determined if the sex -Resident #2 denied a				
	relationship with anot	her resident.			
	-"I will change patient Paroxetine."	rs Mirtazapine to			
	Review of the accider				
	10/28/17 for Resident -A" sexual behavior w	t #2 revealed /as noticed" in the male			
	dining room.	d on 10/28/17 at 9:45 a.m.			
	Review of the electron Resident #2 dated 10	nic charting notes for //28/17 at 6:38 p.m. revealed			
		aged in a sexual behavior			

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STATE FORM 6899 LFLW11 If continuation sheet 53 of 144

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R-	c
		HAL017054	B. WING		1	1/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE		SHWAY 158 WE			
YANCEYV			LLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 270	Continued From page	e 53	D 270			
D 270	Review of a physician Resident #2 revealed -There was a medical Mirtazapine 7.5 mg et 10/29/17. (Mirtazapin and insomnia; and do effect on sexual arous -There was a medical Paroxetine 20 mg 1 ta (Paroxetine is used to reduces the desire for Review of a physician Resident #2 revealed -There was a medical Paroxetine 20 mg 1 ta -There was a medical 40 mg tablet daily. Interview with a house a.m. revealed: -He found Resident # male dining roomResident #2 was staffemale resident, and over her clothingThe female resident up to the tableThe incident happen could not recall the dabeen a weekend." -He found the medical and just pointed towal -He did not go with the The housekeeper was	n's order dated 10/29/17 for : tion order to discontinue very hour of sleep as of e is used to treat depression les not have a significant sal). tion order to begin ablet daily on 10/30/17 treat depression and rescual arousal). n's order dated 11/2/17 for : tion order to discontinue ablet daily. tion order to start Paroxetine ekeeper on 12/15/17 at 9:30 2 and female resident in the ending on the right side of the he was touching her chest was sitting in a chair pushed ed before lunch, but he ate or time, and it may have the dining room. The eMA to the dining room.	D 210			
	Interview with a MA o	n 12/14/17 at 4:30 n m				

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revealed:

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	,
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED	
			7 501251110.			
			B. WING		R-C	_
		HAL017054	B. WING		12/21/201	17
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		535 US H	GHWAY 158 WE	EST		
CASWELL	. HOUSE		ILLE, NC 2737			
24.0.1=	CLIMMADY CT				1	0.45
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) MPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
D 270	Continued From page	e 54	D 270			
	-Resident #2 attempte	ed to lure female residents				
		om June 2017 to October				
	2017.	on suite 2017 to October				
		usekeeper stated he needed				
	to go to the male dinir					
	-No more information	_				
		esident sitting in a chair				
	about 6 inches from the	•				
	-He found Resident #2 standing on the right side					
	of the female resident	•				
	-Resident #2's penis	was "exposed", and fluid				
	was coming from his	penis.				
	-Resident #2 was rub	bing the female resident's				
	back with his left hand	d and stroking the side of				
	her face with his right	hand.				
		had a wet area on the upper				
	third part of her blous					
		mined if the fluid was drool				
	from breakfast or sem					
		showed no type of emotion				
	or emotional distress.					
	•	notified at 10:00 a.m. on				
		d not know how to handle the				
	incident.	langer (MCM) was salled at				
		lanager (MCM) was called at stated, "She would call me				
	back."	stated, SHE WOULD CALL THE				
		ne facility at 11:00 a.m. on				
	10/28/17.	.o .domey de 11.00 d.m. on				
		o do one to one with both				
	residents.					
	-Resident #2 and the	female resident's clothes				
	were shown to the MO	CM.				
	-The clothes had not	been washed and the MCM				
	took over the investig					
	•	ident #2's Primary Care				
		0/28/17 at 5:50 p.m. of the				
		sident #2 and a female				

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resident.

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Division o	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
						0
			B. WING		R-	
		HAL017054	B. WING		12/2	1/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		535 IIS HI	GHWAY 158 WI	- - QT		
CASWELL HOUSE		ILLE, NC 2737				
		TANCETV	TLLE, NC 2/3/	9		Г
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
ind		,	1/40	DEFICIENCY)		
D 270	Continued From page	e 55	D 270			
	Interview with a perso	anal care aide (DCA) en				
	12/19/17 at 10:22 a.m	onal care aide (PCA) on				
		ttempt to grab and pull				
		his room at least weekly				
	after lunch.	abit of staring in the grant				
		nabit of staying in the men's				
	-	ing out the window after				
	meals.					
		l a second female resident				
	and pulled her in his r					
		female resident were found				
	-	ding hands (no date or time),				
	and they had their clo					
		en reported to the MA and				
	the MCM.					
	-The PCA could not re					
		e Resident #2 attempted to				
	grab women and pull					
		ep an eye on Resident #2,				
		how often they checked on				
	Resident #2.					
	~	to monitor the hallway to				
	=	from grabbing and pulling				
	female residents into	his room.				
	-Resident #2 was not	supposed to have any				
	women in his room.					
	-She was aware of th	e sexual encounter which				
	occurred on 10/28/17	after breakfast between				
	Resident #2 and a fer	male resident.				
	-She was instructed b	by the MA on 10/28/17 (no				
	time) to go to the mer	n's dining room.				
	-She found Resident	#2 standing at the right side				
	of the female resident	t.				
	-Resident #2 had a "c	quarter size wet spot" at the				
	base of the fly of his p					
		had a "less than quarter				
	size wet spot" on the	•				
		was sitting in a chair pushed				

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up to the table.

-She was instructed by the MCM to monitor both

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DIVISION	of Health Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	ĒD
			D WING		R-C	
		HAL017054	B. WING		12/21/2	2017
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZID CODE		
NAME OF T	TOVIDER OR SOLT LIER					
CASWELL	HOUSE	535 US HI	GHWAY 158 WE	EST		
0,101122		YANCEYV	ILLE, NC 2737	9		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
			1	DEFICIENCY)		
D 270	Continued From page	- FG	D 270			
D 210	Continued From page	: 50	5270			
	residents every 15 mi	nutes, but did not document				
	the 15 minutes check					
		by the MCM to wash both				
	residents' clothing.	y the Mem to wash both				
	residents dottilling.					
	Intomicus with a coope	-d DCA -= 40/40/47 -t 40/45				
		nd PCA on 12/19/17 at 10:45				
	a.m. revealed:					
	-The MCM told the sta					
		pecific time frame was				
	given.					
	-Resident #2 had a had	abit of luring female				
	residents into his roor	n.				
	-Resident #2 was not	allowed to come to the				
	women's end of the u	nit.				
	-She was aware of a	sexual encounter which				
		between Resident #2 and a				
		Resident #2 had a wet spot				
	on the front of his par	· · · · · · · · · · · · · · · · · · ·				
	·	the sexual encounter on				
	10/28/17.	ille sexual effcounter off				
		the - NAA 40/00/47 /				
		by the MA on 10/28/17 (no				
	time) to go to the mer	_				
		had a wet spot on the top of				
	her blouse and the rig					
		ldle of fluid was on the floor				
	beside the dining roor	m chair.				
	-Clothes were put in t	he laundry room to be				
	washed.					
	Telephone interview v	vith Resident #2's PCP on				
	12/18/17 at 4:22 p.m.					
		e sexual encounter which				
		Resident #2 and female				
	resident on 10/28/17.					
		n displaying increased				
		п изріаўіну інстеазец				
	sexual arousal.	tamanina ta Dana C				
	_	tazapine to Paroxetine on				
	10/26/17.					

Division of Health Service Regulation

-There should be increased supervision for Resident #2 and the other female resident.

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DIVISION	or riealin Service Regu		1			
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIED
					l R-	·C
		HAL017054	B. WING		1	21/2017
		111.2017001			1 12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
CASWELI	HOUSE	535 US HI	GHWAY 158 W	EST		
CASWELI	- HOUSE	YANCEYV	ILLE, NC 2737	9		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	KIATE	DAIL
			+	,		
D 270	Continued From page	e 57	D 270			
	-The staff needed mo	ore training on how to deal				
		ve a diagnosis of Dementia.				
	On 12/18/17 at 4:00 p	o.m., Resident #2 was				
	confused and did not	seem to understand what				
	was being asked of h	im during the interview.				
		vith Resident #2's family				
	member on 12/18/17	at 4:12 p.m. was				
	unsuccessful.					
	Interview with the MC	CM on 12/13/17 at 12:45 p.m.				
	revealed:	on 12, 16, 11 dt 12, 16 p				
		own increased signs of				
		than six weeks ago, prior to				
	the incident on 10/28/	/17.				
	-He had tried to get w					
	because he was arou					
		ond female resident laying				
	· · · · · · · · · · · · · · · · · · ·	ers of Resident #2's bed and				
	fully clothed.	esident #2, but they were				
	-She did not know the	a data or timo				
		a third female resident on				
		vers of Resident #2's bed				
		th Resident #2, but they				
	were fully clothed.	, , , , , , , , , , , , , , , , , , ,				
	-She did not know the	e date or time.				
	-These incidents were	e not documented.				
	-Resident #2 was alre	eady on medication to				
	decrease sexual arou					
		15 minutes checks until he				
	was seen by his phys					
	-The MA notified MCN					
		tesident #2 and the female Id not recall the date or time,				
		ady changed Resident #2				
	and the female reside	-				
		d just washed their clothes				
		e drawn that there was a				

Division of Health Service Regulation

STATE FORM 6899 LFLW11 If continuation sheet 58 of 144

DIVISION	n Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D WING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
			GHWAY 158 WI		
CASWELL	. HOUSE				
		TANCETY	/ILLE, NC 2737	9	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
IAG	TAG		IAG	DEFICIENCY)	
D 270	Continued From page	e 58	D 270		
	sevual encounter het	ween Resident #2 and a			
		ed on the amount of fluid			
	present without seein				
		aff to "keep an eye" on			
	Resident #2 and a fer				
	specific time frame wa				
		ff and residents, and there			
		sexual encounter between			
	Resident #2 and the f				
		ninistrator on 10/28/17 (no			
	time) that a sexual en				
		and a female resident.			
		structed her to "check for			
	signs of sexual non-c	onsent and force."			
		ministrator on 12/21/17 at			
	5:30 p.m. revealed:				
		he MCM on 10/28/17 (no			
	•	2 and a female resident had			
	a sexual encounter.				
		not able to give consent			
	because of their demo	entia.			
	-He did not know that	Resident #2 had a history			
	of luring female reside	ents in his room before the			
	sexual encounter on				
		ad known, he would have			
	communicated with R	lesident #2's physician about			
	Resident #2 luring fer	male residents into his room.			
		h a Medication Aide (MA) on			
	12/18/17 at 5:20pm.				
	Interview with a MA o	n 12/18/17 at 5:20pm			
	revealed:				
		ehavior issues, staff would			
		n activity for distraction or			
	provide a snack.				
	-Some residents were	e taken in the day room and			
	some residents would	d walk the halls during 1st			

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and 2nd shift.

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SI A. BUILDING: COMPLE			
			A. BOILBING.		1 .	- 0
		HAL017054	B. WING		l l	R-C / /21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		535 US HI	GHWAY 158 WE	ST		
CASWELI	_ HOUSE		ILLE, NC 27379			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF COP	RECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 270	Continued From page	e 59	D 270			
	on the hallways and to residents showersMost of the PCAs "ju	in the day room, one PCA wo PCAs would be giving st wanted to go ahead and ut she would tell the PCAs on the floor."				
	was known to have pl behaviors resulted in toward eight other res fracture for one of the who was known to ha behaviors which resul assault of another res constitutes a Type A1 physical harm and	15 incidents of assault sidents causing a pelvic residents; and Resident #2 ve sexually aggressive led in an incident of sexual sident. This noncompliance				
	neglect. Review of the Plan of Protection submitted by the facility on 12/14/17 revealed: -Immediately staff will be in-serviced on systems process including fall management program, rounding and hot box process as well as					
	communications form identify and monitor ir -When a behavior occause to determine m	ood/behavior monitoring and will be implemented to				
	shall be considered ci -The Primary Care Pr behaviors and referra given for a licensed p interventions. -Community Supervis [interventions] based recommendations.	ase by case. ovider (PCP) is notified of I for psychiatric services is rovider to determine best ors will implement				
	fall management prog	-				

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Division o	it Health Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_		_	_
			D WING		R-	
		HAL017054	B. WING		12/2	1/2017
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE ZIP CODE		
TO AVIL OF TH	TO VIDER OR OUT FEILING					
CASWELL	. HOUSE		GHWAY 158 WE			
		YANCEYV	ILLE, NC 2737	9		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	MAIE	DATE
				DETIGIENOT)		
D 270	Continued From page	- 60	D 270			
	-System process will	be reviewed upon hire (for				
	new staff) during orie	ntation by the Executive				
	Director (ED) or Design	gnee.				
	-Annual (and as need					
	conducted by the ED.	,				
	-	anager (CM) will monitor				
		lom audits, observations				
	and interviews.	ioni addito, oboci vationo				
		duled for 12/22/17 by the				
		N) for resident interventions.				
	•					
	•	residents will be put on 72				
	-	ing] for observation and to				
	establish a baseline.					
	-When a behavior is i					
	documented in the me					
	communication binde	rs, supervision will be				
	increased, and care s	staff will notify Management				
	and the PCP.					
	-Any behavior which e	escalates to a threat to a				
	resident or others, sh					
		sident out of harm's way and				
	call 911) to assure the					
		nt will be completed for all				
	new residents.	it will be completed for all				
		sement meeting will be				
	completed to identify	,				
		history and physical will be				
		nission and [preventative]				
		ude redirecting, providing				
	snacks and [administ	ering] as needed				
	medications.					
	THE CORRECTION I	DATE FOR THE TYPE A1				
	VIOLATION SHALL N	IOT EXCEED JANUARY 20,				
	2018.					
מדני ח	104 NCAC 12E 0000	2(b) Hoalth Caro	D 273			
D 213	10A NCAC 13F .0902	L(D) Health Cale	0213		ĺ	

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10A NCAC 13F .0902 Health Care

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		HAL017054	B. WING		R-C 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
0.4.004/51.1		535 US HIG	HWAY 158 WE	EST	
CASWELL	. HOUSE	YANCEYVI	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 61	D 273		
	(b) The facility shall a	assure referral and follow-up nd acute health care needs			
	This Rule is not met Type B Violation:	as evidenced by:			
	Based on observations, interviews, and record reviews, the facility failed to notify the primary care provider for 2 of 2 sampled residents (#1, #8) related to the sexual assault of Resident #1 and the sexually expressive behaviors of Resident #8.				
	The findings are:				
	11/21/17 revealed: -Diagnoses included of behavioral disturbance syncope, coronary and	of Alzheimer's dementia with e, history of depression, tery disease, controlled type lion, chronic kidney disease,			
	Review of Resident # revealed the resident Care Unit (SCU) of th	was admitted to the Special			
	dated 7/24/17 revealed -Resident #1 wandered behaviors and was reduced -Resident #1 was not medications for behaviors.	ed, had physically abusive sistant to care. receiving services and viors/mental illness. tance was required for ssing, and grooming.			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLI	
			71. BOILBING.		_	_
			B. WING		R-	
		HAL017054	B. WING		12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		535 US HI	GHWAY 158 WE	EST		
CASWELL	. HOUSE	YANCEYV	ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 62	D 273			
	needed direction from -The resident was alw	nificant loss of memory and n staff. vays disoriented.				
	Review of electronic charting notes for Resident #1 dated 10/28/17 through 11/10/17 revealed: -On 10/28/17 at 6:38 p.m., Resident #1 observed by staff "engaged in sexual behavior" with another resident and staff will continue to monitorOn 10/29/17 at 6:42 p.m., Resident #1 was kept under "extra supervision" during entire shift. No					
	new incidentsOn 10/30/17 at 10:23 p.m., the resident was kept "under supervision" during shift. No sexual					
		p.m., late entry, Resident #1 r in another resident's room nding over her.				
	Interview with Resident #1's guardian on 12/18/17 at 1:30 p.m. revealed: -He had been pleased "pretty much" with Resident #1's care at the facility until the incident					
	Resident #1 went dov	ardian was told by staff that vn the hallway of the SCU to				
	the men's dining room -A male resident was Resident #1 with his p	found standing over pants down.				
	-"I was very upset bed after 6:00 p.m. on 10/	n Resident #1's blouse." cause no one called me until 28/17, but the incident had				
	little information" on h	ng." had called him left "very his answering machine and w tone of voice" and was				
	"very vague." -He called the facility					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL017054	B. WING		R-	-C 21/2017
					1 12/2	.1/2017
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
CASWELL	. HOUSE		IGHWAY 158 WI /ILLE, NC 2737			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
D 273	Continued From page	e 63	D 273			
	unclear information.					
	-Staff explained that t	they were tied up on the floor				
	assisting other reside earlier.	ents and could not call him				
	_	ld the Administrator would				
	contact him and mee incident.	t with him regarding the				
		and why Resident #1 was not				
	sent out to be examined after what had happened					
	to her in the dining ro					
		d talking with his family, the ident #1 should have been				
	_	because "we don't know				
	•	ale resident may have had."				
		ontacted him on Thursday,				
	11/02/17, and he met 11/03/17.	with the Administrator on				
		had happened with Resident				
	#1 until the meeting of Administrator.	on 11/03/17 with the				
		nared what staff had told him				
		nort voice message and in				
	person at the facility.	ld him that no ana know				
		ld him that no one knew ed between Resident #1 and				
		t there did not appear to be				
	any physical signs of					
	-The guardian wanted	d to have been notified				
		t and would have asked for				
		ecked by a doctor to make				
	sure she was okay.	most a week since the				
		equest Resident #1 to be				
	examined by a doctor					
		ot been made aware of any				
	other incidents regard	ding behaviors or falls				
	involving Resident #1					
	Confidential Interview	with a staff revealed:				

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-Resident #1 was nonverbal, disoriented, and did

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Division of	of Health Service Regu	ılation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					l DC
		UAL 047054	B. WING		R-C
		HAL017054			12/21/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		535 US F	IIGHWAY 158 WE	=ST	
CASWELL	. HOUSE		VILLE, NC 2737		
			VILLE, NO 2707		
(X4) ID		TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	(- /
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPI	
				DEFICIENCY)	
			 		
D 273	Continued From page	e 64	D 273		
	not socialize with other	er residents in the SCU.			
		closely by staff every "30			
		r so" because she would			
		residents and was a fall risk.			
		dent on 10/28/17, involving			
		ther resident in the SCU,			
	_	increased to 15 minute			
	checks for Resident #				
		nitor Resident #1 every 15			
		s of the SCU because the			
		ng room areas were not			
	visible from the main	-			
		t #1 was found on the floor			
	by staff in those areas	s of the SCU that were not			
	visible from the main	hallway.			
	-Staff notified the Med	dication Aides (MAs) of all			
	falls or behavior incid	ents on the SCU.			
	Interview with a nurse	e on call for Resident #1's			
	primary care physicia	ın's (PCP's) office on			
	12/19/17 at 2:45 p.m.				
		nverbal and "severely"			
	disoriented.	•			
	-She resided in the S	CU at the facility.			
	-According to the note				
		P's office had not been			
	notified of any sexual				
	-	y other information regarding			
	Resident #1.	y carer intermediative against			
	rtooldont # 1.				
	Interview with Reside	ent #1's PCP on 12/21/17 at			
	11:40 p.m. revealed:	110 1 01 01 12/2 1/17 de			
	•	mitted July 2017 to the			
	facility SCU.	Tillied July 2017 to the			
		#1 for years prior to ber			
		#1 for years prior to her			
	decline and admission				
		ident #1 had behaviors and			
	was aggressive towar	rd others at times.			

-She had not been informed of the incident involving Resident #1 and a male resident that

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DIVISION	or rieallin Service Negu	ialion				
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL017054	B. WING			
		HAL017054			12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		535 US HI	GHWAY 158 WI	EST		
CASWELI	_ HOUSE	YANCEYV	ILLE, NC 2737	9		
040.15	QUMMADV QT.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	0/5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /	TE.
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	IATE DATE	
				DEFICIENCY)		
D 273	Continued From page	. 65	D 273			
D 210	Continued From page	5 05	5270			
	occurred on 10/28/17					
	-She would have wan	ted to be notified of that				
	incident on 10/28/17 I	because it was of sexual				
	nature.					
	-Resident #1 could no	ot give consent to participate				
	in any type of sexual	activity due to her cognitive				
	status.					
		of an incident involving				
		ding over Resident #1 that				
	was noted on 11/10/1					
		ware of incidents of falls				
	involving Resident #1					
		nentation in their system				
	regarding the incident					
	standing over Reside					
	encounter involving R	Resident #1.				
		ns, interviews, and record				
	reviews, Resident #1	was not interviewable.				
	Intomicus sith the NA	man (Adam)				
		mory Care Manager (MCM)				
	on 12/19/17 at 11:00					
		he PCP had been notified of				
	and a male resident.	17 involving Resident #1				
		of a povual account or harm				
	to Resident #1.	of a sexual assault or harm				
	-The sexual encounte	ar was consentual				
		ne sexual encounter that				
	-	, Resident #1 had engaged				
	in a "sexual act."	, i toolacht # i naa chyayea				
	-Both Resident #1 an	d the male resident's				
		d and no communicable				
		an incident report was not				
	completed and the Po					
	Sompleted and the Ft	o. was not notified.				
	Interview with the Adr	ministrator on 12/20/17 at				
	3:45 p.m. revealed:					
		tified regarding the sexual				
		because he believed it was				

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Division c	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
						0
		UAL 047054	B. WING		R-	
		HAL017054			12/2	21/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		535 US H	GHWAY 158 WE	ST		
CASWELL	. HOUSE	YANCEY	/ILLE, NC 27379	9		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 273	Continued From page	e 66	D 273			
	"consensual and the	residents' right to have sex."				
	-Resident #1 did not a					
	assaulted.					
	-The semen found on	n Resident #1's face and				
	blouse and on the ma	ale resident's pants may				
	have been some of R	Resident #1's drool, but he				
	was not sure.					
	-There was no facility	policy on addressing sexual				
		esidents, but the situation				
	was addressed by se	parating the two residents				
	and placing Resident	#1 on 15-minute checks.				
		entation provided to indicate				
		and the guardian/family				
		nts of Resident #1 being				
		a result of a fall and of the				
		nt of Resident #1 prior to				
	survey exit.					
	Review of Resider	nt #8's current FL-2 dated				
	6/29/17 revealed:					
	-Diagnoses included	Alzheimer's Disease,				
	•	chronic abdominal pain.				
		intermittently disoriented,				
	ambulatory and hard	of hearing.				
	-The resident's currer	nt level of care was assisted				
	living.					
		evel of care was the Special				
	Care Unit (SCU).					
	D : (D ::	101				
	Review of Resident # revealed:	#8's prior FL-2 dated 5/15/17				
	-Diagnoses included	Alzheimer's Disease,				
	chronic nausea and c	chronic abdominal pain.				
		ermittently disoriented,				
	ambulatory and hard					
		nt level of care and the				
	recommended level of	of care was assisted living.				
						, ,

Division of Health Service Regulation

Review of Resident #8's Resident Register

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
			D WING		R-C	
		HAL017054	B. WING		12/21	/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELI	_ HOUSE		GHWAY 158 WI			
		YANCEYV	ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 273	Continued From page	e 67	D 273			
	revealed:	mitted to the facility on				
	5/10/17.	initied to the facility of				
		charged from the facility on				
	9/7/17 to move to "ow	-				
	Review of Resident #	8's progress notes revealed:				
	-There was an entry of	dated 6/28/17 at 10:10 p.m.				
	•	d the resident returned from				
	•	agnosis of dementia without				
	behavioral disturbance.					
	-	dated 7/7/17 at 2:45 p.m. by				
	SCU on 7/7//17 at 1:3	ed the resident moved to the				
		dated 7/15/17 at 10:16 p.m.				
	_	ented the resident was trying				
		residents in his room.				
		dated 7/26/17 at 10:24 p.m.				
	by a staff that docume	ented "the resident had				
		nts food and drink to come				
		ident locked the door and				
		aides when they were				
		esident. The Medication				
	, ,	ock the door and escort the of Resident #8's room. The				
		visor and the MA continued				
	to monitor the resider					
		with a staff revealed:				
		en known to offer female				
		snacks and a beverage in				
	order to get them to d					
		the assisted living and then				
	moved to the SCU.					
	Confidential interview revealed:	with a second staff				
		ck on his door when he first				
	moved to the SCU.	beautions the live to the				
	- i ne staπ did not kno	w how long the lock stayed				

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			1			
			B. WING		R-(
		HAL017054	D. WING		12/2	1/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		535 US H	IGHWAY 158 WI	-ST		
CASWELL	. HOUSE		/ILLE, NC 2737			
			·		.	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 070	0 " 15	00	D 070			
D 273	Continued From page	2 68	D 273			
	on the resident's door					
	-Sometimes staff coul	ld not get inside of Resident				
	#8's room, because th	-				
		lousekeeper to let them in				
	Resident #8's room.	rodsekeeper to let triem in				
	resident #03 100m.					
	Confidential interview	with a third staff revealed:				
	-In the SCU, the staff					
	residents out of Residents					
		exual comments to female				
		exual comments to lemale				
	residents.	:				
		sidents, who had been found				
	in his room.					
		staff he gave one resident				
		ident came to his room.				
		seen a female resident				
	undressed in Resider					
	•	und a resident laying in				
	Resident #8's bed full					
		new what was going on and				
	sometimes she did no	ot know what was going on.				
	-The staff could not re	emember the dates of the				
	incidents.					
	-Another day, the stat	ff saw another resident in				
	Resident #8's room si	itting in the rocking chair				
	eating snacks; the oth	ner resident was				
		in his room because of his				
	snacks.					
	-A third day, Resident	t #8 was observed standing				
	•	lent rubbing his private area				
	against the resident.					
	•	. The other resident was				
	~	not know what was going				
		of the incident by another				
	staff who no longer w					
		e found in Resident #8's				
	room, the staff reporte					
	-Resident #8 was a "f					
	-The staff did not know	w ii residelit #o flad				

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changes in his medications to help control his

STATE FORM 6899 LFLW11 If continuation sheet 69 of 144

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			R WING		R-C
		HAL017054	B: *******		12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		535 US HI	GHWAY 158 WI	≣ST	
CASWELL	. HOUSE		ILLE, NC 2737		
	CUMMADY CT		<u> </u>		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
				DEFICIENCY)	
D 273	Continued From page	2.60	D 273		
D 210	Continued From page	5 09	B 2/3		
	behaviors.				
	-Resident #8 knew w	hat he was doing. He was			
	taking advantage of t	he residents.			
	-If staff could not find	a female resident, the first			
	room they thought to	look in was Resident #8's			
	room.				
	-The female residents	s were not always in			
	Resident #8's room.				
	Confidential interview with a fourth staff revealed:				
		er residents in his room			
	talking to him.	or residents in the resin			
	-The staff had never I	known him to have			
		ors with other residents.			
	• • •	as first transferred to the			
		k on his door, because the			
		anyone coming in his room.			
		off the door within the first			
		s in the SCU, because locks			
	were not allowed at the				
	-Resident #8 mainly s	stayed in his room.			
	Confidential interview	with a fifth staff revealed:			
		on any medications for			
		on any medications for			
	behaviors.	ran in the COLL a resident			
		vas in the SCU, a resident			
		nt #8's room two weeks			
	before he was discha				
	drinking a soda or ea				
		was in Resident #8's room			
		nily member got the resident			
	out of Resident #8's r	* *			
		e found in Resident #8's			
	room, the staff report	•			
	-"Resident #8 knew v	vhat he was doing."			
		with a sixth staff revealed:			
	-	e staff during first shift mid			
	August 2017, a reside	ent was found in Resident			

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#8's room with her shirt improperly on her.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL017054	HAL017054 B. WING		R-C 12/21/2017
	NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE STREET AD 535 US HI YANCEYV				12212011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	-The staff reported it it management said the be doneWhen Resident #8 h to other residents, may anythingThe staff did not thin physician (PCP) had Resident #8's behavior-Resident #8 did not it medications nor was for behaviorsWhen Resident #8 h room, he always locked confidential interview revealed: -When Resident #8 w living side of the facility residents to come to it. The staff could not residents to come in it not. Confidential interview were sidents to come in it. Confidential interview when Resident #8 is side of the facility, he down the hall and trier residents to come to it. One day a couple of facility, he tried to get room. The resident restaff. The staff report it. The resident who reput they were scared of F.	to management and there was nothing that could and inappropriate behaviors anagement did not do a k Resident #8's primary care been contacted about the contacted about the resident on medications and a female resident in his the resident on medications and a female resident in his the district his door. If with a seventh staff they reported they, he tried to get female the room. It with a eighth staff revealed they are sident or the assisted living pushed female residents do get the female the room. If with a eighth staff revealed: If we din the assisted living pushed female residents do get the female to get the female to get the female to get it to the a resident to come in his effused and reported it to the ged it to a Supervisor. If you have the side of the side of the incident told staff to the get it to the ged it to a Supervisor.	D 273		

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the facility.

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Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					R-0	.
		HAL017054	B. WING		1	1/2017
			_		,	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
CASWELL	. HOUSE		IGHWAY 158 WI			
		YANCEY	/ILLE, NC 2737	9		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 273	Continued From page	2.71	D 273			
D 210	. •		5270			
	-	I tried to get the resident to				
	come to his room.					
		resident his private area				
	was excited about seg- -Resident #8 did not t	_				
	-The resident was afr					
		ent to Resident #8's room.				
		maybe Resident #8 would				
		exually to the resident.				
	-The resident reported	d the incident to a staff.				
	-The staff came and t					
		he resident to his room				
		at incident, but he finally				
	· · · · · · · · · · · · · · · · · · ·	esident after the resident				
	refused several times	ot remember when Resident				
		e resident to his room.				
		ot remember the dates of				
	the incident or where					
	Telephone interview v	vith a resident's family				
	member on 12/18/17	at 4:14 p.m. revealed:				
		that the resident was found				
		d covers of another resident.				
	-She did not know the					
	 She did not have any resident's care at the 					
	resident's care at the	raciiity.				
	Interview with anothe	r resident's POA on				
	12/19/17 at 11:05 a.m					
		ent would be found in other				
	residents rooms layin	g in the bed, because she				
	was confused.					
	, ,	all on 2017, the resident was				
		es with her medications and				
		chair in Resident #8's room				
	drinking a soda.					

-The resident did not know where she was

-Another day, the POA came to the facility to see

located. She was confused.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL017054	B. WING		R-C 12/21/2017
NAME OF D			RESS, CITY, STA	TE ZID CODE	12/21/2017
NAME OF P	ROVIDER OR SUPPLIER		, ,	*	
CASWELL	. HOUSE		SHWAY 158 WE LLE, NC 2737		
	CLIMMA DV CT		· ·		NI
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
D 273	Continued From page	e 72	D 273		
	the residentThe POA could not fi -Staff started searchir	and the resident. Ing in each resident's room It in Resident #8's room			
	Attempted interview v 12/18/17 at 2:05 p.m.	vith Resident #8's PCP on was unsuccessful.			
	nurse on 12/18/17 at -Resident #8 was disc September 2017, bec be at homeShe did not know if the problems or notThere was no docume problems in Resident was not on any medic problemsIf the resident had be	charged from the facility in cause the resident wanted to the the resident had behavior mentation of behavior #8's record and the resident			
	Review of Resident # there was no docume expressive behaviors				
	(MCM) on 12/20/17 a -Resident #8 was forg -Resident #8 stayed i -The residents liked g snacksHe never forced any -There was a time wh found in Resident #8' -The resident thought	getful and hard of hearing. In his room a lot in the SCU. It is room to eat It is room. It is room. It is room to eat the scular in his room. It is room. It is room to eat the scular in his room.			

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	i Health Service Regu		T		ı	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIED
					R-	_
		HAL017054	B. WING		1	
		ПАLU1/094			1 12/2	1/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		535 US HI	GHWAY 158 WI	EST		
CASWELL	. HOUSE		ILLE, NC 2737			
			T			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 273	Continued From page	e 73	D 273			
	any residents inannro	priately and had any sexual				
	behaviors towards res	· · · · · · · · · · · · · · · · · · ·				
		he PCP was aware of				
	Resident #8's behavior					
	PCP if needed.	to contact the resident's				
		communicated verbally				
		<u> </u>				
	during stand up daily					
		as aware of Resident #8's				
	behaviors.					
	Indian day, with the Ada					
		ministrator on 12/20/17 at				
	2:10 p.m. revealed:					
		opropriate behaviors with				
		acility communicated with				
		's family members and				
	increased checks mo	re frequently on the				
	resident.					
		d of hearing and forgetful.				
		ith female residents in the				
	facility.					
	-Staff kept a "close ey					
		vomen coming to his room.				
	-Residents went in his	<u> </u>				
		I not have been going into				
	Resident #8's room.					
	-Resident #8 had a pr	rivate lock on his door,				
	because his family co	mplained of his food and				
	cups missing in his ro	oom.				
	-The lock was on the	door for one month, then it				
	was removed, because	se he was told by corporate				
	residents could not ha	ave locks on the doors.				
	-He was aware reside	ents would go in Resident				
	#8's room and sit on h	•				
	-When other residents	s went in his room, he told				
		sidents out of his room.				
	-He was not aware of					
		behaviors towards one of				
	three residents found					
	oo roordonto round	100	1			

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-If he was aware, he would have notified the

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL017054	B. WING		R-C 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CASWELI	_ HOUSE		SHWAY 158 WE		
			LLE, NC 2737		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 74	D 273		
	residents' Responsibl residents' PCPIf staff knew Resident inappropriate behavior have told the MCM are the was not aware Refemale residents in hit assisted living side of the would have known contacted Resident ## Based on observation review, the three resident was not interview. Attempted interview was not interview.	e Parties and contacted the at #8 was doing ars to residents, they should and the resident's PCP. esident #8 would try to get as room while living in the at the facility. why, he would have 8's POA and PCP. as, interviews and record dents found in Resident #8's ewable. with Resident #8's POA on and on 12/21/17 at 9:24			
	physician for Residen behaviors resulted in pursuing of female result, luring them to hi of sight from monitorior psychiatric interver behaviors; and failed physician for Resident by another resident receiving any follow unthis failure was detrinusafety of the residents Violation. Review of the Plan of facility on 12/20/17 re-Facility will immediat residents records to design and the properties of the properties of the plan of facility on 12/20/17 re-Facility will immediat residents records to design and the plan of facility or properties of the plan of facility or properties of the plan of facility and plan of the	ely begin auditing all letermine any outstanding lude, but are not limited to,			

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STATE FORM 6899 LFLW11 If continuation sheet 75 of 144

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	=1ED
					R-	c
		HAL017054	B. WING		12/2	1/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			GHWAY 158 WE			
CASWELL	. HOUSE		ILLE, NC 2737			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				,		
D 273	Continued From page	; 75	D 273			
		s requiring notifications and				
	follow-up with physicia					
		vill be reported and followed				
	up immediately.	will review communication				
		ensure all issues have been				
	•	for appropriate follow-up.				
	-12/22/17, RN will edu					
	-	ess which will serve as				
	training for staff.					
		ict weekly chart audit to				
	ensure ongoing comp					
		audit process to ensure				
	completion and ongoi	ng compliance.				
	THE CORRECTION I	DATE FOR THE TYPE B				
		IOT EXCEED FEBRUARY				
	4, 2018.					
D 282	10A NCAC 13F .0904	(a)(1) Nutrition and Food	D 282			
	Service					
		Nutrition and Food Service				
		t and Safety in Adult Care				
	Homes: (1) The kitchen, dining	g and food storage areas				
	shall be clean, orderly	•				
	contamination.	, and proteoted from				
	This Rule is not met	as evidenced by:				
		ns and interviews the facility				
		eparation and storage				
	areas, including the fo	ood cart, 1 reach-in cooler, 1				

contamination.

The findings are:

walk-in cooler, 1 walk-in freezer, an ice machine, tea and beverage machines, kitchen walls, the stove/oven, and doors clean and free of

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	535 US HI	DRESS, CITY, STA GHWAY 158 WE ILLE, NC 2737	EST		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 282	Continued From page	2 76	D 282			
	p.m. revealed: -The cart was parked room in the Special Co-The inside bottom, fr food cart all had accurrent crumbs, as well as special Co-The inside between the content of the outle country of the	ont and side ledges of the imulated food, debris and oill marks. Itside of 2 kitchen doors on revealed: a and around the handles on red in brown and gray stains. at the bottom of both doors and streaks. It machine on 12/13/17 at It a buildup of dust and grime. It is a was covered with dust et. It is dried white substance. It is dried white substance. It is dried white substance. It is a machine on 12/13/17 at It is of grime on the entire It is of loose sugar was laying It is a dried beverage dispenser on				

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURV	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	D
			·			
					R-C	
		HAL017054	B. WING		12/21/2	017
NAME OF D	20/4050 00 011001150	OTDEET AS	DDEGG OITY OTA	TE 710 000E		
NAME OF PE	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	II E, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WI	EST		
CASVILLE	. HOUSE	YANCEY	/ILLE, NC 2737	9		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J I	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
D 000	0 " 15		D 000			
D 282	Continued From page	e 77	D 282			
	Observation of the wa	alk-in cooler on 12/13/17 at				
	4:28 p.m. revealed:	an in 666161 611 12/16/17 at				
		be early was sovered in a				
		the cooler was covered in a				
	•	d a white dried substance				
	that was splattered ov	ver the entire lower half of				
	the unit.					
	-The door and handle	were covered with a build				
	up of grime.					
	. •	ere covered with a dark				
	brown build up of grin					
		or was covered in a build up				
		or was covered in a build up				
	of grime.	II. a fama a aa a ddda a				
		II, a fan was covered with a				
	build up of grime and					
	-The left-hand wall wa	as covered in a white dried				
	substance.					
	-The left-hand corner	of the floor had scattered				
	black debris					
	-The right-hand wall v	was covered in a build up of				
	grime.	•				
	•	ring had a build up of a				
	brown substance.	ing had a band up of a				
		rust on the metal shelves.				
		legs of the shelving had a				
	build up of grime.					
		ed piece of brown paper				
	laying on the floor of t	the unit.				
	Observation of the foo	od cart on 12/13/17 at 4:37				
	p.m. revealed:					
	-The outside surface	areas were covered with				
	splatters and grime.		1			
	-The crevices had a b	ouild up of arime.				
		pated in a brown dried				
	-	aca iii a biowii ulicu				
	substance.	accorded in a building of a				
		covered in a build up of a				
	brown substance.					
		or was covered in a build up				
	of grime.					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R-C	
		HAL017054	B. WING		12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		GHWAY 158 WE			
	OLIMAN DV OT		ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	
D 282	Continued From page	e 78	D 282			
D 282	Observation of the way 4:40 p.m. revealed: -There was a build up substance splattered unit. -There was a build up at the back wall. Observation of the back on 12/13/17 at 4:42 p. -There was a large brown the back exit door. -From the middle of the door, there were gray throughout the door. -The bottom of the way back exit door had brown back exit door. -The inside of the total brown back exit door had brown back exit door. -The inside of the total brown back exit door had brown back exit door. -A second blue tote hin the bottom, a dish to individual potato chip. -A clear tote with a will and crumbs of food. -The inside of the clear substance in the bottom back exit door had brown back exit door.	alk-in freezer on 12/13/17 at of dust and a white dried on the outside front of the of of black grime on the floor ack wall by the back exit door and revealed: rown stain in the middle of the door to the bottom of the rand black dry dirt stains all on the right side of the own, dry liquid stains. Y storage area on 12/13/17: ue tote with a lid sitting on the contained individually a loose white substance a crumbled rubber glove pink paper laying in the ad a white substance spilled towel and 3 packs of lays bags. In the lid was covered in dirt ar tote had a loose beige on, a can of spice and an	υ 282			
	•	nd a build up brown stain.				

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4:49 p.m. revealed:

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
					R-C	
		HAL017054	B. WING		12/21	/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		GHWAY 158 WE			
			ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 282	Continued From page	2 79	D 282			
	-The crevices were co	se. ered in a grease and grime. overed in grease, grime and of the stove was covered in				
	4:50 p.m. revealed: -The bottom of the cowhite and brown stair	ach-in cooler on 12/13/17 at oler and the metal shelf had as and trash. ing had multiple areas of				
	shelf on 12/13/17 at 4 -There were approxin serving pans turned u -The outside edge of scattered with dried for	nately 25 various sized ipside down for storage. the pans and shelf were				
	Observation of the pla at 4:52 p.m. revealed covered in a buildup of					
	12/13/17 at 4:53 p.mThere was an area 6 peeling paintThe area above the 6 brown and grey stains -The door facing to th was covered in brown	inches by 3 inches of door handle was covered in s. e right of the door handle				
	on 12/13/17 at 4:54 p					

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					1 _	_
			D WING		R-	_
		HAL017054	B. WING		12/2	1/2017
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZID CODE		
NAME OF F	TOVIDER OR SOLT LIER					
CASWELL	. HOUSE		SHWAY 158 WI			
		YANCEYVI	LLE, NC 2737	9		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
				DEI IOIEIVOT)		
D 282	Continued From page	e 80	D 282			
	Continuou i rom page	, 60				
	grime build up.					
	-The floor behind by t	he dishwasher was covered				
	with a build up of dirt	and loose food particles.				
	•	ne wall to the floor on the				
		sink were multiple streaks of				
	-	unknown substances.				
	iigiit biowii and wiiite	difficient substances.				
	Intorvious with the Adr	ministrator on 12/13/17 at				
		Tillistrator off 12/13/17 at				
	10:55 a.m. revealed:	4 * 0 - 4 - 11 * 1				
		oms, 1 in the Assisted Living				
	and 2 in the SCU.					
	_	y have a dietary manager.				
	-The cook was the pri	imary contact in the kitchen.				
	Interview with a dieta	ry aide on 12/14/17 at 11:18				
	a.m. revealed:					
	-They were responsib	ole for cleaning between				
	meals.	3				
		hes, cleaned the tables and				
	mopped the kitchen, a					
		valk in cooler and freezer				
	• •	vaik iii coolei aliu lieezei				
	once a week.					
	-They swept the stock					
		as mopped every day before				
	they left.					
	-They did not have a					
	-If the ice machine ne	eded cleaning, they called				
	the company that it w	as leased from.				
	-The company that it	was leased from was on site				
	"about" 2 months ago					
	•	outside of the ice machine.				
	-Sometimes the cook					
	machine.	Would oldan the loc				
		washed when the dishes				
		washed when the dishes				
	went through the dish					
		e dish racks separately.				
		s responsible for cleaning				
	the stock room and m	naking sure the room was				
	neat.					

Division of Health Service Regulation

-The stock person was supposed to wipe

STATE FORM 6899 LFLW11 If continuation sheet 81 of 144

STATEMENT OF DEFICIENCES HALDING: HALDITOSA B. WING	Division o	<u>of Health Service Regu</u>	lation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 168 WEST YANCEYVILLE, NC 27379 SUMMARY STATEBENT OF DEPCISACES (PRETX) TAG SUMMARY STATEBENT OF DEPCISACES (EACH DEPCIDENCY MUST BE FRECEDED BY PULL RESULATORY OR LISC IDENTIFYING INFORMATION) D PROVIDERS RLAN OF CORRECTION (EACH CORRECTION ACTION SHOULD) BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 282 Continued From page 81 everything off, make sure the old food was moved forward, throw things away and make sure there was nothing on the floor. She was not aware the gaskets around the doors on the walk-in cooler and frezer needed to be cleaned. She had never cleaned the fan area of the walk-in cooler and fet it was probably the maintenance technician's job to do this. -They used water and sanitizer to wige things down in the kitchen once a week. -The cook was responsible for cleaning the oven and cooking area. She had never seen the oven be deep cleaned. -The stove had always looked like that. Observation of the food cart on 12/14/17 at 11:32 a.m. revealed: -The metal rack on the inside bottom of the cart had a build up of a brown substance. -The back inside of the cart had a build-up of dirt and grime. -The outside of the cart had a build-up of dirt and grime. -The puskeds around the door were covered in a build up of grime. Interview with a kitchen stock person on 12/14/17 at 11:55 a.m. revealed: He swept and mopped every opportunity, "at			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
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-He spot cleaned the walls if he saw something							
that needed it.							
-He was supposed to wipe off the shelves but had			wipe off the shelves but had				

not wiped off the shelves recently.

-He did light dusting and felt they were relatively

STATE FORM 6899 LFLW11 If continuation sheet 82 of 144

_	Division of Fleath Service Negu	ialion		
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
		HAL017054	B. WING	R-C 12/21/2017
	NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STATE, ZIP CODE	
		50F 110 1110	LIVAVAN/ A FO VA/FOT	

CASWELI	_ HOUSE	535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 82	D 282		
	clean. -He was responsible for cleaning the walk-in cooler and freezer. -He swept and mopped the cooler. -He had not swept and mopped today (12/14/because he was still putting away stock. -If he saw stains on the shelves, he would wip them down. -He did not know when he had last wiped the shelves down. -He had not cleaned the gaskets. -He had not noticed there was a build up of gron the doors or gaskets. -He did not know who was supposed to clean doors and gaskets. -He did not know the gaskets were loose. -If anything was broken, he reported it to the Administrator. -He had not reported the loose gaskets to anyone. -They had a clean-up schedule but were very busy and "do the best we can." Interview with a second dietary aide on 12/18/at 10:45 a.m. revealed: -He was responsible for making drinks, putting fruit in bowls and assisting the cook if needed -He mopped the floors after every meal and whe could especially around the dishwasher. -He cleaned the dining room and the tables as swept the floor. -He would sweep the floors in the walk-in coo and stock room 1-2 times per week. -He did not recall what day he had swept last, "one day last week." -They didn't usually clean the ice machine because it was leased and anything that was leased was cleaned by the company. -If something looked like it needed cleaning, "will wipe it down."	rime the /17 g l. when and alers		

Division of Health Service Regulation

STATE FORM 6899 LFLW11 If continuation sheet 83 of 144

Division of	of Health Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
					_	
			B. WING		R-	
		HAL017054	B. WING		12/2	21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		535 US H	IGHWAY 158 W	FST		
CASWELL	. HOUSE		/ILLE, NC 2737			
			VILLE, NC 2737			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
ind		,	170	DEFICIENCY)		
			+			
D 282	Continued From page	e 83	D 282			
	-He thought the ice m	nachine company had been				
		ns ago because it was				
	broken."	3				
		ed any dish storage trays				
		em through the dishwasher				
	with dirty dishes.	ioni anodgii aro dionii dono.				
		nstructed to do any special				
	cleaning on the dish s					
	· ·	ked dirty because they were				
	"just old."	iou unity possessos unety mene				
	-The cook was responsible for cleaning the cook					
	area and stove.	neible for eleaning the econ				
		er wanted them to do a deep				
		rk more hours, and they				
		edule to do extra cleaning 2				
	times per week.	date to ac oxtra clearing 2				
	-	ng they had done was prior				
		er leaving in August 2017.				
		ng if they have time to do it.				
	They do extra cicam	ng it they have time to do it.				
	Interview with a third	dietary aide on 12/19/17 at				
	9:28 a.m. revealed th	•				
		ing the doors going into the				
	kitchen.	g are deere gemig mie are				
	Interview with a cook	on 12/13/17 at 4:09 p.m.				
	revealed:					
	-They did not have a	cleaning schedule				
	-	ere supposed to clean the				
		cart between every meal.				
	oo.io iood dailopoit	. can be meet a constant				
	Interview with the sar	me cook on 12/19/17 at 9:29				
	a.m. revealed:					
	-Housekeeping shoul	ld clean the doors and				
	windows in the dining					
	•	uld wipe down "every now				
	and then."	and importanting of the state o				
		g on the walls in the kitchen,				
	she would wipe it off.					
		n could clean when they				
	A MINORIO III LIIC KILCIIC	ii oodia olean wilen uley	1			1

Division of Health Service Regulation

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Division c	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL017054	B. WING		12/21/2017
		HAE017094			12/21/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		535 US H	IIGHWAY 158 WE	EST	
CASWELL	. HOUSE		VILLE, NC 2737		
2411.15	CLIMMADY CT			PROVIDER'S PLAN OF CORRECTION	N 0.50
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 282	Continued From page	2.84	D 282		
D 202	Continued From page	<i>3</i> 04	D 202		
	didn't have anything e	else to do.			
	-If she saw the dietar	y aides not doing anything,			
		tary aides to get a rag and			
	start wiping.	,			
	. •	ip was responsible for the			
	stock room, including				
	cleaning and throwing				
		ually left things clean and			
	neat.	dany for a migo are an area			
		ere were totes that were dirty			
	in the stock room.	To word total and the early			
		ve in the tote probably just			
	fell into the container				
		have food particles in the			
	bottom.	Have lood particles in the			
	-The totes just neede	d to he cleaned			
	_	that there were shelves in			
	the cooler that neede				
		should have wiped them off.			
	-The fan area should	· · · · · · · · · · · · · · · · · · ·			
	maintenance staff.	be cleaned by the			
		that there was a buildup of			
	dust on the fan cover				
		cover off but not the fan.			
		cleaning schedule and had			
		e dietary manager left. were old and could not be			
	cleaned.	were old and could not be			
	cleaned.				
	Intonvious with the Adv	ministrator on 12/19/17 at			
	9:59 a.m. revealed:	Tillistrator on 12/19/17 at			
		off was responsible for			
		aff was responsible for			
	cleaning the kitchen.				
	T	clean after each meal and			
		ke sure it was clean for the			
	next shift.				
		should be cleaned as			
	needed by the kitcher	n staff.			

-The floors should be cleaned at the end of each

STATE FORM 6899 LFLW11 If continuation sheet 85 of 144

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA		-	
CASWELL	. HOUSE		HWAY 158 WE LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 282	Continued From page		D 282			
	day." -He had noticed the k and had a meeting wi week of November 20 -He had noticed some -He was interviewing Observation of the do kitchen area on 12/19 no cleaning had been Interview with the Mai 12/20/17 at 12:10 p.m -He was responsible to plumbing and minor madjusting temperature -If there were any mai called his supervisor, someone else out to colled He was not aware the the walk-in cooler. -He had not received -He would look at it and it, they would have so -If he walked through something that needed it. -He did not routinely of freezer unless there in -He had gone into the	e improvement. for a dietary manager. ors going into and out of the 1/17 at 10:05 a.m. revealed done. intenance Technician on a revealed: for any needs related to maintenance issues like as in the kitchen. for issues in the kitchen, he and they would send do those repairs. ere was a loose gasket on a work order on the gasket. Indif he couldn't take care of the meone sent in to repair it. Ithe kitchen and saw and to be done, he would do the done, he would do the done a work order. In the walk-in cooler or and been a work order. In the walk-in cooler about 1 the memperature adjustment and				
	Interview with a secon 12:42 p.m. revealed: -The stove/oven could because the pilot light	nd cook on 12/20/17 at d not be properly cleaned t was on 24 hours a day. by cleaning chemicals on it.				

Division of Health Service Regulation

-The only way to clean the stove was to sand

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Division of Health Service Regulation				•		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-C	
		HAL017054	B. WING		12/21/2017	
			1			
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WE	ST		
OAUTILL	.110002	YANCEY	VILLE, NC 27379			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /	
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
TAG	REGULATORT ORT	EGG IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	MAIL SALE	
D 282	Continued From page	e 86	D 282			
	blast it.					
		dietary staff would mop the				
		ig hall and all work areas.				
	-He had not noticed t					
	needed to be cleaned					
	-The doors had been	cleaned last week				
	(12/11/17).					
	-The tea machine was cleaned dailyThe walls could not be cleaned because they were just old and stainedThe coffee machine was run through the					
	dishwasher.					
		ine was wiped off daily.				
		chine was done by the				
	leaser.					
		swept and mopped daily.				
	-	igs were off the floor daily.				
		ed to be wiped off "just				
	about daily."	aloration of the dish storage				
		coloration of the dish storage				
	,	discoloration was from age. ys went through the dish				
	washer every day.	ys went unough the disti				
		ice machine were wiped off				
	once a week.	100 Machine Word Wiped On				
	Observation of the do	oors going into and out of the				
		0/17 at 10:59 a.m. revealed				
	no cleaning had beer	n done.				
	· ·					
D 283	10A NCAC 13F .0904	4(a)(2) Nutrition and Food	D 283			
	Service	(-)()				
	· · · 					
	10A NCAC 13F .0904	1 Nutrition and Food Service				
		nt and Safety in Adult Care				
	Homes:	-				
	(2) All food and bever	rage being procured, stored,				
	prepared or served b	y the facility shall be				

Division of Health Service Regulation

protected from contamination.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		D 0	
	HAL017054 B. WING			R-C 12/21/2017		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELI	_ HOUSE		SHWAY 158 WE			
		YANCEYVI	LLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 283	Continued From page	e 87	D 283			
	failed to assure food to passed out to resident safety guidelines in the in the men's hall dining	ns and interviews, the facility that was unwrapped was to following sanitation and the Special Care Unit (SCU)				
	The findings are:					
	Observation during the lunch meal on the men's hall in the SCU on 12/14/17 at 12:30 p.m. revealed: -There were fifteen residents in dining room. -The meal included a cookie. -A Personal Care Aide (PCA) had passed out a cookie to a resident using her bare hands without wearing gloves, a napkin or using a serving utensil. -She was not observed washing her handsThe surveyor stopped the PCA, before she passed out cookies to other residents. Interview with the same PCA on 12/14/17 at 12:30 p.m. revealed: -She usually passed out cookies to residents using her bare hands without wearing gloves on her hands, using a napkin or serving utensilsSometimes she used a napkin to pass out					
	was no serving utens -She forgot to put on serving cookies to the -She had training in s could not remember v Interview with a secon p.m. revealed if staff p	gloves before she started e residents. anitation and safety, but she when she had the training. and PCA on 12/14/17 at 12:52 passed out food, such as and it was not wrapped, she				

Division of Health Service Regulation

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DIVISION	n nealth Service Regu	ialion			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D WING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
		535 IIS HI	GHWAY 158 WI	- - QT	
CASWELL HOUSE		ILLE, NC 2737			
			TEEE, NO 2757		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(-)
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
1710		,	1,7,6	DEFICIENCY)	
			D 000		
D 283	Continued From page	e 88	D 283		
	Interview with a Medi	cation Aide/PCA on 12/14/17			
	at 1:02 p.m. revealed	:			
	•	ncluded a cookie for lunch			
		nds, put on gloves or just			
		e to the resident using their			
	bare hands.				
	-She had been doing	that within the past month.			
		ass out cookies using her			
	bare hands.	acc cat coomes domig no.			
	-"You follow what you	see "			
	-She just observed ot				
	-	ing gloves, using a napkin or			
	using serving utensils				
		al on 12/14/17, she washed			
	_	d out cookies to residents.			
		es, use a serving utensil or			
	-	res, use a serving uterish of			
	a napkin.				
	Observations of the d	linner meal on the men's hall			
		17 at 5:30 p.m. revealed:			
		ere in the dining room on the			
	men's hall.	are in the diffing room on the			
		al to the residents following			
	sanitation and safety	•			
	Samuation and Saicty	guidelines.			
	Confidential interview	with a staff revealed:			
	-The staff monitored a				
	-Staff were supposed	•			
		th as cookies, to residents if			
	-	rins or serving utensils.			
		sed to pass out food using			
	their bare hands.	soca to pass out look using			
		are staff was passing out			
	food with their bare ha				
	-If they were aware, s				
	re-educated and corre				
		ected. on 12/19/17 at 9:29 a.m.			
		UII 12/13/1/ at 3.23 a.III.			
	revealed:		1		

Division of Health Service Regulation

-Staff should never touch open food with their

STATE FORM 6899 LFLW11 If continuation sheet 89 of 144

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BOILDING		R-	_
		HAL017054	B. WING		1	1/2017
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		GHWAY 158 WE			
			ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 283	Continued From page 89		D 283			
D 200	napkin and pick it upThe dietary aides alv -They sent tongs with use when serving ope Interview with a secon p.m. revealed that he gloves to touch any o Interview with the Adr 9:59 a.m. revealed he wash their hands and out open food.	ways used gloves or tongs. packs of food for staff to ened food. and cook on 12/20/17 at 1:24 expected all staff to use pened foods. ministrator on 12/19/17 at e expected staff to always wear gloves when passing	D 000			
D 299	out open food. 299 10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 8 ounces (oz) of milk was served to the residents on the men's hall in the Special Care Unit (SCU) twice daily.		D 299			

Division of Health Service Regulation

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DIVISION	n Health Service Regu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					R-	·C
		HAL017054	B. WING		12/2	1/2017
					,	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
CACIMELI	HOUSE	535 US HI	GHWAY 158 WI	EST		
CASWELL	. nouse	YANCEYV	LLE, NC 2737	9		
240.15	CLIMMADY CT	ATEMENT OF DEFICIENCIES	T	DDOVIDEDIS DI AN OF CORDECTIO		0.5
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
D 299	Continued From page	90	D 299			
	D : (4 IIT)					
		day December 14, 2017"				
	dinner menu included	1 cup (cp) of milk to be				
	served to the resident	ts.				
	Observations of the d	inner meal on the men's hall				
	in the SCU on 12/14/	17 at 5:30 p.m. revealed:				
		ere in the dining room on the				
	men's hall.					
		ed 6 oz of water and another				
		ed 6 02 of water and another				
beverage.						
	-None of the residents was served milk.					
		lication Aide on 12/14/17 at				
	1:02 p.m. revealed:					
	-Dietary sent small cu	ips and regular cups during				
	the meals to be serve	ed to the residents.				
	-She did not know the	e size of the cups.				
		. c. <u></u> cc capc.				
	Interview with a Perco	onal Care Aide (PCA) on				
	12/14/17 at 5:50 p.m.					
	•					
		esidents at breakfast and at				
	lunch.					
		ed the milk, staff gave the				
	residents milk.					
	-If the resident did not	t want the milk, staff did not				
	give the resident milk					
	-Milk was offered to the	ne residents during the				
	dinner meal on 12/14					
	residents wanted the					
	rooldonto wantod tho					
	Daview of "Eriday Dav	cember 15, 2017" lunch				
	-	clude milk to be served to				
		ciude milk to be served to				
	the residents.					
		nch meal on the men's hall				
	in the SCU on 12/15/	17 at 12:30 p.m. revealed:				
		vere in the dining room.				
		ilk to certain residents.				
		ents were served 6 oz milk.				
			1	i .		1

Division of Health Service Regulation

-Eight of fourteen residents was served 1 cup

STATE FORM 6899 LFLW11 If continuation sheet 91 of 144

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					R-	C
		HAL017054	B. WING		1	1/2017
					1 12/2	11/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WI	EST		
0,1011222		YANCEY	VILLE, NC 2737	9		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG	1,2002 11 01 11 01 11	,	IAG	DEFICIENCY)		
			-			
D 299	Continued From page	91	D 299			
	(cp) of coffee.					
	,	s received one cp of water				
	and another beverage	e.				
		nd PCA on 12/15/17 at 12:48				
	p.m. revealed:					
		SCU were offered milk three				
	times daily.					
		I to the residents who had				
	coffee only.	d for milk, staff gave it to				
	them.	d for fillik, stall gave it to				
		nat by another staff member,				
	since August 2017.	iat by another stan moniber,				
	Confidential interview	with a staff member				
	revealed:					
		onitored a meals daily.				
		z milk to the residents during				
	the meals.					
		4 oz milk with meals, since				
		been working at the facility.				
	requested a refill on t	as not sure if the residents				
	requested a reilli on t	He Hill.				
	Interview with a cook	on 12/19/17 at 9:29 a.m.				
	revealed:					
	-Water, milk and juice	e are required to be served				
	at breakfast.					
		ffee and tea in the mornings.				
	• •	o be offered at every meal				
	"but some don't want					
	· · · · · · · · · · · · · · · · · · ·	uld provide milk at every			ĺ	
	meal.				ĺ	
	Interview with a secon	nd cook on 12/20/17 at 1:24				
	n m revealed.	113 000K 011 12/20/17 at 1.24				

Division of Health Service Regulation

water and a juice.

-At breakfast, the residents were provided milk,

STATE FORM 6899 LFLW11 If continuation sheet 92 of 144

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEVVILLE, NC 27379 [(X4) ID PREPIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 299 Continued From page 92 -Milk was provided in 8 oz cupsAt lunch and dinner, the residents were provided tea, water and milkSome residents requested sodas and they would get those tooIn the SCU, the residents were given pre-poured 8 oz glasses of milk with each mealAt one time, they did not have enough 8 oz cups and had used smaller cupsIt had been a while since they had to do thatHe had been using 8 oz cups for milk for "some time." -He had been off for a week and today (12/20/17) was his first day back and was not aware the staff had been using 4 oz cups for milk. Interview with the Administrator on 12/19/17 at	STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379 (X4.) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 299 Continued From page 92 -Milk was provided in 8 oz cupsAt lunch and dinner, the residents were provided tea, water and milkSome residents requested sodas and they would get those tooIn the SCU, the residents were given pre-poured 8 oz glasses of milk with each mealAt one time, they did not have enough 8 oz cups and had used smaller cupsIt had been a while since they had to do thatHe had been using 8 oz cups for milk for "some time." -He had been off for a week and today (12/20/17) was his first day back and was not aware the staff had been using 4 oz cups for milk. Interview with the Administrator on 12/19/17 at	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
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CASWELL HOUSE SUMMARY STATEMENT OF DEFICIENCIES TANCEYVILLE, NC 27379			TIAE017034			1 12/2	1/2017
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had been using 4 oz cups for milk. Interview with the Administrator on 12/19/17 at							
Interview with the Administrator on 12/19/17 at		was his first day back	and was not aware the staff				
		had been using 4 oz	cups for milk.				
0.50		Interview with the Adr	ministrator on 12/19/17 at				
9:59 a.m. revealed:		9:59 a.m. revealed:					
-Milk should be offered at all 3 meals.		-Milk should be offere	ed at all 3 meals.				
-It had been brought to his attention that they		-It had been brought t	to his attention that they				
were using the 4 oz cp instead of an 8 oz cp.							
-The staff had been made aware that they were		•	•				
supposed to be using 8 oz cups from now on.			<u> </u>				
Supposed to be doing a of superiori flow on.		cappood to be using	, o oz oupo nom now on.				
D 338 10A NCAC 13F .0909 Resident Rights D 338	D 338	10A NCAC 13F .0909	Resident Rights	D 338			
			•				
10A NCAC 13F .0909 Resident Rights		10A NCAC 13F .0909	Resident Rights				
An adult care home shall assure that the rights of		An adult care home s	hall assure that the rights of				
all residents guaranteed under G.S. 131D-21,							
Declaration of Residents' Rights, are maintained							
and may be exercised without hindrance.							
		2, 20 0					
This Rule is not met as evidenced by:		This Rule is not met	as evidenced by:				
TYPE A1 VIOLATION			-				
		L/ti viol/tiloit	•				

Division of Health Service Regulation

Based on observations, interviews and record

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	,	
			GHWAY 158 WE			
CASWELL HOUSE			ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 338	Continued From page 93		D 338			
	reviews, the facility fat (#1, #6, #10, #14, #15 resided on the Special protected from assual known to have aggreresidents on the SCU assualt by Resident # have aggressive behave aggressive behave aggressive of Resident 3/29/17 revealed diagonal pementia, Essential I	ailed to assure 8 residents 5, #16, #17 and #18) who al Care Unit (SCU) were It by Resident #9 who was ssive behaviors; and I were protected from #1 who was also known to				
	Review of Resident #9's current care plan dated 3/10/17 revealed: -Resident #9 wandered, had verbally and physically abusive behaviors and was resistant to careResident #9 was receiving services and medications for behaviors/mental illness. Confidential interview with a staff revealed: -Resident #9 had a pattern of hitting residentsResident #9 was sent to the hospital after hitting two residents and had some medication changes before the incident with Resident #10 (November 2017). A week after returning from the hospital, Resident #9 slapped another residentResident #9 had pushed Resident #10 down to the floor in the day room and caused Resident #10 to have a broken hip about a month ago (November 2017).					
	reviews, Resident #9	ns, interviews and record was not available for italization since 12/4/17.				

Division of Health Service Regulation

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DIVISION	n nealth Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		HAL017054	B. WING		
		HAL017034			12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		535 US H	GHWAY 158 W	EST	
CASWELL	. HOUSE	YANCEY	/ILLE, NC 2737	9	
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				DEFICIENCY)	
D 338	Continued From page	204	D 338		
D 330	Continued From page	5 94	5 556		
	Telephone interview v	with Resident #9's Guardian			
	on 12/20/17 at 5:23pr	m revealed:			
	-Resident #9 did not h	hear so well and			
	misunderstood what p	people were saying to her.			
	-It was hard for Resid	lent #9 to not be in her own			
	home.				
	-When Resident #9 was at home, she would spend her time moving clothes from one room to				
	another.				
	-Resident #9 seemed	I to have gotten worse with			
	her behaviors over the last three or four months				
		en calling the Guardian			
	more often.				
		rst got to the facility, she			
	was in a room by hers				
	_	an altercation with another			
	_	they moved her with another			
	resident.				
	•	e confused because she			
	was moved from one	room to another.			
		with a Medication Aide (MA)			
	on 12/20/17 at 4:09ar				
	-Resident #9 was usu				
	•	s for Resident #9 came from			
	her having a roomma				
		ent #14 and a third resident			
		9's roommates and had			
	been hit by Resident				
		Resident #9 and distract her			
	with snacks.				
	Intoniow with a Daras	onal Caro Aido (BCA) on			
		onal Care Aide (PCA) on			
	12/19/17 at 2:35pm re	evealed. ed to Resident #9's old room			
		dent #9 saw the resident			
	come out of the room				
		take the sweater from the			
	-1769106111 #3 [1160 [0]	ומתכ נווכ שעכמנכו ווטווו נווכ	1		

Division of Health Service Regulation

other resident.

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DIVISION	n rieditii Service Regu					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
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CASWELL	. HOUSE	YANCEY	ILLE, NC 2737	9		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
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				DEFICIENCY)		
D 338	Continued From page	e 95	D 338			
	. •					
	-	the confrontation between				
		other resident, but Resident				
		ind the PCA and slapped the				
	other resident.	aive hebaviers to the				
	-She reported aggres					
	to the PCP.	, the MA/Manager reported				
		ne resident's medications				
	and "that was it."	ic resident s medications				
	and that was it.					
	Telephone interview v	with a second PCA on				
	12/20/17 at 4:35pm re					
	-Resident #9 "was alv	ways having altercations with				
	other residentsshe	was real possessive over				
	her stuff and her space	ce, she could not stand to				
	have a roommate."					
	-Resident #9 was ver	y sweet when she was first				
	admitted to the facility	y (12/16/15) and did not				
	•	until she got a roommate.				
		ut thought Resident #9's 1st				
	roommate was aroun	d the beginning of 2017.				
		nd MA on 12/19/17 at				
	11:33am revealed:	abt anyone for any manage				
		ght anyone, for any reason				
	facility (12/16/15).	ay since her admission to the				
		ee it coming," because				
		ust hall off and hit somebody				
	walking by."	det riair on and the somebody				
	• .	rticularly violent" when				
	another resident wen					
		ed into other resident rooms				
	and took their clothes					
		ifficult time getting other				
	resident's clothes bac					
	-Staff tried to keep Re	esident #9 calm by seeing				
	•	and involve her in activities				
	or give her snacks.					
		acks "did not do any good"				

Division of Health Service Regulation

STATE FORM 6899 LFLW11 If continuation sheet 96 of 144

DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			_		_	
			B. WING		R-	
		HAL017054	B. WING		12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	RESS, CITY, STA	TE ZIP CODE		
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CASWELL	. HOUSE		SHWAY 158 WE			
		YANCEYV	LLE, NC 2737	9		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
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TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	MAIE	DATE
				32.18.2.18.1		
D 338	Continued From page	96	D 338			
	. •					
	for Resident #9.					
	-Resident #9 was IVC	Cd on 12/4/17 because staff				
	could not get the resid	dent to stop fighting.				
	-The younger staff we	ere afraid of Resident #9.				
	Interview with a third	MA on 12/19/17 at 2:20pm				
	revealed:	·				
	-Resident #9 was "ve	ry combative with residents"				
	and her behavior was	-				
		pecially aggressive about her				
	room or what she tho					
		ndered into other resident				
		nat it was her room, she				
	• •	ents" who went into their				
	own room.					
	T. I	''' D ' ' ' ''O DOD				
		with Resident #9's PCP on				
		nd 12/20/17 at 2:22pm				
	revealed:					
		itorial and highly provoked				
	whenever another res	sident wandered into her				
	space.					
	-He was not aware of	the details of the altercation				
	on 12/4/17, but staff of	did notify him.				
	-The incidents involving	ng Resident #9 would				
	probably have been n	nore frequent if staff had not				
	been trying, but the in	ncidents were hard to				
	prevent with the limite	ed number of staff compared				
	to the number of resid	·				
		a short term behavioral				
		ronment and once stabilized				
		Special Care Unit (SCU).				
	Jaia Do Jilay ioi lilo	openial care critic (coo).				
	Interview with the MC	CM on 12/20/17 at 2:49pm				
	and 12/21/17 at 2:13p	·				
		ior had been more harmful				
		last one and a half to two				
	months.		1			

Division of Health Service Regulation

-Resident #9 had a concern for other residents

getting into her personal space.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL017054	B. WING			R-C 2 /21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
		535 US HI	GHWAY 158 WES	Т		
CASWELI	_ HOUSE	YANCEY	/ILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 338	and other residents be to wander and Reside in the common areas. She had communica aggressive behavior to Staff implemented reper to keep resident space. Interview with the Adra 2:13pm revealed: Resident #9 had had approximately one yet more frequently, but rexcept the incident rea fractured pelvis. In addition to communals ocommunicated were medication charmals of a PCP visit Resident #9 revealed Staff reported Resident #9 revealed Resident #9 reported and agitated when other space. As long as staff could Resident #9's room, so Resident #9 reported get a big stick and hit other residents came Staff had been "educ redirect wanderers frow the resident seemed to Review of electronic of Accident/Injury reported.	cons between Resident #9 ecause residents were free ent #9 was free to come out ted Resident #9's to the PCP. ecommendations from the s out of Resident #9's ministrator on 12/21/17 at I aggressive behaviors for ear which had been occurring not with more severity sulting in a resident having unicating with the PCP, staff with the family and there enges. I note dated 9/21/17 for : ent #9 remained territorial her residents wandered into d keep other residents out of she was fine. I on exam she was going to them; she did not like when into her room. eated multiple times" to om Resident #9's room; and cent altercations in over a to be working. Charting Notes and s dated 6/1/17 through	D 338			
	12/18/17 revealed the incidents where Residents	ere were a total of 13 dent #9 had hit, pushed or				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL017054	B. WING		R-C 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CASWELI	HOUSE	535 US HIC	SHWAY 158 WE	≣ST	
		YANCEYVI	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 98	D 338		
	had an "altercation" v residents.	vith at least eight different			
	A. Review of Resider 3/29/17 revealed:	nt #10's current FL-2 dated			
	-Diagnoses included Alzheimer's dementia, left artificial hip joint, feeding difficulty and essential primary hypertensionResident #10 was ambulatoryResident #10 was constantly disoriented. Review of Resident #10's care plan dated 06/09/17 revealed: -Resident #10 had significant memory lossResident #10 was ambulatory and wandered.				
	-Resident #10 require and dressing. -Resident #10 was at	ed assistance with bathing ble to feed herself but and redirecting due to her			
	#10 dated 11/27/17 re -The staff completing				
	at 2:47 p.mThe Administrator sig- -The MA documented observed in a sitting p	gned the report on 11/28/17. If that Resident #10 was position on the floor.			
	Resident #10 compla Care Provider (PCP)	I in additional notes that ined of pain and the Primary ordered an x-ray of the right wed Resident #10 had a hip			
	fracture and therefore local hospital.	e was transported by EMS to			
	the mobile x-ray imag documented a mildly	t10's x-ray results revealed ging dated 11/27/17 impacted fracture of the as suspected and further			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLI	
						0
		HAL017054	B. WING		R-	1/2017
		HAL017034			1 12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CASWELI	HOUSE	535 US H	IGHWAY 158 WI	EST		
OAOTTEE	110002	YANCEY	/ILLE, NC 2737	9		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	99	D 338			
	evaluation was recom	nmended for confirmation.				
	Review of a hospital of Resident #10 dated 1 -Resident #10 had a c -There was a hand-wipapers by the PCP the different local hospital. Telephone interview with Attorney (POA) on 12 revealed: -She found out later a and was told by staff s -She was notified of the Resident #10 was ser returned to the facilityShe was surprised to at the local hospital to Resident #10 to have she was upset about hospital by herself and have been there with -Resident #10 broke with the was at secondary to having a linterview with the Me on 12/19/17 at 2:30 p -Resident #9 had an a Resident #10, resultir -She was in her office occurred on 11/27/17 -She was told Resident.	discharge record for 1/27/17 revealed: contusion of the right hip. ritten note on the discharge at a 2nd opinion at a I revealed a fracture. with Resident #10's Power of 2/18/17 at 2:09 p.m. About the 10/03/17 incident that they left her a message. The incident on 11/27/17, that not to a local hospital, and a give permission for surgery. The Resident #10 being at the dinal had she known she would her. The hip after being pushed a local rehabilitation center a hip replacement. The mory Care Manager (MCM) The mory Care Manager (MCM)				
	across the floor of the -They did not call 911 Resident #10 did not	at the time because				

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STATE FORM 6899 LFLW11 If continuation sheet 100 of 144

Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURV	/EY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	D
		1101 047054	B. WING		R-C	.047
		HAL017054			12/21/20	1017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		535 US H	IGHWAY 158 WE	ST		
CASWELL HOUSE YANCEY			/ILLE, NC 2737	9		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		DATE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	NAIE	DAIL
				•		
D 338	Continued From page	e 100	D 338			
	-Resident #10 was la	ter observed having difficulty				
	walking.	ter observed having difficulty				
	•	who directed them to have				
	•	me to the facility to do an				
	x-ray.	no to the identity to do diff				
	•	npany noted a possible				
	-	ended further evaluation.				
		ent to a local hospital and				
	returned to the facility	•				
	contusion.	•				
	-The PCP wanted a s	econd opinion and Resident				
	#10 was sent to anoth	ner local hospital who				
	determined it was frac	ctured and scheduled				
	Resident #10 for surg	ery.				
	Tolophono intonvious	vith Resident #10's PCP on				
	12/19/17 at 3:25 p.m.					
	-Resident #10 had a l					
		or land. I's falls were related to				
	altercations with othe					
		10 had been pushed down.				
		en an aggressor in the past;				
	however he had been					
		safe with changes in her				
	medication.	<u>-</u>				
	-He felt Resident #10	had become a target of				
	others.					
		n 12/19/17 at 10:25 a.m.				
	revealed:					
		h another resident when				
	Resident #10 was pu					
		y the incident happened.				
		esident #10 and Resident #9				
	having any other alter					
		given any information to				
	keep Resident #10 se	eparated from Resident #9.				

revealed:

Interview with a PCA on 12/19/17 at 10:33 a.m.

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Division (of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			1		_	
			D WING		R-	
		HAL017054	B. WING		12/2	21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
CASWELL	_ HOUSE		GHWAY 158 WI			
		YANCEYV	ILLE, NC 2737	9		1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
TAG	INEGGEATORY OR I	EGC IDENTIF TING IN ORMATION)	TAG	DEFICIENCY)	MAIL	5,112
			+			1
D 338	Continued From page	e 101	D 338			
	She had beard the c	ommotion on 11/27/17 when				
	Resident #10 had fall					
		the hall, Resident #10 had				
	been moved into the					
		r Resident #9 had pushed				
	Resident #10 so hard					
		esident #10 "mess" with				
	anyone.					
		of any other incidents with				
	Resident #10.					
	Talambana intansiawy	with a second NAA on				
	Telephone interview v					
		revealed Resident #10 had				
		commate and had been hit				
	by Resident #9.					
	Intorvious with a third	MA on 12/20/17 at 5:49 p.m.				
	revealed:	MA 011 12/20/17 at 5.49 p.m.				
		han ha was working to kaon				
	Resident #10 away fr	then he was working to keep				
	_					
	-He tried to prevent in	,				
		e aggressive away from				
	_	escalate and redirecting				
	residents.	a who sould be beetile				
		s who could be hostile.				
	-"You must know you					
	information onto othe					
		tion goes a long way."				
		ts didn't get along and he				
	_	e would separate them and				
	redirect.					
		ini-tu-tu 40/04/47 -t				
		ministrator on 12/21/17 at				
	2:05 p.m. revealed:	7/47 involved Desident #0				
		7/17 involved Resident #9				
	and Resident #10.					
		sident #9's behaviors.				
	-Resident #9 had beh					
	approximately 1 year.					
	-The incidents had be	ecome more frequent in the				

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SI COMPLE	
			A. BOILDING		R-0	_
		HAL017054	B. WING		1	1/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US HI	GHWAY 158 WE	EST		
OAGWEEL		YANCEYV	/ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	e 102	D 338			
	last 1 1/2 to 2 months -Resident #9 had bee (IVCd) due to her ber -When a resident ass reach out to the PCP, recommendation. Interview with the MC revealed: -Resident #9's actions recently, where she a residentsOnly 1 incident had r was with Resident #1 -They had implement recommendations for keeping people out of Based on observation reviews, Resident #10 interview. B. Review of Resident 3/29/17 revealed diag Dementia, Hypercholo Obstructive Pulmonar Telephone interview w on 12/20/17 at 4:09ar had been Resident #8 by Resident #9. Review of Charting N 10/18/17 at 4:50am re	en involuntarily committed naviors. aulted someone, they would family and follow PCP EM on 12/21/17 at 2:14 p.m. Is had been more severe actually harmed other resulted in an injury and that 0. ed the PCP's Resident #9, such as f her space. Ins, interviews and record 0 was not available for at #14's current FL-2 dated gnoses included Alzheimer's				
		4/17 through 12/21/17, treports available for review				

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for Resident #14.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND LEAN	. Controll	SENTI TO MICH NOWIDER.	A. BUILDING: _			
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		SHWAY 158 WE			
			LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	TE
D 338	Continued From page	2 103	D 338			
	10/18/17 at 4:47am for documented Resident around 2:00am "becard mad because the resident 10/18/17 at 2:00am for documented Resident resident. There were linterview with the Adr 2:05pm revealed Resident #9 revealed -Resident #9 revealed -Resident #9 attacked resident was transferrestaff were expected avoid placing resident	or Resident #9 revealed staff t #9 was hitting another no injuries. ministrator on 12/21/17 at ident #9 hit Resident #14 on the note dated 10/19/17 for the dianother resident after that red into Resident #9's room. to redirect the resident and the in Resident #9's room.				
	10/30/17 at 12:12pm staff documented Res altercation with anoth	nic Charting Note dated for Resident #9 revealed sident #9 "was involved in an er resident, hitting her (the face with a shoe three				
	staff documented Res	for Resident #9 revealed				
	Resident #9 revealed -Resident #9 had bee					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU	
			A. BUILDING: _		R-(_
		HAL017054	B. WING		12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WE	EST		
CASWELL	- HOUSE	YANCEY	/ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	e 104	D 338			
	of Resident #9's room Interview with the Adr	to keep other residents out n to avoid altercations. ministrator on 12/21/17 at ident #9 hit Resident #14 on				
	6/20/17 revealed diag	nt #16's current FL-2 dated gnoses included Dementia rbance, Bradycardia, perlipidemia and Essential				
	7/22/17 revealed on 7	otes for Resident #16 dated 7/22/17 at 6:27pm, staff dent was struck twice in the ent.				
	that documented Res by another resident. -There was a note to there were no additio review. -There was no docum	d: lated 11/11/17 at 6:55am lident #16 was hit in the face "see additional notes," but nal notes available for nentation of any injuries. t Resident #16 was sent out				
	11/11/17 revealed: -On 11/11/17 at 1:59p Resident #16 returne orders or medications -There was no note d	d from the ER with no new				

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STATEMEN	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
]		R-C
		HAL017054	B. WING		12/21/2017
			1		1 12/2 1/201/
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		
CASWELI	_ HOUSE		SHWAY 158 WE		
(011111		YANCEYVI	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 105	D 338		
D 338	Review of an electror 11/11/17 at 9:17am re Resident #9 hit two re call provider was notisend Resident #9 to to the Telephone interview with (PCA) on 12/20/17 at She was working the Resident #9 hit Resident #9 hit Resident in the face. She did not see the information -Another PCA reporter resident (#16) who with the two the	nic Charting Note dated evealed staff documented esidents in the face, the on fied and instructed staff to the ER for evaluation. with a Personal Care Aide 4:35pm revealed: emorning of 11/11/17 when lent #16 and a second incident. ed that Resident #9 hit a las just walking by. In the the thick of the	D 338		
	Interview with the Administrator on 12/21/17 at 2:05pm revealed Resident #6 was the resident hit by Resident #9 on 6/6/17.				
		on 12/18/17 at 12:39pm with the incident on 6/6/17			

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involving Resident #9 and Resident #6 was

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or dorace from	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELI	. HOUSE		SHWAY 158 WI			
			LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 338	Continued From page	e 106	D 338			
	unsuccessful.					
	9/15/17 at 8:02pm for	nic Charting Note dated Resident #9 revealed staff t #9 was involved in an er resident.				
	did not document any	Resident #9 revealed staff details or description of an nted there were no injuries				
		ministrator on 12/21/17 at ident #6 was involved in the lent #9 on 9/15/17.				
	11/21/17 revealed: -Diagnoses included of behavioral disturbance syncope, coronary and II diabetes, hypertens and hyperlipidemia.	of Alzheimer's dementia with the history of depression, tery disease, controlled type sion, chronic kidney disease, poriented, wandered and was				
	11/10/17 at 7:01pm for documented Residen	nic Charting Note dated or Resident #9 revealed staff t #9 was standing over was laying in her room on				
	documented Residen	or Resident #9 revealed staff t #9 was standing over top at was in her room and				
	Interview with the Adr	ministrator on 12/21/17 at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL017054	B. WING		R-C 12/21/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
CASWELL HOUSE 535 US HIGHWAY 158 WEST					
CASWELL HOUSE YANCEYVILLE, NC 27379					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 338	Continued From page 107		D 338		
	2:05pm revealed Resident #1 was the resident on the floor in Resident #9's room on 11/10/17.				
	11/10/17 at 7:01pm fo 11/10/17 at 6:59pm (I Resident #1 was four	nic Charting Note dated or Resident #1 revealed on ate entry) staff documented nd on the floor in another that resident (9) standing			
	Attempted interviews on 12/14/17 at 6:25pm and 12/15/17 at 1:56pm with the staff who discovered the incident on 11/10/17 involving Resident #9 and Resident #1 were unsuccessful.				
	F. Review of an electronic Charting Note dated 7/11/17 at 10:30pm for Resident #9 revealed staff documented Resident #9 hit a resident that walked into her room.				
	· · · · · · · · · · · · · · · · · · ·	nt/Injury Report dated Resident #9 revealed staff It #9 was standing in her			
		ministrator on 12/21/17 at sident #17 was the resident 7/11/17.			
	I	with staff who completed the port dated 7/11/17 for 3/17 at 12:40pm was			
	note dated 7/13/17 fo Resident #9 struck ar	Care Provider (PCP) visit or Resident #9 revealed nother resident in the face ered Resident #9's room, I injuries to the other			

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resident.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			
HAL017054		B. WING			R-C 2/21/2017	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	1 12	
CASWELI	HOUSE	535 US F	HIGHWAY 158 WES	т		
CASWELI	_ HOUSE	YANCEY	VILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 108	D 338			
	8/15/17 at 6:40pm for	nic Charting Note dated Resident #9 revealed staff t #9 was observed hitting				
		Resident #9 revealed staff t #9 was observed hitting				
		ninistrator on 12/21/17 at ident #17 was the resident 8/15/17.				
	Resident #9 revealed -Resident #9 was involuted another resident from intrusion into Resider	olved in an altercation with what appeared to be an at #9's personal space. currence in five weeks				
	11/4/17 at 6:05pm for	dent/Injury Report dated Resident #9 revealed staff t #9 hit another resident in ere no injuries.				
		Charting Notes for Resident s no entry for the 11/4/17				
		ninistrator on 12/21/17 at ident #9 hit Resident #15 on				
	11/11/17 at 9:17am fo	nic Charting Note dated or Resident #9 revealed staff t #9 hit two residents in the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CASWELI	. HOUSE		HWAY 158 WE		
			LLE, NC 27379		T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 109	D 338		
	face, the on call provi instructed staff to sen emergency room (ER Review of an Acciden	der was notified and d Resident #9 to the) for evaluation.			
	11/11/17 at 6:30am for documented Resident another resident, the	or Resident #9 revealed staff t #9 was observed hitting on call provider at the PCP's d Resident #9 was sent to			
	Review of an Accident/Injury Report dated 11/11/17 at 6:30am for Resident #15 revealed staff documented Resident #15 "was involved in an altercation with another resident," there were no injuries, Resident #15 was sent to the ER and returned to the facility with no new orders.				
	(PCA) on 12/20/17 at -She was working the Resident #9 hit two re-She did not see the i	morning of 11/11/17 when esidents in the face. ncident. dt that Resident #9 had hit a			
	12/4/17 at 10:43pm re Resident #9 was Invo	ronic Charting Note dated evealed staff documented luntarily Committed (IVCd) ation with another resident."			
	12/19/17 at 2:35pm re-Resident #18 was m room on 12/4/17, and #18 come out of the r-Resident #9 tried to the Resident #18She tried to break up	oved to Resident #9's old Resident #9 saw Resident			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		COMIT LETED
		HAL017054	B. WING		R-C 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	-
CASWELL	_ HOUSE		GHWAY 158 WE		
	OLIMAN DV OT		, T		N .
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 110	D 338		
	Resident #18She reported the inci	nd the PCA and slapped the ident to the Medication Aide I seen the MA fill out an			
	jacket; Resident #18 v and Resident #9 slap -He had notified the N report for the 12/4/17 put the incident report	t #9 took Resident #18's went to take the jacket back ped the other resident. MCM, completed an incident incident for both residents, t under the Administrator's incident to the next shift			
	Reports for Resident	otes and Accident/Incident #9 revealed there was no dents involving Resident #9 12/4/17.			
	Special Care Unit from was well known by standard physician to become others wandered into residents being hit or resident sustaining a	protect residents on the m another resident (#9) who aff and documented by the increasingly agitated when her space, resulted in eight pushed, includeing on pelvic fracture. The facility's Type A1 Violation for serious			
	facility on 12/18/17 re -Care Manager (CM) Supervisor-In-Charge community processWhen a behavior occ				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C
		HAL017054	B. WING		12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CASWELL	. HOUSE		HWAY 158 WE		
			LLE, NC 27379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 111	D 338		
	responsible parties, ir -CM or SIC will assign based on residents' in -When behavior is ide involvement, both residents' in the atening resident the from harm. -Care plan meeting we to address any resident and already followed. -RN will educate staff and understanding apimplement starting 12 -Mood/behavior moniform was implemente interaction. -In-service with RN for 12/22/17 for managinal and interaction. -ED and CM will monweekly through chart	n duties as appropriate eeds. entified, that require EMS idents will be separated. additional supervision of the o protect other residents will be scheduled as needed ent behavior. al will be obtained by PCP if on recognizing behaviors opropriate interactions to			
D 453	10A NCAC 13F .1212 and Incidents	2(d) Reporting of Accidents	D 453		
	Incidents (d) The facility shall i department of social s G.S. 108A-102 and the	Reporting of Accidents and mmediately notify the county services in accordance with the local law enforcement by law of any mental or ect or exploitation of a			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL017054	B. WING		R-C 12/21/20	17
NAME OF D			DDECC CITY CTA	TE 7/D 00DE	12/21/20	•
NAIVIE OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA GHWAY 158 WE			
CASWELL	_ HOUSE		ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CO	(X5) MPLETE DATE
D 453	Continued From page	e 112	D 453			
	resident.					
	facility failed to assure Social Services was rephysical and sexual a residents (#1, #2, #9) 1. a. Review of Resid 3/29/17 revealed diagonate Dementia, Essential Ecataracts, Gastro-est and Arthritis. Review of electronic (#9 revealed on 12/4/1/documented Residen)	and record reviews, the e the county Department of notified of five incidents of assault of 4 of 15 sampled and #10). The findings are: lent #9's current FL-2 dated gnoses included Alzheimer's Hypertension, Bilateral ophageal Reflux Disease Charting Notes for Resident 17 at 10:43pm, staff				
	Review of Accident/Ir was no incident report	njury Reports revealed there t dated 12/4/17.				
	Interview with a Person 12/19/17 at 2:35pm reconstruction 12/4/17, and Resident was moved on 12/4/17, and Resident #9 tried to so other resident. -She tried to break up Resident #9 and the of #9 reached from behing other resident. -She had to accompand	onal Care Aide (PCA) on evealed: ed to Resident #9's old room dent #9 saw the resident with a sweater. take the sweater from the other resident, but Resident and the PCA and slapped the entry Resident #9 to the				
		g the transport, Resident #9				

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-She reported the incident to the Medication Aide

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DIVISION (of Health Service Regu	lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						<u></u>
		HAL017054	B. WING		R-	21/2017
		HAL017054			1 1212	.1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
		535 US H	IGHWAY 158 WE	EST		
CASWELL	_ HOUSE	YANCEY	/ILLE, NC 2737	9		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
D 453	Continued From page	a 113	D 453			
D 400	Continued From page	; 113	D 400			
	(MA) on duty and had	d seen the MA fill out an				
	incident report.					
	Interview with a secon	nd MA on 12/20/17 at				
	5:49pm revealed:					
ļ	-On 12/4/17, Residen	nt #9 took another resident's				
	jacket.					
ļ		take the jacket back and				
	Resident #9 slapped					
		appened, staff were expected				
ļ	_	Care Manager (MCM) and				
	_	y the Primary Care Provider				
	(PCP).					
		MCM, completed an incident				
	report for the 12/4/17	incident for both residents,				
	put the incident repor	t under the Administrator's				
	door and reported the	e incident to the next shift				
	MA.					
	1 · · · · · · · · · · · · · · · · · · ·	17 through 12/21/17, an				
	·	ort for the resident involved				
		12/4/17 with Resident #9 was				
	not available for revie	ew.				
		Administrator on 12/15/17 at				
	11:07am revealed:					
		ncident involving Resident				
		then being hit by staff.				
		ng to touch the staff's chest				
	and then slapped the					
	-Staff responded by s	•				
		have any injuries and an				
	incident report was no					
		ne 24 hour and five day				
		el Registry reports for the				
	incident.					
		e of the incident the 1st week				
	in October 2017, but					
		ek of September 2017.				
	-The staff was no long	ger employed at the facility.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
			7.1. 20.125.1.10.		R-C
		HAL017054	B. WING		12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	. HOUSE		GHWAY 158 WI		
		YANCEYVI	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 453	Continued From page	: 114	D 453		
	was done about the a Upon request 12/14/1 Accident/Incident report Resident #9 being hit for review. Interview with the Dep (DSS) worker on 12/1 he did not have an inchitting a resident within Refer to telephone int Supervisor on 12/21/1 Refer to confidential in Refer to telephone int 12/20/17 at 4:35pm. Refer to telephone int 12/20/17 at 4:09am. Refer to interview with 11:00am and 12/20/17 Refer to interview with 12/21/17 at 2:13 p.m.	a/17 for Resident #9 of documentation of an hit Resident #9 and what lleged incident. 7 through 12/21/17, an ort for the incident involving by a staff was not available partment of Social Services 4/17 at 10:08am revealed cident report on a staff in the last three months. erview with the DSS 17 at 11:27am. Interview with a staff. erview with a PCA on erview with a MA on In the MCM on 12/19/17 at 7 at 2:49pm. In the Administrator on			
	3/29/17 revealed diag	t #10's current FL-2 dated noses included Alzheimer's I hip joint, feeding difficulty hypertension.			

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Review of a hospital discharge record for

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILANC	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		
HAL017054		B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	. HOUSE		GHWAY 158 WE		
0,1011222			ILLE, NC 2737		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 453	Continued From page	115	D 453		
	Resident #10 dated 1 resident had been see fall with no findings.	0/03/17 revealed the en at a local hospital for a			
	#10 provided on 12/1 -The report was comp altercation that occurr	oleted on 10/03/17 for an			
	Medication Aide (MA) -The date and time of at 3:43 p.m.	the incident was 10/03/17			
	-The MA documented	gned the report on 10/04/17. Resident #10 was slapped or by another unnamed			
	-The MA documented and tail bone struck the -Resident #10 was tra	ansported by Emergency			
	Medical Services (EM	is) to a local nospital.			
	Interview with a Media 12/20/17 at 5:50 p.m.	revealed:			
	change of shift.	in the nursing office at the ent had pushed Resident			
	#10 down, Resident # examination and an ir completed.	10 was sent out for			
	-A lot goes on in the S	Special Care Unit, you write the MCM and then on to			
	-The Memory Care Manager (MCM) would let the Primary Care Provider (PCP) know of any changes with residents.				
	-Incidents that were wand falls.	ritten up were altercations			

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Interview with the Department of Social Services (DSS) worker on 12/14/17 at 10:08am revealed

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		GOWN LETED
		HAL017054	B. WING		R-C 12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US HI	GHWAY 158 WI	≣ST	
YANCEY			ILLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 453	Continued From page	: 116	D 453		
	he did not have an inc #10 dated 10/03/17.	cident report on Resident			
		s, interviews and record) was not available for			
	Refer to telephone interview with the DSS Supervisor on 12/21/17 at 11:27am.				
	Refer to confidential interview with a staff.				
	Refer to telephone int 12/20/17 at 4:35pm.	erview with a PCA on			
	Refer to telephone int 12/20/17 at 4:09am.	erview with a MA on			
	Refer to interview with 11:00am and 12/20/1	n the MCM on 12/19/17 at 7 at 2:49pm.			
	Refer to interview with 12/21/17 at 2:13 p.m. 3. Review current FL2 11/21/17 revealed:	n the Administrator on 2 for Resident #1 dated			
	behavioral disturbance syncope, coronary art	Alzheimer's dementia with e, history of depression, ery disease, controlled type ion, chronic kidney disease,			
	dated 7/24/17 revealed -Resident #1 had war abusive behaviors an -Resident #1 was not medications for behaviors.	dering and physically d was resistant to care. receiving services and viors/mental illness. tance was required for esing, and grooming.			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					R-	.c
		HAL017054	B. WING		12/2	21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELI	HOUSE	535 US H	GHWAY 158 WE	EST		
CASVVELI	- HOUSE	YANCEY	ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICE (PROPERTY)) BE	(X5) COMPLETE DATE
D 453	Continued From page	e 117	D 453			
D 400	ambulation and transf-Resident #1 had a si and required direction-The resident was alw Review of electronic of #1 dated 10/28/17 thr -On 10/28/17 at 6:38 staff member engage another resident. Staf-On 11/10/17 at 6:59 was found on floor in that resident standing Review of Accident/In revealed there were recompleted for an incid 10/28/17 at 6:38 p.m.	gnificant loss of memory from staff. vays disoriented. charting notes for Resident ough 11/10/17 revealed: p.m., resident observed by d in sexual behavior with ff will continue to monitor. p.m., late entry, resident another resident's room with over her. jury Reports for Resident #1 to incident reports dent that was noted on and an incident that was	D 400			
	noted on 11/10/17 at 6:59 p.m. Confidential Interview with a staff revealed: -The sexual incident between Resident #1 and another male resident occurred on 10/28/17 at 9:45 a.mAn incident was not completed because no one had been injuredResident #1 was monitored more closely after the sexual encounterStaff monitored Resident #1 every 15-minutesResident #1's guardian was notified on 10/28/17 around 6:00 p.mResident #1's primary care physician (PCP) was notified on 10/28/17 at 5:57 p.mSometimes Resident #1 was found on the floor by staff in those areas of the SCU that were not visible from the main hallwayStaff notified the Medication Aides (MA) of all falls or behavior incidents on the SCUThere was another incident involving Resident #1 on 11/10/17, but an incident report was not					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		D.0	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WE	EST		
CASWELL HOUSE YANCEY\			VILLE, NC 27379	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 453	Continued From page	e 118	D 453			
D 453	completedThe staff was not aw PCP of Resident #1 to n 11/10/17On 11/10/17, Reside of another resident's standing over herAn incident report wathere were no observ Interview with the De (DSS) worker on 12/1 he did not have incider regarding an incident at 6:38 p.m. and an in 6:59 p.m. Interview with a Persident #1 was mo prevent falls because -The Resident #1 was	vare of the guardian and being notified of the incident and #1 was found on the floor from with that resident as not completed because ed injuries. partment of Social Services 14/17 at 10:06 a.m. revealed ent reports for Resident #1 that was noted on 10/28/17 incident noted on 11/10/17 at conal Care Aide (PCA) on revealed: initored more closely to e she stumbles at times. Indered up and down the went into residents rooms. In the SCU residents	D 453			
	Care Manager (MCM	A on duty or the Memory) when incidents occurred in				
	revealed: -Resident #1 had to because of her behave and hittingResidents could wall because they were "vertically as in a lit was okay for the resident."	on 12/18/17 at 5:20 p.m. the monitored "all of the time" viors of touching her peers the key the halls of the SCU vanderers." a locked unit so she thought sident to roam the halls. To everyone's plates and				

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would take their food and drink even after the

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Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	IED
					R-C	
		HAL017054	B. WING		12/21	/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
			IIGHWAY 158 WE			
CASWELL	. HOUSE	YANCEY	VILLE, NC 27379			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
			+	,		
D 453	Continued From page	e 119	D 453			
	resident had eaten.					
	-Staff would take her	from the table because she				
	would take food from	her peers.				
	-She was monitored of	closely because of being a				
	fall risk.					
		of any falls for Resident #1				
	with injuries.					
		ot on her, but after the				
		off were asked to monitor her				
	more closely at all tim	e completed for residents				
	•	y as a result of a fall or an				
	incident.	y as a result of a fail of all				
		as not completed for the				
		I on 10/28/17 because there				
	was no observed inju					
		CM on 12/19/17 at 11:00 a.m.				
	revealed:					
		e not completed for the				
		eemed "unreportable." /olving Resident #1 on				
	10/28/17 and 11/10/1	-				
		ause there were no injuries				
	to the resident.	adde there were no injuries				
		incident reports for all				
	incidents that were co					
		hat were non-reportable, a				
	charting note was cor	npleted.				
		osed to contact the guardian				
	•	residents as incidents				
	occurred.					
		and guardian were both				
	notified and left a mes					
	involving Resident #1					
	-Sne was not sure if t	hey were made aware of the				

Refer to telephone interview with the DSS Supervisor on 12/21/17 at 11:27am.

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	of Health Service Regu				(X3) DATE SURVEY
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL017054	B. WING		12/21/2017
		11/1/1/004			1 1212 1120 11
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ΓE, ZIP CODE	
04011	HOUSE	535 US I	HIGHWAY 158 WE	ST	
CASWELL	. HUUSE	YANCEY	VILLE, NC 27379)	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				DEI IGIENGI)	
D 453	Continued From page	e 120	D 453		
	Defente esseulturalist	into milano milaha a ata ff			
	Refer to confidential i	interview with a staff.			
	Defer to telephone in	tondow with a DCA an			
		terview with a PCA on			
	12/20/17 at 4:35pm.				
	Refer to telephone in	torvious with a MA on			
	12/20/17 at 4:09am.	terview with a IVIA on			
	12/20/17 at 4.09am.				
	Refer to interview wit	h the MCM on 12/19/17 at			
	11:00am and 12/20/1				
	11.00am and 12/20/1	7 GC 2. TOPIII.			
	Refer to interview wit	h the Administrator on			
	12/21/17 at 2:13 p.m.				
		t #2's current FL-2 dated			
	3/29/17 revealed:				
		Alzheimer's dementia and			
	hypertension.				
		ermittently disoriented.			
		,			
	Review of the accide	nt/injury report dated			
	10/28/17 for Residen	t #2 revealed			
	-A "sexual behavior w	vas noticed" in the male			
	dining room.				
	-The incident occurre	ed on 10/28/17 at 9:45 a.m.			
	Review of the electro	-			
		0/28/17 at 6:38 p.m. revealed			
	•	aged in a sexual behavior			
	with another resident	•			
	Intonious with the De	nortment of Coolel Carriess			
		partment of Social Services			
		14/17 at 10:08 a.m. revealed			
		cident report on a sexual Resident #2 and another			
	resident on 10/28/17.				
	resident on 10/28/17.				
	Refer to telephone in	torviow with the DSS			
	Supervisor on 12/21/				
	oupervisor off 12/21/	ii al II.∠iaIII.	1		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					,	R-C
		HAL017054	B. WING		12	2/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
CASWELI	_ HOUSE		IIGHWAY 158 WE			
		YANCEY	VILLE, NC 27379)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 453	Continued From page	e 121	D 453			
	Refer to confidential i	nterview with a staff.				
	Refer to telephone int 12/20/17 at 4:35pm.	terview with a PCA on				
	Refer to telephone int 12/20/17 at 4:09am.	terview with a MA on				
	Refer to interview witl 11:00am and 12/20/1	n the MCM on 12/19/17 at 7 at 2:49pm.				
	Refer to interview with 12/21/17 at 2:13 p.m.	h the Administrator on				
	12/21/17 at 11:27am up with the DSS work received any incident regarding staff hitting 2017 and on 12/4/17	with the DSS Supervisor on revealed she had followed ter and verified DSS had not reports for Resident #9 the resident in September for the resident being IVC'd.				
	-The Administrator wo like the incident repor -The Administrator wo	with a staff revealed: build fire staff if he did not tts the staff had written. build have staff rewrite f they refused he fired them.				
	4:35pm revealed: -She was responsible	e for reporting any accidents, les to the Medication Aide				
	4:09am revealed: -In cases where a res	with a MA on 12/20/17 at sident was combative, the e for completing an incident				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	EIED
		HAL017054	B. WING		R-0 12/2	C 1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		GHWAY 158 WE			
			ILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 453	Continued From page	122	D 453			
	incident report was co -The completed incide Administrator to revie					
	Interview with the MCM on 12/19/17 at 11:00am and 12/20/17 at 2:49pm revealed: -The MAs completed incident reports for reportable incidents. -She did not know right off all reportable incidents, but for some things staff just wrote a					
	chart noteThere were changes reporting incidents ma-Accident/Incident rep	in the facility's process for ade since 12/14/17. Forts were supposed to be for any incident with injuries and being sent to the				
	2:13pm revealed: -Incidents witnessed I the MA and the MA w completing the incide -The completed incide MCM and the MCM the to the AdministratorThe Administrator was the incident reports to level of the incidentIf a resident was sen incident report was sel- If the resident was no staff followed the reco- Law enforcement was	ent report. ent reports were given to the enen gave the incident report as responsible for sending a DSS depending on the at to the ER, then the ent to DSS. ot sent to the ER, facility ammendations of the PCP. s not contacted for resident the SCU because residents'				

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STATE FORM 6899 LFLW11 If continuation sheet 123 of 144

DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
						_
			D WING		R-(
		HAL017054	B. WING		12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
CASWELL	. HOUSE		IGHWAY 158 WI			
		YANCEY	/ILLE, NC 2737	9		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DAIL
D 464	Continued From page	e 123	D 464			
D 464	10A NCAC 13F.1307	Special Care Unit Res.	D 464			
2 .0 .	Profile & Care Plan	opeoial oute officials.				
	Trome a dare trian					
	10 A NC A C 13 E 1307	7 Special Care Unit Resident				
	Profile & Care Plan	Openial Care Office Nestucial				
		viromente in Dulce 12E				
		uirements in Rules 13F of this Subchapter, the				
	facility shall assure th	•				
	. ,	admission to the special				
		y thereafter, the facility shall				
	•	dent profile containing				
		t describes the resident's				
		self-help abilities, level of				
		cial management needs,				
	physical abilities and	disabilities, and degree of				
	cognitive impairment.					
	(2) The resident care	plan as required in Rule				
	13F .0802 of this Sub	chapter shall be developed				
		he resident profile and				
		that involves environmental,				
		e strategies to help the				
		ntain the maximum level of				
		and compensate for lost				
	abilities.	and compensate for lost				
	abilities.					
	This Rule is not met	as evidenced by:				
		-				
		ns, interviews, and record				
		illed to complete quarterly				
	profiles for 7 of 10 res	•				
	•	I Care Unit (SCU) of the				
	facility (#1, #2, #6, #9	J, #1U, #12, #13).				
	The findings are:					
		t #10's current FL-2 dated				
	3/29/17 revealed diag	gnoses included Alzheimer's				
	dementia, left artificia	I hip joint, feeding difficulty				
	and essential primary	hypertension.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL017054	B. WING		R-C 12/21/2	017
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	•	
			IGHWAY 158 WE			
CASWELL	. HOUSE	YANCEY	VILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) COMPLETE DATE
D 464	Continued From page	e 124	D 464			
	revealed the resident Review of Special Ca	10's Resident Register was admitted on 01/31/15. The Unit Quarterly Profile for ed there was no quarterly ce 10/27/16.				
	Interview with the Memory Care Manager on 12/19/17 at 2:30 p.m. revealed: -She was responsible for making sure the quarterly reviews were completedShe had not had the quarterly review updated on Resident #10.					
	11/21/17 revealed: -Diagnoses included a behavioral disturbance syncope, coronary are	FL2 for Resident #1 dated Alzheimer's dementia with te, history of depression, tery disease, controlled type tion, chronic kidney disease,				
	dated 7/21/17 revealed	Register for Resident #1 ed the resident was admitted init (SCU) of the facility on				
	dated 7/24/17 revealed -Resident #1 had war abusive behaviors and -Resident #1 was not medications for behaviors toileting, bathing, drest -Limited staff assistant ambulation and transfer.	ndering and physically d was resistant to care. receiving services and viors/mental illness. tance was required for ssing, and grooming. nce was required for fer. emory; must be directed.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
	HAL017054		B. WING		R-C 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CASMELL	HOUSE	535 US HIC	SHWAY 158 WE	EST	
CASWELL	. HOUSE	YANCEYVI	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 464	Continued From page	e 125	D 464		
	Review of SCU Quart #1's record revealed in completed since adm	terly Profiles for Resident no quarterly profiles were			
	for the incident that of p.m.	ccurred on 10/28/17 at 6:38			
	revealed: -On 10/28/17 at 6:38 staff member engage another resident. Staf -On 10/29/17 at 6:42 "extra supervision" du incidentsOn 10/30/17 at 10:23	nic charting notes for 1/28/17 through 10/30/17 p.m., resident observed by d in sexual behavior with ff will continue to monitor. p.m., resident kept under uring entire shift. No new 3 p.m., resident kept "under hift. No sexual behavior			
	on 12/19/17 at 11:05 -She was responsible residents' quarterly pr -She wasn't going to a knew she was suppost profiles for all SCU re -She had fallen behin residents' recordsShe did not complete Resident #1.	e for completing the rofiles in the SCU. make any excuses, she sed to complete quarterly esidents. d and would correct the e any quarterly profiles for esident #1's record as soon			
	for Resident #1 prior to 3. Review of Residen	at quarterly profiles provided to survey exit. t #9's current FL-2 dated gnoses included Alzheimer's			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			3 C
		HAL017054	B. WING			R-C / /21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATI	E, ZIP CODE		
CASMELL	HOUSE	535 US H	IGHWAY 158 WES	ST		
CASWELI	L HOUSE	YANCEY	/ILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 464	Continued From page	e 126	D 464			
	Gastro-esophageal R	Hypertension, Cataracts, teflux Disease and Arthritis.				
		re Unit (SCU) quarterly #9 revealed the most recent				
	3/29/17 revealed: -Diagnoses included a hypertension.	t #2's current FL-2 dated Alzheimer's dementia and ermittently disoriented.				
		2's Resident Register was admitted to the Special 9/17/15.				
	1	l Care Unit Quarterly Profile no quarterly profile had been nt #2.				
	on 12/21/17 at 5:15 p -If a quarterly profile v record, a quarterly pro- completed for Reside	was not in Resident #2's ofile had not been nt #2. of for doing the SCU quarterly 2. opportunity to do an				
	3/29/17 revealed: -Diagnoses included behavior disturbances hypothyroidism, gene abnormal weight loss	ralized anxiety disorder and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		HALUTTUS4			12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CASWELI	HOUSE	535 US HIG	HWAY 158 WE	EST	
CASTILLI	HOUSE	YANCEYVI	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 464	Continued From page	e 127	D 464		
	disoriented.				
	Davison of Davidson #	Ole Desident Desistes			
		6's Resident Register was admitted to the Special			
	Care Unit (SCU) on 1				
		0,01,10.			
	Review of Resident #	6's current Care Plan dated			
	3/3/17 revealed:				
	-The resident was alw				
	•	nificant memory loss, and			
	she had to be redirect				
	-The resident wander	ed.			
		uarterly Profile for Resident ly profile was completed on			
	Interview with the Meron 12/21/17 at 5:15 p completed an updated Resident #6 on 12/21	d quarterly profile for			
	on 12/21/17 at 5:00 p -She was responsible profile for the resident (SCU).	for during the quarterly ts on the Special Care Unit			
	-The profiles should be -She would be respor profiles.	ne done quarterly. Insible for auditing the SCU			
	10/26/17 revealed dia Alzheimer's Vascular	nt #12's current FL-2 dated agnoses included Dementia, dysphagia, dent and hypothyroidism.			

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DIVISION	of Health Service Regu	lation	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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			P WING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	
TVAINE OF T	NOVIDER OR GOLT EIER				
CASWELL	HOUSE		IGHWAY 158 WE		
		YANCEY	/ILLE, NC 2737	9	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
D 464	Continued From page	128	D 464		
2 101	Continued From page	, 120	5 .0.		
	Review of Resident #	12's Resident Register			
	revealed the resident	was admitted to the facility			
	on 1/29/15.	•			
	Review of the Specia	I Care Unit Quarterly Profile			
	for Resident #12 reve				
		ofile was completed on			
	10/27/16.	one was completed on			
		at avartarly profiles in the			
		nt quarterly profiles in the			
	resident record.				
	Defeate intendenced	to the Managara Court Managara			
		h the Memory Care Manager			
	on 12/21/17 at 5:00 p	.m.			
		nt #13's current FL-2 dated			
	3/29/17 revealed diag				
	hyperlipidemia, obesi	ty and high blood pressure.			
	Review of Resident #	13's Resident Register			
	revealed the resident	was admitted to the facility			
	on 3/1/17.	•			
	Review of the Specia	I Care Unit Quarterly Profile			
		ord revealed there was no			
	documentation of a q				
	residents record.	darterly prome in the			
	residents record.				
	A accord review of D	soldent #12's Chasial Care			
		esident #13's Special Care			
	Unit Quarterly Profiles				
		d a quarterly profile dated			
	12/21/17.				
		ges in the resident's care.	1		
		the resident's prior quarterly			
	profile was completed	d on 8/30/17.			
	Refer to interview with	h the Memory Care Manager			
	on 12/21/17 at 5:00 p				
	'				

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PRINTED: 01/25/2018 FORM APPROVED

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		D 0	
		HAL017054	B. WING		R-C 12/21/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US HI	GHWAY 158 WE	EST		
OAGWEEL		YANCEYV	ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 465	Continued From page	e 129	D 465			
D 465	10A NCAC 13F .1308	8(a) Special Care Unit Staff	D 465			
	(a) Staff shall be presufficient number to n residents; but at no till one staff person, who training requirements Section, for up to eight second shifts and 1 h additional resident; and	me shall there be less than meets the orientation and in Rule .1309 of this not residents on first and your of staff time for each and one staff person for up to shift and .8 hours of staff				
	This Rule is not met TYPE A2 VIOLATION	-				
	Based on observations, interviews and record reviews, the facility failed to assure adequate staffing to meet the needs of the resident on the Special Care Unit (SCU) on 34 of 45 shifts sampled from 5/19/17-5/20/17; 5/31/17-6/1/17; 7/1/17-7/2/17; 10/21/17-10/22/17; 10/28/17-10/29/17; 11/10/17-11/11/17; and 12/9/17-12/10/17, resulting in an undocumented fall with a lip injury and incidents of resident to resident assault for two residents (#3 and #16).					
	The findings are:					
	12/18/17 at 1:30 p.mThere were hardly ar second shifts and on -There were not enouglioorThe few staff that we	ny staff on the floor during				

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rooms assisting residents and were not available

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Division o	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					R-0	C
		HAL017054	B. WING		1	1/2017
					1	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	•		
CASWELL	. HOUSE		IIGHWAY 158 WI			
		YANCEY	VILLE, NC 2737	9		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
		,		DEFICIENCY)		
D 465	Continued From page	120	D 465			
D 400	Continued From page	: 130	D 403			
	on the halls.					
	-The family had to wa	alk around to locate a staff				
	person.					
	Talankana intania	with a second female, as a second				
	•	with a second family member				
	on 12/18/17 at 2:09 p	the SCU did not have				
	enough help.	the 300 did not have				
	-She thought the wee	kends were always				
	short-staffed.					
		y patients and not enough				
	caregivers."					
	-She thought the resid	dents needed more				
	supervision.					
		5 11 1011011=				
	at 11:05 a.m. revealed	family member on 12/19/17				
	-When the family mer					
	-	usually 3 PCAs and 1 MA				
	working in the SCU.	accumy of contournal riving				
		vere usually 2 PCAs and 1				
	MA in the SCU.	•				
		n 12/19/17 at 5:22 p.m.				
	revealed:					
		e 2 MAs and 4 PCAson				
	each shift.	w long it had been since				
		4 PCAs on each shift in the				
	Special Care Unit (SC					
	- p - 2 - 2 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1	,				
	Confidential interview	with a staff revealed:				
	-The staff worked all t	three shifts.				
		e usually staffing pattern				
	_	nd shifts were 4 PCAs, and 1				
	MA on the SCU.					
	-	PCAs worked in the SCU				
	and there was 1 MA v	who worked on the All and	1	1		

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SCU.

-The above had been the usually staffing pattern

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US H	IGHWAY 158 WE	EST	
OAGWEEL		YANCEY	VILLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 465	Continued From page	e 131	D 465		
	since June 2017.				
	-There were usually 4 and second shiftsThe staff did not known during third shiftWith 4 PCAs and 1 Menough staff, because more one on one care. Confidential interview -Most days there were on 2nd shift which was	orked first and second shift. I PCAs and 1 MA during first w about the staffing pattern MA, there was still not e certain residents required			
	enough to do the jobThe facility also emp which placed a mark each designated to st short staffedUsually this led to sta	loyed a red dot system beside the name of a staff tay if the oncoming shift was aff not doing the job they because they did not want			
	-There were not enough -Staff had to work over month to cover both the Confidential interview -Most of the time, start residents the best the be on the halls.	with a sixth staff revealed: ff were attending to the ey could and were not able to upervised by staff most of			

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bathrooms or dining rooms of the SCU.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SI COMPLE	
	HAL017054	B. WING		R-0 12/2	C 1/2017
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STA		-	
CASWELL HOUSE		ILLE, NC 2737			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
residents to roam the half Review of staff punch daily census report for There were 38 resider required 38 aide hours 30.4 aide hours for 3rd There were 30.14 aide leaving the SCU short There were 21.58 aide leaving the SCU short There were 87 resider Assisted Living side), whours for 1st and 2nd sfor 3rd shift. There were 48.92 aide 2nd shift, leaving the behours. There were 32.85 aide 3rd shift, leaving the behours. Based on observations reviews, a resident in the 5/20/17 at 7:35am, by Power of Attorney, to he from the inside out." Sinjury occured. Review of staff Punch census report for 5/20/17 at 7:35am, and and the second side hours 31.2 aide hours for 3rd There were 39 resider required 39 aide hours 31.2 aide hours for 3rd There were 29.48 aide the SCU short 9.52 aide side second side side second side second side second side second side side second side side side second side side side side second side side side side side side side sid	details, staff schedule and 15/19/17 revealed: Ints in the SCU which is for 1st and 2nd shift, and it shift. In the hours for 2nd shift, and it shift. In the facility (49 on the which required 58 aide shift and 46.4 aide hours In the hours for the building for building short by 9.08 aide In the scu was observed on the staff and the resident's have a swollen lip, "busted the facility (717 revealed: Ints in the SCU which is for 1st and 2nd shift, and it shift. In the SCU which is for 1st shift leaving de hours. In the hours for 1st shift leaving de hours. In the hours for 1st shift leaving de hours. In the hours for 2nd shift leaving de hours. In the hours for 2nd shift leaving de hours. In the hours for 2nd shift leaving de hours. In the hours for 2nd shift leaving de hours.	D 465			

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-The there were 21.87 aide hours for 3rd shift

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		HAL017054	B. WING		12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	. HOUSE		GHWAY 158 WE		
_			ILLE, NC 2737		Г
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 465	Continued From page	e 133	D 465		
	Assisted Living side), hours for 1st and 2nd for 3rd shiftThere were 48.18 aid 1st shift, leaving the bhoursThere were 49.30 aid 2nd shift, leaving the hoursThere were 32.94 aid 3rd shift, leaving the bhours.	ents in the facility (49 on the which required 59 aide shift and 47.2 aide hours de hours for the building for building short by 10.82 aide de hours for the building for building short by 9.7 aide de hours for the building for building short by 14.26 aide			
	census report for 5/3′ -There were 37 reside required 37 aide hour -The staff time cards hours for 1st shift, lea aide hoursThere were 85 reside Assisted Living side), hours for 1st shiftThere were 46.93 aid	ents in the SCU which			
	daily census report fo -There were 39 reside required 41 aide hour 31.2 hours for 3rdshif -On 06/01/17, there w shift, 35.37 aide hours hours for 3rd shift lea by 5.95 aide hours or on 2nd shift and 9.71	ents in the SCU which s for 1st and 2nd shift and t. vere 35.05 aide hours for 1st s for 2nd shift and 21.49 ving the facility short staffed a 1st shift, 5.63 aide hours			

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STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					D 0	
			B. WING		R-C	
		HAL017054	D. WING		12/21/2017	_
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		535 US HIC	SHWAY 158 WI	EST		
CASWELI	_ HOUSE		LLE, NC 2737			
	OLIMANA DV OT		1			\dashv
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				DEFICIENCY)		
D 465	Continued From none	- 424	D 465			\neg
D 465	Continued From page	2 134	D 405			
	residents in the SCU	which required 59 aide				
	hours for the building	for 1st and 2nd shift based				
	and 47.2 aide hours f	or the building for 3rd shift.				
		de hours for the building for				
	1st shift.	3				
	-There were 51.17 aid	de hours for the building for				
		building short 7.83 hours.				
	_	de hours for the building for				
		ouilding short 17.55 hours.				
	Review of staff punch	details, staff schedule and				
	daily census report fo					
		ents in the SCU which				
		rs for 1st and 2nd shift and				
	31.2 hours for 3rd shi					
		vere 28.0 aide hours for 1st				
		s for 2nd shift and 14.18				
		ving the facility short staffed				
		on 1st shift, 12.11 aide hours				
	on 2nd shift and 17.0					
		lents on the AL side and 41				
		which required 61 aide				
		for 1st and 2nd shift and				
	_	e building for 3rd shift.				
		nours for the building for 1st				
		ling short staffed 3 aide				
	hours	ang onon otanoa o alao				
		de hours for the building for				
		building short 4.05 aide				
	hours.	zamanig onore noo alao				
		de hours for the building for				
		ouilding short 12.78 aide				
	hours.	cananing choic 12.70 alac				
	nours.					ļ
	Review of staff punch	details, staff schedule and				ļ
	daily census report for					
		ents in the SCU which				
		rs for 1st and 2nd shift and				
	30.4 aide hours for 3r					

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-On 07/02/17, there were 29.44 aide hours for 1st

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		R-C
		HAL017054	B. WING		12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US HI	GHWAY 158 WE	EST	
CASWELL	. HOUSE	YANCEYV	ILLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 465	Continued From page	e 135	D 465		
	aide hours for 3rd shi staffed by 8.56 aide hours on 2nd shift an shift. -There were 46 resideresidents in the SCU hours for the building 46.4 aide hours for the -There were 54.17 aid 1st shift, leaving the building the leaving the l	s for 2nd shift and 21.91 ft leaving the SCU short fours on 1st shift, 13.58 aide d 8.49 aide hours for 3rd ents on the AL side and 38 which required 58 aide for 1st and 2nd shift and e building for 3rd shift. de hours for the building for building short 3.83 hours. de hours for the building for building short 5.42 hours. de hours for the building for			
	daily census report for There were 38 resider required 38 aide hours 36.4 hours for 3rd shift. On 10/21/17, there we shift, 23.15 aide hours hours for 3rd shift lead by 14.85 aide hours for 3rd shift. There were 45 residents in the SCU hours for the building 46.4 aide hours for the There were 59.29 aid 1st shift. There were 52.31 aide 2nd shift, leaving the There were 18.77 aid 3rd shift, leaving the Review of the staff puand daily census reports	ents in the SCU which rs for 1st and 2nd shift and			

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STATE FORM 6899 LFLW11 If continuation sheet 136 of 144

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	
			A. BOILDING			_
		HAL017054	B. WING		R- 12/2	1/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	. HOUSE		HWAY 158 WE			
		YANCEYVIL	LE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 465	Continued From page	e 136	D 465			
D 465	required 38 aide hour 36.4 hours for 3rd shit-On 10/22/17, there we shift, 40.4 aide hours hours for 3rd shift. -There were 44 reside residents on the SCU hours for the building 46.40 aide hours for t-There were 54.68 aid 1st shift, leaving the bhours. -There were 63.3 aide 2nd shift. -There were 30.43 aide the 3rd shift, leaving the bhours. Review of the staff pure and daily census reportant daily census reportant aide hours for 3rd shift. -On 10/28/17, there we shift, 34.25 aide hours aide hours for 3rd shift staff by 2.00 aide hours staff by 2.00 aide hours.	s for 1st and 2nd shift and ft. vere 40.00 aide hours for 1st for 2nd shift and 18.75 aide ving the facility short staff by ents on the AL side and 38 which required 58 aide for 1st and 2nd shift and he building for 3rd shift. de hours for the building for building short by 3.32 aide to hours for the building for the building for the building short by 15.97 anch details, staff schedule out for 10/28/17 revealed:	D 465			
	-There were 43 resideresidents on the SCU	ents on the AL side and 37 which required 57 aide				
	_	for 1st and 2nd shift and				
	-There were 50.00 aid	e building for 3rd shift. de hours for the building for building short by 7.00 aide				
	-There were 54.75 aid 2nd shift, leaving the hours.	de hours for the building for building short by 2.75 aide de hours for the building for				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 50.25 101		
		HAL017054	B. WING		R-C 12/21/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	. HOUSE		GHWAY 158 WI (ILLE, NC 2737		
(V4) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	<u>, </u>	PROVIDER'S PLAN OF CORRECTION	1 (75)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 465	Continued From page	e 137	D 465		
	3rd shift, leaving the blours.	ouilding short by 5.6 aide			
	Review of an incident/accident report for a resident who resided on the SCU on 10/28/17 revealed an unwitnessed sexual encounter occurred between two residents on the SCU on 1st shift in the dining room.				
	Review of the staff punch details, staff schedule, and daily census report dated 10/29/17 revealed: -There were 38 residents in the SCU which required 38 aide hours for 1st and 2nd shiftsThere were 28.57 aide hours for 1st shift which left the SCU short 9.43 aide hoursThere were 14.9 aide hours for 2nd shift which left the SCU short 23.1 aide hours.				
	Review of the staff punch details, staff schedule, and daily census report dated 11/10/17 revealed: -There were 38 residents in the SCU which required 38 aide hours for 1st and 2nd shifts, and 30.4 aide hours for 3rd shift. -There were 37.24 aide hours for 1st shift which left the SCU short 1.16 aide hours. -There were 26.31 aide hours for 2nd shift which left the SCU short 11.69 aide hours. -There were 14.49 aide hours for 3rd shift which left the SCU short 15.91 aide hours.				
		nd 6:55am revealed two he face by a resident with			
	and daily census reportant reportant and daily census reportant reporta	unch details, staff schedule, ort dated 11/11/17 revealed: ents in the SCU which is for 1st and 2nd shifts, and ind shift.			

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S COMPLI	
					R-	c l
		HAL017054	B. WING		1	1/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
CASWEL	L HOUSE		IIGHWAY 158 WE			
	I		VILLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 465	Continued From page	e 138	D 465			
	-There were 26.8 aide left the SCU short 11There were 31.42 aid left the SCU short 6.5There were 18.25 aid left the SCU short 12. Review of staff punch daily census report formally census for 3rd shired by 4.52 aide hours aide hours for 3rd shired by 4.52 aide haide hours for 3rd shired by 4.52 aide haide hours for the building 47.20 aide hours for the building 47.20 aide hours for the shift, leaving the building the were 71.82 hours for the shiftThere were 39.84 hours fift, leaving the building the shiftThere were 39.84 hours fift, leaving the building the shiftThere were 39 reside required 39 aide hours for 3rd shired hours for 3rd shired hours for 3rd shired by 10.08 aide	e hours for 1st shift which 2 aide hours. de hours for 2nd shift which 8 aide hours. de hours for 3rd shift which 15 aide hours. de hours for 3rd shift which 15 aide hours. de details, staff schedule and 12/9/17 revealed: ents in the SCU which is for 1st and 2nd shift and ft. dere 34.48 aide hours for 1st is for 2nd shift and 22.04 ft leaving the facility short hours on 1st shift and 14.94 ft. dents in the AL side and 39 which required 59 aide for 1st and 2nd shift and the building for 3rd shift. durs for the building for 1st ding short .85 hours. durs for the building for 3rd shift. durs for the building for 3rd shift. durs for the building for 3rd shift. durs for the building for 3rd details, staff schedule and 12/10/17 revealed: dents in the SCU which is for 1st and 2nd shift and				

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-There were 48 residents in the AL side and 39

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL017054	B. WING		R-0 12/2	1/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US H	IGHWAY 158 WE	EST		
OAGWEEL		YANCEY	/ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 465	Continued From page	e 139	D 465			
D 405	residents in the SCU hours for the building 47.20 aide hours for t-There were 60.79 ho shift. -There were 62.40 ho shift. -There were 26.90 ho shift, leaving the build linterview with the Me on 12/19/17 at 11:00 -She had been covering Resident Care Manage working at the facility. -She was responsible and the AL. -She was responsible and the AL. -She was responsible and the AL. -She tried to spend the SCU, but the printer for AL side and all meeting. -She estimated that the were spent on the AL. Interview with the MC and 12/21/17 at 2:13 -There staffing issues turnover in staff at the she had stayed and had come in to cover no else to work. -She had not kept transhad worked covering. -Sometimes she may	which required 59 aide for 1st and 2nd shift and he building for 3rd shift. burs for the building for 1st burs for the building for 2nd burs for the building for 3rd ling short 20.30 hours. mory Care Manager (MCM) a.m. revealed: ng as the MCM and as the ger (RCM) since she started in June 2017. If for overseeing bot the SCU of for assisting staff with any ey had in providing care for the majority of her day on the or all documents was on the ngs were on the AL side. Wo to three hours of her day side. IM on 12/20/17 at 2:49 p.m. p.m. revealed: a related to call outs and high a facility. worked 2nd shift and she 3rd shift because there was ck of hours and shifts she	D 405			
	had worked covering -Sometimes she may or 5:00 a.m. because out.	as direct care staff. have come in at 4:00 a.m.				

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stay for 2nd shift or come in for 3rd shift.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7.1101 12.110	or Contraction	BENTIL IS THE THE MEET.	A. BUILDING: _		
		HAL017054	B. WING		R-C 12/21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US H	IGHWAY 158 WI	EST	
CASWELL	INOUSE	YANCEY	/ILLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 465	Continued From page	e 140	D 465		
	-She worked once for a full 2nd shift and came in twice on 3rd shift since she started working at the facility in June 2017.				
	revealed: -When there was one	M on 12/21/17 at 2:13 p.m. MA on duty for 3rd shift, the			
	SCU.	etween the AL side and the			
	-For example, if the MA worked 8 hours on 3rd shift, four hours were on the AL side and four hours were on the SCU.				
	2:13 p.m. revealed:	ninistrator on 12/21/17 at			
		cility had staffing issues. I dot system in place to			
	-The red dot system i	dentified a staff each shift			
	who was designated to oncoming shift was shift	to stay and work if the nort staffed.			
	-All staff who worked accounted for on the	-			
	-He did not have a res	sponse for the quality of			
		o provide when staff had to ifts in a SCU and possibly			
	for several mandatory				
	[Refer to Tag 270 10A Personal Care & Sup	A NCAC 13F .0901(b) ervision (Type A1 Violation)]			
	[Refer to Tag 338 10A Residents' Rights (Ty				
	for 34 shifts resulted i for a resident who sus 5/19/17 when the SCI	assure adequate staffing n serious harm and neglect stained a lip injury on U was short 7.86 aide hours 8.82 aide hours on 3rd shift:			

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and two additional residents who were hit in the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	CONSTRUCTION	(X3) DATE SU COMPLET	
			71. 201221110.		R-C	,
		HAL017054	B. WING		1	/ /2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELL	HOUSE	535 US HIG	SHWAY 158 WE	EST		
OAOTTEE		YANCEYVI	LLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 465	Continued From page	e 141	D 465			
	face by a resident known to have aggressive behaviors on 11/10/17 for third shift when the facility was short 15.91 aide hours which constitutes a Type A2 Violation.					
	facility on 7/14/17 rev -The facility will imme shifts to ensure that s to state guidelinesThis will be assured monitoring of staff tha in to workThis will monitored e Care Manager (MCM (RCM), and the Admi -The facility will contir staff for all three shifts -Staffing levels will be every shift for approp Administrator and Ca -If staff fails to arrive for	diately review staffing for all hifts are staffed according by scheduling and at calls in or does not come very shift by the Memory), Resident Care Manager histrator. The hire and train qualified is.				
	relief arrivesAny staff leaving the shift will be counseled -Administrator and Ca all violation document -If the building is shor Managers, Superviso on those not currently openings. THE CORRECTION I	community before [the next] I and retrained on policy. are Managers will sign off on tation.				
D914		laration of Residents' Rights	D914			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:		ONSTRUCTION		E SURVEY PLETED		
		HAL017054	B. WING		l l	R-C 2 /21/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CASWEL	L HOUSE		HIGHWAY 158 WES	т		
	T		/VILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D914	Continued From pag	e 142	D914			
	Every resident shall	ration of Residents' Rights have the following rights: al and physical abuse, tion.				
	reviews the facility fa necessary to maintai mental health related	as evidenced by: ns, interviews and record illed to provide the services n the residents' physical and to Supervision, Residents' Unit Staffing and Health				
	The findings are:					
	reviews, the facility fasupervision necessaresidents (#1, #2, #9 aggression and sexus from hitting, pushing on the Special Care resident sustaining a another resident (#1) consenting due to cointo an unwitnessed	ry to prevent 3 of 11 sampled), with known physical lally expressive behaviors, and pursuing other residents Unit (SCU) resulting in one broken pelvis (#10) and), who was incapable of legitive status, being lured sexual encounter. [Refer to 13F .0901(b) Personal Care				
	reviews, the facility fa (#1, #6, #10, #14, #1 resided on the Speci protected from assua known to have aggre residents on the SCU assualt by Resident in have aggressive beh	tions, interviews and record ailed to assure 8 residents 5, #16, #17 and #18) who al Care Unit (SCU) were alt by Resident #9 who was essive behaviors; and J were protected from #1 who was also known to eaviors. [Refer to Tag 338, 9 Resident Rights (Type A1				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	ובט
			B. WING		R-	
		HAL017054	B. WING		12/2	1/2017
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
CASWELI	_ HOUSE		HWAY 158 WI			
			LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D914	Continued From page	e 143	D914			
	reviews, the facility fart staffing to meet the new Special Care Unit (SC sampled from 5/19/17/1/17-7/2/17; 10/29/17; 10/28/17-10/29/17; 12/9/17-12/10/17, restall with a lip injury and resident assault for two [Refer to Tag 465, 10]. Special Care Unit State 4. Based on observative reviews, the facility facare provider for 2 of #8) related to the sexuand the sexually expression of the sexual staff of the	7-5/20/17; 5/31/17-6/1/17; 17-10/22/17; 17-10/22/17; 17-10/17-11/11/17; and sulting in an undocumented in incidents of resident to vo residents (#3 and #16). A NCAC 13F .1308(a) off (Type A2 Violation)]. Sions, interviews, and record illed to notify the primary 2 sampled residents (#1, ual assault of Resident #1 ressive behaviors of the Tag 273 10A NCAC 13F				

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