Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING; 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 ELON, NC 27244 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C000 Initial Comments C000 The Adult Care Licensure Section and the Caswell County Department of Social Services conducted an annual and follow-up survey on 11/07/17. C074 C074 10A NCAC 13G .0315(a)(1) Housekeeping and **Furnishings** 10A NCAC 13G .0315 Housekeeping And **Furnishings** (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure floors in the main hallway, living room, dining room and 3 of 4 common bathrooms were clean and in good repair. The findings are: Observation on 11/07/17 of resident common bathroom #1 revealed: Administrator posted cleaning schedule and 11/07/2017 - At 11:14 a.m., common bathroom #1 revealed advised staff responsible for cleaning. SIC to the floor in front of the bath tub and along the inspect bathroom daily to insure all bathroom(s) base boards of the perimeter had a black/brown are kept clean on daily basis. Maintenance colored build-up of dirt. Person advised on 11/07/2017 and bathroom was - The floor tiles in the bathroom #1 were stained cleaned a brownish color throughout. - At 11:16 a.m., resident common bathroom #2 Administrator posted cleaning schedule and 11/07/2017 advised staff responsible for cleaning. SIC to had a dirty build-up along the perimeter of the inspect bathroom daily to insure all room at the base boards. bathroom(s) are kept clean on daily basis. - The floor of the shower had dirt particles and Maintenance Person advised on 11/07/2017 and blackish/brown stains. bathroom was cleaned. - The tiled area around the commode had a Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVES SIGN (X6) DATE 12/18/19 Remed and accepted of s

If continuation sheet 1 of 14

FORM APPPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING: 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 **ELON, NC 27244** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 1 C074 C074 brownish color to the tiles grout between tiles with a brown/black color. - Where the smaller commode floor tiles met the bathroom floor larger tiles revealed the floor tiles were cracked and colored a dirty brown color. - There was a thick black build-up of dirt on the floors in the corners. - At 11:17 a.m. resident common bathroom #3 Administrator posted cleaning schedule and 11/07/2017 had black and brown smears and stains throughadvised staff responsible for cleaning. SIC to out the tiled floor. inspect bathroom daily to insure all bathroom(s) are kept clean on daily basis. Maintenance - There was a thick build-up of black dirt along Person advised on 11/07/2017 and bathroom was the baseboards and around the pedestal of the - On the floor was a brownish black ring around the pedestal of the commode and it extended out around the sides and back and front on the floor approximately 3-5 inches. Interview on 11/07/17 at 11:03 a.m. with a resident revealed: - He saw floor mopping being done. - He did not know when the floors had been stripped and deep cleaned. - He thought the housekeeping was alright in the Interview on 11/07/17 at 11:30 a.m. with another resident revealed:

Observation of the main hallway on 11/07/17 at 12:02 p.m. in front of the sink/cabinets in the hallway revealed:

- He did not know how long the floors had been

- He was not concerned about the housekeeping

- Staff mopped the floor at night.

- He thought the floors and bathrooms

stained and dirty.

in the facility.

- The hallway floor in front of a closet door and the blue and white cabinets and sink area had a Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect hallway(s) daily to insure all hallway(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and hallway(s) was cleaned.

11/07/2017

Division of Health Service Regulation STATE FORM

SDQ811

If continuation sheet 2 of 14

FORM APPPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: B. WING: 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GRIOVE ROAD ABUNDANT LIVING #2 ELON, NC 27244 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE TAG TAG C074 C074 Continued From page 2 thick black build-up of dirt. - The hallway floor in the area in front of the dining room and kitchen had a thick build-up of brown-black dirt. - The kitchen door threshold area had a build-up of brown/black dirt. - The floor at both ends of the hallway at the exit doors had a thick black build-up of dirt with smears across the tiles. - The threshold tiles of the floor were cracked with pieces of tile missing. - The corners at each end of the threshold where the walls form a corner were thick with a black dirty build-up. Observation on 11/07/17 at 12:04 p.m. of the Administrator posted cleaning schedule and 11/07/2017 advised staff responsible for cleaning. SIC to dining room floor revealed: inspect dining room floor daily to insure all - Brownish black stains throughout the tiled floor. floor(s) are kept clean on daily basis. - A thick black/brown build-up of dirt was along Maintenance Person advised on 11/07/2017 and the baseboards around the dining room. hallway(s) was cleaned. - There were brownish stains on floor tiles in front of the water fountain. Administrator posted cleaning schedule and 11/07/2017 Observation of the living room floor on 11107/17 advised staff responsible for cleaning. SIC to at 12:06 p.m. revealed: inspect hallway(s) and floors daily to insure all hallway(s) are kept clean on daily basis. - The thresholds to the hallway and the exit door Maintenance Person advised on 11/07/2017 and in the living room had a black build up of dirt and hallway(s) was cleaned. black smears on the tiles. - The tile floor had a yellow brownish stained overall color. - The floor of the living room along the baseboards had a black build-up of dirt and brownish stains. - Black smears and marks were on the tiles of the floor in the middle of the living room. Interview on 11/07/17 at 10:00 a.m. with the personal care aide revealed:

- Daily cleaning included mopping, sweeping,

dusting, and cleaning bathrooms.

ivision of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:			(X3) DATE SURVEY COMPLETED R	
16,03		FCL017056		VICTOR CONTROL OF A		11/07/2017
	PROVIDER OR SUPPLIER T LIVING #2	STREET ADD 3816 CHERR ELON, NC 27	Y GROVE R	STATE, ZIP CODE OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C074	- There was not a s - He was not aware but he did pull out b weekly. Interview on 11/07/1 Administrator revea - There was a clear - Staff had different - Staff were to deep floors twice per mod - The cleaning sche he had not been me facility The staff cleaning dirty water to rinse	ping took place at night, pecific cleaning schedule, of a deep cleaning schedule leds and clean behind them 7 at 4:38 p.m. with the led: hing schedule, duties to complete, o clean, strip and buff the	C074	DEFICIENCY	p most i recutor is bissos includes in leaders, four in leaders	
C078	10A NCAC 13G .03	A NCAC 13G .0315(a)(5) Housekeeping and		mant ga dining man ann gadha en lina (line to ku m		
	10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes.			Defended of the fitting scent fluor on 1818/11 (Research of an increase of the second fluor of the secon		
	failed to assure the	ions and interviews, the facility resident water fountain and ent bath tub was kept in a clean		and the thing grown, and the training of training of the training of the training of train		10

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION A. BUILDING IDENTIFICATION NUMBER: B. WING: 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 ELON, NC 27244 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) C078 Continued From page 4 C078 The findings are: Administrator posted cleaning schedule and 11/07/2017 Observation on 11/07/17 at 12:04 p.m. of the advised staff responsible for cleaning. SIC to resident water fountain in the dining room inspect water fountain in dining room(s) daily to insure water fountain(s) are kept clean on daily basis. Maintenance Person advised on - The front and sides of the metal water fountain 11/07/2017 and water fountain(s) was cleaned by were covered with drink drip marks. evening shift. - The push handle used to start the water fountain had brownish/black fingerprints and smears. - The vents on the sides had drink spill marks and had a layer of gray dust on the vent slats. - The top metal bowl of the water fountain was covered and stained with dried drink marks. pieces of food spills and dirty gray stains. - Along the dried brown drink stains were particles of a brown material. - There was thick white-water stains and build-up along the bowl from the mouth piece to the drain. - There were blue/green water stains from the mouth piece that streaked along the bowl approximately 3-4 inched down toward the drain. - The mouth piece was stained with blue/green water stains; a black mold like substance and brown dirt particles were on and around the area where the water came out of the mouthpiece. Observation on 11/07/17 at 11:30 a.m. a resident was observed bending over drinking water from the dirty mouthpiece. Interview with the resident drinking the water on 11/07/17 at 11:30 a.m. revealed: - Residents drank water from the water fountain all of the time. - Some residents poured there coffee and other drinks down the water fountain drain. - He said it had been in the dirty condition like to day for months. - He had not noticed anyone clean the fountain.

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING: 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 **ELON, NC 27244** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 5 C078 C078 Interview on 11/07/17 at 12:05 p.m. with the personal care aide (PCA) revealed: - He did not realize it was dirty. - He had worked a short while in the facility. - He had seen residents pour coffee down the fountain drain. - He agreed to put the fountain out of order until thoroughly cleaned. Administrator posted cleaning schedule and 11/08/2017 Observation on 11/07/17 at 3 p.m. of the water advised staff responsible for cleaning. SIC to fountain revealed: inspect water fountain in dining room(s) daily to - A resident was observed to drink from the water insure water fountain(s) are kept clean on daily fountain. basis. Maintenance Person advised on - The water fountain was still dirty and unclean. 11/07/2017 and water fountain(s) was cleaned by - There was no sign up to warn the water fountain evening shift. was out of order. Interview on 11/07/17 at 4:24 p.m. with the Administrator revealed: - He did not realize the water fountain was in the current condition. - He would ensure the fountains would be "out of order" right away and it would be thoroughly cleaned. - He would assure the water fountain would be kept clean. Observation on 11/07/17 at 11:13 a.m. of the Administrator advised maintenance person 11/08/2017 common bathroom bath tub revealed: responsible. Administrator to ensure that all work is completed and bathtub is caulked and - The caulking around the top rim of the tub had cleaned and SIC will monitor daily to dried out cracks and had pulled away from the bathroom(s) are kept clean on daily basis. tub in areas. Maintenance Person advised on 11/07/2017 and - Some of the caulked areas had a black mildew caulking and cleaning was completed like substance on it. - There was black substance around the bath tub faucet where it met the tub wall. - The bath tub closure mechanism had some corrosion, and a black rust colored substance all around it where it met the wall of the tub.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLETED B. WING: 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 **ELON, NC 27244** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION m (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 6 C078 C078 - There were rust colored streaks down toward the drain from the tub closure mechanism. - The drain had black stains on it. - There was a light blue colored stain on the bath tub wall and down toward the drain. - The bath tub walls and bottom of the bath tub were covered with a gray substance with a dirty appearance all around the tub and on the floor of the bath tub. - There was a thicker build-up of dirty areas at the head of the tub that were a brownish/gray color. - There were hairs and dirt particles throughout the bath tub walls and floor bottom. - The bath tub curtains were covered with a whitish soap scum substance and a brown/black build up along the bottom edge approximately 6-8 inches in width and the white soap scum was toward the middle of the curtain, Interview on 11/07/17 at 4:38 p.m. with the Administrator revealed: - There was a cleaning schedule. - Staff had different duties to complete. - Staff were to clean the bath tubs and showers every night. - The cleaning schedule had been modified since he had not been monitoring the cleaning of the - He would ensure the bath tub and showers were cleaned when dirty and when residents were finished their baths, - He would increase the monitoring of the housekeeping. C205 10A NCAC 13G ,0702(c)(2) Tuberculosis Test C205 and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	(X3) DATE SURVEY COMPLETED R		
		FCL017056	B. WING:		11/07/2017
	PROVIDER OR SUPPLIER IT LIVING #2	STREET ADD 3816 CHERRY ELON, NC 27:	Y GROVE R	STATE, ZIP CODE DAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C205	to be entered on the Medicaid Program I MR-2, North Carolin Retardation Service following: (2) The FL-2 or MR before admission or upon admission and administrator or supadmission except for this Rule is not me Based on observatire reviews, the facility residents sampled if received in the facility which resulted in the without a level of cacurrent orders. (Resident #1 had be the Administrator's ago. He was not aware for Resident #1 "They just brought facility." He knew what to come in the administrator administrator get the service of the service of the administrator administrator get the service of the servic	e complete examination are e FL-2, North Carolina cong Term Care Services, or na Medicaid Program Mental is, which shall comply with the resident do be reviewed by the pervisor-in-charge before or emergency admissions. It as evidenced by: In interviews and record failed to ensure 1 of 3 and an FL-2 completed and inty before or upon admission e resident being the admitted are and no documentation of sident #1). In at 10:04 a.m., with the working in the facility revealed: It was not a current FL-2 this books from the other do for the resident by the FL-2 arme over from the other facility are over from the other facility.	C205	NP-C was notified and FL2 and transfer documents were completed and placed in Resident #1 Record. Administrator will be responsible to ensure that whenever any resident is moved, that the proper documen are completed and filed in the residents rec	ats ord.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING R 11/07/2017 B. WING: FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 ELON, NC 27244 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 8 C205 C205 Review of the resident record for Resident #1 revealed: - There was not a current FL-2 for the admission to the facility. - There was no documentation of a current Resident Register. - There was no documentation of the date of admission to the facility. Review of the previous facility's FL-2 dated 6/15/17 for Resident #1 revealed: - Diagnoses of traumatic brain injury, apparent mental retardation, and seizure disorder. - A level of care was listed as family care home. Observation of Resident #1 on 11/7/17 at 10:47 a.m. revealed the resident was independently ambulatory and was smoking a cigarette. Interview on 117/17 at 10:47 p.m. with Resident #1 revealed: - He had moved from the Administrator's facility next door to this one about 1 week ago. - He had lived in the other facility for a while and moved over to this facility for a change. - He continued to get his previous medications here. - He got a regular diet and snacks during the day. - There no problems of concerns regarding his care in the facility. Interview on 11/7/17 at 1: 18 p.m. with the Supervisor-In-Charge revealed: - Resident #1 was at the Administrator's facility next door. - He was recently moved to this facility. - He was independent. - His medications and records were brought over to this facility when he moved in. - She did not know the exact day of the move to

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING: 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 **ELON, NC 27244** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE TAG DEFICIENCY) C205 C205 Continued From page 9 this facility. - Recently he had his teeth removed and was aetting dentures this week. - He was a smoker and staff would light the Cigarettes outside the facility for him. - The Administrator completed all of the admission paperwork. Interview on 11/7/17 at 1:20 p.m. with the assistant to the Administrator revealed: - No FL-2 for Resident #1 had been completed since he came to the facility about a week ago. - She was not aware of why there was not a current FL-2 for the resident. - All of the resident's medications and MARs were brought over from the other facility. - He was receiving dental care but he was mostly independent. - The facility cut up his meat because he had no teeth. He was waiting on dentures next week. - The Administrator was responsible for ensuring current FL-2's were obtained on admission. Interview on 11/7/17 at 4:35 p.m. with the Administrator revealed: - Resident #1 had been in the facility at most for 2 - All of his paperwork had been brought over to this facility when he was admitted. - He was independent and his previous care level was continued included the medications received at the other facility. - Nothing had changed with his care except he was recently fitted for dentures and was receiving dental care. - The Administrator said he "Just did not get the FL-2 and Resident Register completed for his admission here. - He would ensure the admission paper work

would be completed.

SDQ811

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED R 11/07/2017 B. WING: FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 **ELON, NC 27244** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C230 10A NCAC 13G .0801 (a) Resident Assessment C230 10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register, This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure 1 of 3 residents sampled had a initial Resident Register assessment completed within 72 hours of admission to the facility which resulted in the resident not having an initial functional level of care assessment completed. (Resident #1). The findings are: NP-C was notified and FL2, 11/09/2017 Interview on 11/7/17 at 10:04 a.m. with the Resident Registry and transfer documents were completed and placed in Resident #1 Record. personal care aide working in the facility on the Administrator will be responsible to ensure that day shift revealed: whenever any resident is moved, that the proper - Resident #1 had been moved to this facility from documents are completed and filed in the the Administrator's other facility about 2 1/2 resident's record. weeks ago. - He was not aware there was not Resident Register initial assessment completed for Resident #1. - "They just brought his books from the other facility." - He knew what to do for the resident by the FL-2 in his record. - The resident was independent, had a mental illness and was a smoker. - All of the MARs and his medications came over from the other facility. - The Administrator and the assistant to the Administrator get the FL-2's and the medication administration records (MARs) completed.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: FCL017056		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:			(X3) DATE SURVEY COMPLETED	
					R 11/07/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD		TATE, ZIP CODE		
BUNDAN	T LIVING #2	ELON, NC 2	RY GROVE RO)AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFLX TAG	PROVIDER'S PLAN OF CORRE EACH CORRECTIVE ACTION SHI CROSS-REPERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C230	Continued From pag	ge 11	C230			
	Review of the resider revealed: - There was no dock Resident Register in hours. - There was no dock admission to the factor to the facility. Review of the previous 6/15/17 for Resident - Diagnoses of traummental retardation, - A level of care was Observation of Resia.m. revealed the reambulatory and was Interview on 117/17 #1 revealed: - He had moved from	ent record for Resident #1 umentation of a current nitial assessment within 72 umentation of the date of cility. urrent FL-2 for the admission ous facility's FL-2 dated				
	moved over to this for the continued to go here. - He got a regular do - There no problems care in the facility.	e other facility for a while and facility for a change. et his previous medications liet and snacks during the day. s of concerns regarding his 7 at 1:18 p.m. with the				
	Supervisor-In-Charg - Resident #1 was a next door He was recently make the recent make the recently	ge revealed: at the Administrator's facility noved to this facility. ent.				
	- His medications at to this facility when	nd records were brought over he moved in.				

6899

FORM APPPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B WING 11/07/2017 FCL017056 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ABUNDANT LIVING #2 **ELON, NC 27244** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C230 Continued From page 12 C230 - She did not know the exact day of the move to this facility. - Recently he had his teeth removed and was getting dentures this week. - He was a smoker and staff would light the cigarettes outside the facility for him. - The Administrator completed all of the admission paperwork. Interview on 11/7/17 at 1:20 p.m. with the assistant to the Administrator revealed: - No FL-2 or Resident Register initial assessment for Resident #1 had been completed since he came to the facility about a week ago. - She was not aware of why there was not current paperwork for the resident. - All of the resident's medications and Medication Administration Records were brought over from the "sister facility". - He was receiving dental care but he was mostly independent. - The facility cut up his meat because he had no teeth. He was waiting on dentures next week. - The Administrator was responsible for ensuring current FL-2's and Resident Registers were completed. Interview on 11/7/17 at 4:35 p.m. with the Administrator revealed: - Resident #1 had been in the facility at most for 2 days. - All of his paperwork had been brought over to this facility when he was admitted. - He was independent and his previous care level was continued included the medications received at the other facility. - Nothing had changed with his care except he was recently fitted for dentures and was receiving

dental care.

- The Administrator said he "Just did not get the

PRINTED: 11/27/2017 FORM APPPROVED

	Health Service Regul		T			
STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA		(X2) MULT		(X3) DATE SURVEY COMPLETED		
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	A. BUILDING		
		FCL017056	B. WING:			R 11/07/2017
AME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		2001/
	T LIVING #2	3816 CHEI	RRY GROVE R			
DONDAN		ELON, NO		X 357.19		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG			(X5) COMPLETE DATE
C230	Continued From pa	age 13	C230			
	FL-2 and Resident admission here.	Register completed for his		to the execution of the name of	action about	
	THE RESIDENCE OF THE PARTY OF T	- He would ensure the admission paper work		gare two exception rhead and a		
	would be completed.			Shaw Eal	a material your	100
				and their Stepper Signs type regions in their		100
				west on a subset was		GLA I
				A 10% the recommensus of the		
				Nove		
				STATE OF THE STATE		ced 1
						e are
				the state of the s		1-10
				All proprie control control of the control		
				CAR SILLIAN SILVERS T		
				parties by the state of the state of the		lea e
				1040,1211		
				ACCORDING THE RESIDENCE OF SEC.		
				apply many integrand stress section		
				allowers were at the second of the large of		
				Date of the second		men.
				and the second of the second of the		
				OKT THE STATE OF STAT		ECCESION NO.
				Anna Paris Salan Control of the		
				SAMPLE OF REPRIES AND REAL RESIDENCE		fette.
				STOKE A HORSE OF LANGUAGE TO A		1000
				not store into Effects (0.000
				These waster, extend married for		
				10,460		
				College & part of the steed		1986
				at may blowerd read but the		12.
				Selembor and S		
				the case are long and the last		
				penegra marandari sri 34%		120
				we have seen about the burge		
				AND AND STREET, NAME OF STREET, AND AND		
				STATE OF THE PARTY OF THE PARTY SERVICES		5 300
				the same way take tooling and the same		
				self they may bidy beauty and they		
			-			

SDQ811