PRINTED: 05/25/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		<sub>B</sub>	
		HAL018035	B. WING		R 05/03/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
PIEDMON	T VILLAGE AT NEWTON	1345 CH	APMAN LANE			
1 ILDINION		NEWTON	, NC 28658			
(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 APPROF DEFICIENCY)	O BE COMPLETE	
D 000	Initial Comments		D 000			
		artment of Social Services and follow-up survey on				
D 074	10A NCAC 13F .0306 Furnishings	6(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				
	failed to assure the w 2 common shower are of the halls, were kep as evidenced by stain shower room walls, m around the baseboard broken plastic and me Zone 5; 2 of 4 command 5 had stains and and mildew buildup a baseboards and a large	als, and interviews, the facility alls, floor and fixtures in 2 of eas, in Zone 3 and Zone 5 to clean and in good repair, as and smears on the hold and mildew buildupeds, tile and toilet, and a etal fixture on the wall in hon bathrooms in Zone 3 smears on the walls, mold round the toilet and ge piece of porcelain broken one 3; and 1 of 5 resident				
	The findings are:					
	Observation during th 9:30am revealed: -The facility occupied	e facility tour on 05/02/18 at one floor.				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE C			E SURVEY PLETED
		HAL018035	B. WING		0:	R 5/03/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
PIEDMON	IT VILLAGE AT NEWTON	1	IAPMAN LANE			
	0.000000		N, NC 28658	DD0//DEDI0 D/ 41/ 05	000000000000000000000000000000000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 074	-The floor plan divide -One common showe and a ladies bathroor and in Zone 5The resident rooms Zone 3 and Zone 5.  Observation of the co 5 on 05/02/18 at 10:1 -The toilet, baseboard accumulation of molo -The walls and light s staining and streaksRust staining was or the faucet to the base placed over the side tubThere was a broken hardware exposed or -A box of tiles, an ope and plastic fixtures, w the right of the bathto dust build up and dirt dead bugs.  Observation of a resi 05/03/18 at 7:45am r	ed the facility into 5 zones. er room, a men's bathroom m were located in Zone 3  were located in Zone 2,  common shower room in Zone laam revealed: ds and floor tiles had an d, mildew and dirt. ewitch plate had brown  In the porcelain bathtub from e of the tub, and from a hose of the tub to the drain of the  plastic fixture with metal in the wall next to the toilet. en bag of "Sanded Grout", evere under a bath chair, to ub, surrounded by a thick is, black mold staining and  dent's room in Zone 2 on evealed;	D 074			
	stains were on the re	rom an unknown source,				
	05/03/18 at 8:55am r -Brown staining and i the toilet and the bas -There was brown sta walls.	mold surrounded the base of eboard of the walls. aining and streaks on the				
	Observation of the m	en's bathroom in Zone 3 on				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL018035	B. WING		R <b>05/03/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		1345 CHAF	PMAN LANE			
PIEDMON	T VILLAGE AT NEWTON	NEWTON,	NC 28658			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
D 074	Continued From page	2	D 074			
	05/03/18 at 9:05am re -A large piece of porce left side of the sink ba -There was brown sta surrounding the sink.	evealed: selain was missing from the asin. sining on the walls				
	10:15am revealed: -She worked 6 hours FridayShe was the only ho housekeeper on the v -She was responsible rooms, which include common areas, the s the hallways, and the -She tried to clean the -It was the responsible and third shift to perform areas not completed -She left the cleaning medication room, whe the staff to accessShe could not always clean them " becauthem." -She did not move the grout, a box of tiles, a (Zone 5) shower room -She did not contact to in moving the debrisShe did not know the build up on the walls everything. Everything	e for cleaning the residents' d changing soiled linens, the hower and bathroom areas, entrance area. The residents' rooms daily. It is of the staff on second form light duty cleaning in the during the day. The supplies locked in the en she finished her shift, for the set into the bathrooms to use the residents are using the day. The supplies locked in the en she finished her shift, for the set into the bathrooms to use the residents are using the debris (a bag of sanded and plastic fixtures) in the in because it was too heavy. The supervisor for assistance the residents are using the same and floor. The can not get to g is left for me."				
	revealed:	ent on 05/03/18 at 10:25am It the shower area in Zone 5				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
	HAL018035 B. WING			R <b>05/03/2018</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		1345 CHAF	MAN LANE			
PIEDMON	T VILLAGE AT NEWTON	NEWTON,	NC 28658			
(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 074	Continued From page	2.3	D 074			
<i>D</i> 074	was dirty.	e 5 shower room on his	B 0/4			
	the Assistant Adminis facility was maintaine manner. -The corporate mainteremodeling the facility -This was an "on-goir	revealed: lity of the housekeeper and trator (AA) to assure the d in a clean and safe enance staff have been room." ng work in progress." with the maintenance staff				
	05/03/18 at 10:47am -"That shower room v housekeeper doesn't	vas always dirty. The do a good job cleaning."				
	-"I don't think anyone cleans that room."  Interview with the AA on 05/03/18 at 10:55am revealed: -She gave the housekeeper a list of responsibilities several months agoShe did not have a copy of the listThe housekeeper's responsibilities were to clean the residents' rooms, the bathrooms and shower rooms, the common areas, the hallways and the main entrance area. She was also responsible for changing the beds in the morning if they were soiled, and third shift had not removed the linensShe was the housekeeper's direct supervisorShe walked through the community on a regular basis and did not notice the shower areaThe cleaning tasks, not completed during the day shift, should be finished by the evening care staff between 9:00pm and 6:00am.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			7.1. 20.125.1110.	A. BUILDING:		
		HAL018035	B. WING		R 05/03/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
PIEDMON	T VILLAGE AT NEWTON		APMAN LANE			
			I, NC 28658			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET	ΓΕ
D 074	Continued From page	e 4	D 074			
	with the housekeeper-She replaced the be in some of the reside move residents and chad not completed re Zone 2.	e cleaning responsibilities and the evening staff. droom rugs with tile flooring nt's rooms. It took time to contact their guardians. They placing the rugs with tiling in resident on 05/03/18 at				
	11:05am revealed sh	e preferred the shower at hall (in Zone 3) since it was				
	11:10am revealed sh	n resident on 05/03/18 at e used the shower at the Zone 5) because it was "				
	11:18am revealed: -He walked through the supervised the light in identifiedHe contracted with a complete those repaired jobs." -The AA was the direct housekeeper and carelt was her responsible community and ensure performing her job re	ct supervisor of the e staff.  ility to walk through the re the housekeeper was sponsibilities.				
D 113	10A NCAC 13F .0311 (d) The hot water sys	(d) Other Requirements  Other Requirements stem shall be of such size to supply of hot water to the	D 113			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R
		HAL018035	B. WING		05/03/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
PIEDMON	T VILLAGE AT NEWTON		PMAN LANE		
			NC 28658		
(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 113	Continued From page	: 5	D 113		
	be maintained at a mi (38 degrees C) and sl				
	This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain hot water temperatures between 100-116 degrees Fahrenheit (F) in one sink in the women's common shower room, one sink in a women's bathroom and two sinks in the men's bathrooms.				
		s resident roster on 05/02/18 6 residents were currently			
	9:30am to 9:50am rev -The hot water tempe women's common sho (F)The hot water tempe men's common bathro (F)The hot water tempe women's bathroom wo Observation of the As	8 at various times between vealed: rature at the sink in the ower room was 122 degrees rature at the sinks in the coms (2) was 122 degrees rature at the sink in the as 122 degrees (F). sistant Administrator (AA) n revealed she adjusted the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			SURVEY PLETED	
			A. BUILDING:			_
		HAL018035	B. WING		05	R 5/03/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	,	
NAME OF T	NOVIDEN ON 3011 EIEN		APMAN LANE	ZII CODE		
PIEDMON	T VILLAGE AT NEWTON		I, NC 28658			
(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	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 113	Continued From page	e 6	D 113			
	shower room doors o revealed a "CAUTION	ommon bathroom and n 05/02/18 at 9:50am N: HOT WATER!!!" sign had hthroom and shower room				
	revealed: -She and the mainten water temperatures o	ater tank for the residents'				
	Health Adult Care Ho revealed: -The report was datedThe facility's sanitation 96Under the toilet, hand bathing facilities section 1 point deduction for water between 100 deOn the comment add documented, "provide bathrooms. 123 deg F	d 01/22/18. On score was documented at dwashing, laundry and on there was documented a lavatory and bathing hot egrees and 116 degrees (F). dendum page was a 100-116 deg F hot water in				
	-"Baths 110.3, showe on 01/01/18. -"Baths 108.6, showe on 02/04/18. -"Baths 107.3, showe on 03/07/18. -"Baths 106.8, showe on 04/03/18.	rs 110.3" was documented rs 108.6" was documented rs 107.6" was documented rs 106.9" was documented andwashing sink in the etween rooms 8 and 9 on				

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COMPL	
	R
<b>I</b>	03/2018
RECTION SHOULD BE PPROPRIATE	(X5) COMPLETE DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
	A. BUILDING:			R		
		HAL018035	B. WING		1	3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DIEDMON	T.VII.I. A.C.E. AT NIEWTON	1345 CHAP	MAN LANE			
PIEDMON	T VILLAGE AT NEWTON	NEWTON, I	NC 28658			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 113	Continued From page	8	D 113			
D 113	the room.  -He was aware of the range between 100-1  Interview with the AA revealed:  -The maintenance stathe hot water temperations.  -The maintenance stathe hot water temperations during the checking hot water temperatures during the maintenance staff water to be the hot water and the hot water tank. State monitored the temperature is within she knew of the hot between 100-116 degunder.  -No staff or resident has the water temperature with the Adring 10:37am revealed:  -She was aware of the between 100-116 degunder.  -The maintenance statemperature on a monification and a make any necessary.	hot water rule requiring a 16 degrees (F).  on 05/03/18 at 8:15am  aff checked and documented atures on a monthly basis. aff worked part time at the gincreasing the frequency of imperatures. In checking hot water those times when is not in the building. It is temperature was identified ment inspection, she is the temperature gauge on the and the maintenance staff return until it remained within the to monitor until the grange.  Water rule requiring a range grees (F). In additional complained to her about the being too hot.  In ministrator on 05/03/18 at the rule requiring a range grees (F). The additional complained to her about the being too hot.  In ministrator on 05/03/18 at the rule requiring a range grees (F). The additional complained to her about the being too hot.  In the requiring a range grees (F). The additional complained to her about the being too hot.  In the requiring a range grees (F). The additional complained to her about the being too hot.  In the requiring a range grees (F). The additional complained to her about the being too hot.  In the requiring a range grees (F). The requiring a range grees (F) and the requiring a range grees (F). The requiring a range grees (F) are rule requiring a range grees (F). The requirements of th	D 113			
	-She would discuss w	repairs.  with the issue with the AA and the temperatures within the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL018035		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL018035	B. WING		05	R 5/03/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		1345 CH	APMAN LANE	,		
PIEDMON	IT VILLAGE AT NEWTO	NEWTO	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 287	Service  10A NCAC 13F .090 (b) Food Preparation Homes: (2) Table service shanon-disposable place a knife, fork, spoon, containers. Exceptio individual basis and documented needs of resident.	ns may be made on an shall be based on or preferences of the	D 287			
	reviews, the facility fincluded a non-dispo	ns, interviews and record ailed to assure table service				
	Observations of the 05/02/18 between 12 -There were 23 residence.  -The meal served to chicken breast, steat tomatoes, biscuit and The place setting for include a knife.  -Two personal care a meals to the resident -Two residents picked ate it with their fingerence one resident used to the chicken into setting the control of the chicken into setting the control of	r all 23 residents did not aides (PCA) delivered the ts. d-up the chicken breast and rs. heir fingers and the fork to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				A. BOILBING.		R	
		HAL018035	B. WING	<del></del>	05	5/03/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
DIEDMON	T \	1345 CH	APMAN LANE				
PIEDMON	T VILLAGE AT NEWTON	NEWTOI	N, NC 28658				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
D 287	Continued From page	e 10	D 287				
	Observation of a PCA revealed: -She went table-to-ta required any assistar needed their chicken -The PCA was observations of the boshoast for two resider  There were 24 resid roomThe meal served to scrambled eggs, to ascerealThe place setting for include a knife.  Interviews with sever between 2:45pm to 4-One resident stated Staff "always" asked they wanted their foo chicken on the biscui There "never" had be thought it was "so no-One resident stated me but it's pretty soft [that there was no kn-"My food is soft or th-The resident who at the chicken breast stated resident resident who at the chicken breast stated resident re	ble asking residents if they breast cut into pieces. ved cutting the chicken nts.  breakfast meal service on 30am to 8:05am revealed: ents seated in the dining residents included st, canned pears and cold at all 24 residents did not need a knife. her and the other residents if d cut. Today she "put the t" and ate it like a sandwich. een a knife at the table. She one got hurt". that "they cut my food for mostly, doesn't bother me" ife]. ee only a small corner off of ated "I mainly wanted my 't want chicken but they cut eeded".					
	-"I need help cutting a -"They don't put knive	my food and they help me". es out, that is dangerous". ifes and they cut food if					

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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 NOWIBER.	A. BUILDING:		COMPLE	IED
		HAL018035	B. WING	B. WING		3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
	1011BER 011 00. 1 Elen		PMAN LANE	, 332		
PIEDMON	T VILLAGE AT NEWTON	NEWTON,				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
D 287	Continued From page	e 11	D 287			
	-"This doesn't hother	me (not having a knife), but				
		e dangerous with a knife".				
	Interview with a PCA revealed:	on 05/02/18 at 12:35pm				
	-They "don't put out k	nives".				
		ves out at the table for "as				
	•	working there" (7 months).				
		t and assisted with the				
	breakfast and lunch n					
	_	ound to the residents and assistance with their meal.				
	asked if they heeded	assistance with their mear.				
	Interview with a secon 8:40am revealed:	nd PCA on 05/03/18 at				
	-She had been workir November 2017.	ng at the facility since				
	-They "never had put	knives out" at the tables.				
		e reason knives were not put				
	out at the tables for th					
	_	and assisted residents with r spreading jelly or butter".				
	culling their meats of	spreading jelly of butter .				
	Interview with the Coorevealed:	ok on 05/03/18 at 10:00am				
		g at the facility for about one				
	-He prepared the lund	ch and dinner meals.				
	-The PCA's set the ta	bles with a spoon and fork				
	only.					
		reasons knives were not put				
	out at the tables.	the residents with cutting				
	their food, as needed					
		at are prepared are "soft				
		ald not need a knife to cut				
		ith a list of residents that				
	needed assistance, h	e would cut the meat into				
	pieces prior to plating	the food.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
					R
		HAL018035	B. WING		05/03/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
PIEDMONT VILLAGE AT NEWTON 1345 CHAPMAN LANE NEWTON, NC 28658					
(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 (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETE DATE	
	were no residents on pureed diet.  Interview with the Ass 05/03/18 at 8:15am re				
	-She knew of the rule -She did not know kni at the tablesShe did not know the being set at the tables -They had recently or the wrong order beca sharp and pointed en -She had "instructed" knives.	for a full place setting. ives were not being placed e reason knives were not s. dered knives but were sent use the knives had a very d. the staff not to use those and assure knives were			
	10:37am revealed: -She knew of the rule -She did not know kni at the tablesShe did not know the being set at the tables -She had been at the observed knives at th -Staff were "good to g their meal.	facility in the past and had e tables. go and assist residents" with issue with the assistant heir next quality			

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