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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|----------------------------|--|-------------------------------|---|
| | | | A. BUILDING: _ | | | |
| | | HAL081042 | B. WING | | 10/11/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| SUNNYSII | DE RETIREMENT HOME | | HIGHWAY 221 | | | |
| | CLIMMADV CT | ATEMENT OF DEFICIENCIES | ITY, NC 28043 | PROVIDER'S PLAN OF CORRECTIO | N agr | |
| (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 APPROPI DEFICIENCY) | BE COMPLETE | E |
| D 000 | Initial Comments | | D 000 | | | |
| | | epartment of Social Services survey on October 10, 2018 | | | | |
| D 287 | 10A NCAC 13F .0904 Service | (b)(2) Nutrition And Food | D 287 | | | |
| | (b) Food Preparation Homes: (2) Table service shal non-disposable place a knife, fork, spoon, p | s may be made on an hall be based on | | | | |
| | | as evidenced by: as and interviews, the facility each table place setting | | | | |
| | The findings are: | | | | | |
| | 12:15pm and the mor | on meal on 10/10/16 at ning meal on 10/11/16 at table place setting consisted with no knife. | | | | |
| | 12:15pm revealed: -The residents were s serving of lima beans roll, and a pineapple of | lding the slice of ham to his | | | | |

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

(X6) DATE TITLE

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| | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | E SURVEY PLETED |
|--------------------------|--|--|------------------------------------|--|--|--------------------------|
| | | HAL081042 | B. WING | | 10 |)/11/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STATE | E, ZIP CODE | | |
| SUNNYSI | DE RETIREMENT HOME | | . HIGHWAY 221 S. CITY, NC 28043 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE | ACTION SHOULD BE TO THE APPROPRIATE | (X5) COMPLETE DATE |
| D 287 | of ham with a fork. -A third resident was ham with the side of a solution of the material service of the service of the serving of oatmeal, and a solution of the staff had not off patties and french to a solution of the staff had not off patties and french to a solution of the staff had not off patties and french to a solution of the staff had not off patties and french to a solution of the staff had not off patties and french to a solution of the staff had not off patties and french to a solution of the staff would cut the material solution of the staff would cut the residents. -The cook had not as not given knives. -"I assumed it was a have some residents -The staff would cut the residents asked them." | as attempting to cut the slice attempting to cut the slice of a spoon. orning meal on 10/11/16 at served 1 serving of erving of french toast sticks, and a sausage patty. ere using a fork to cut their french toast sticks. ered to cut the sausage ast sticks. 6 from 12:22pm to 2:18pm ealed: ave any knives. received a knife at meals. Id pick up their food with it. h" to cut with a spoon. h"t need a knife." heat or give the residents a 6 at 1:50pm with a facility es but they were not given to ked why the residents were safety issue because we with anger issues." he meat up when the | D 287 | | | |
| | Observation on 10/10 revealed: | 0/16 at 1:55pm of the kitchen | | | | |

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-There were twelve butter knives in a drawer in

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| AND PLAN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 1 | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|--|---------------------|---|----------------------------|--|--|
| | | HAL081042 | B. WING | | 10/11/2018 | | |
| NAME OF F | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STA | ATE, ZIP CODE | | | |
| SUNNYS | SUNNYSIDE RETIREMENT HOME 1600 U.S. HIGHWAY 221 S. | | | | | | |
| | TE RETIREMENT HOME | FOREST | CITY, NC 28043 | 3 | | | |
| (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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE | | |
| D 287 | the kitchenThere were no other Interview on 10/10/16 Resident Care Coordi -The facility had knive the tables for the resid -The residents could a -"We should have che -It was not safe to give knivesThe facility had recei | butter knives in the kitchen. at 12:30pm with the inator (RCC) revealed: es but did not put them on dents to use. ask staff to cut their food. | D 287 | | | | |

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