Division of Health Service Regulation										
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
HAL081042		B. WING		10/11/2018						
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE						
SUNNYSIDE RETIREMENT HOME 1600 U.S. HIGHWAY 221 S.										
FOREST CITY, NC 28043										
(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 000	Initial Comments		D 000	Plan of correctio	10-11-18					
		epartment of Social Services survey on October 10, 2018		FOR D287 Facility placed						
D 287	Service 10A NCAC 13F .0904 (b) Food Preparation Homes: (2) Table service shall non-disposable place a knife, fork, spoon, p	s may be made on an hall be based on	D 287	Facility placed Knives at all residents place Setting All resident have knows for even Facility staff w monitor Any issu of inna-peopriate threating use i the Knife. Fft occurs, it will reported to prime	noal 11					
		as evidenced by: as and interviews, the facility each table place setting		DECLURS, it will reported to Prim Care AND Mente Health Providen	x					
	12:15pm and the mor 8:01am revealed the of a fork and spoon, w			At that time individual Assess	nent C					
	12:15pm revealed: -The residents were s serving of lima beans roll, and a pineapple -One resident was ho mouth and attempting	lding the slice of ham to his	K	if the residents of the Chife CA	LANK					
Division of Hea LABORATORY	alth Service Regulation DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	RCC	C 11-1-18	(X6) DATE					
STATE FORM 6899 N06C11 If continuation sheet 1 of 3										

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HAL081042 10/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1600 U.S. HIGHWAY 221 S. SUNNYSIDE RETIREMENT HOME FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 287 Continued From page 1 D 287 construe 10-11-18 -A second resident was attempting to cut the slice of ham with a fork. -A third resident was attempting to cut the slice of ham with the side of a spoon. Observation of the morning meal on 10/11/16 at 8:01am revealed: -The residents were served 1 serving of scrambled eggs, 1 serving of french toast sticks, 1 serving of oatmeal, and a sausage patty. -Thirteen residents were using a fork to cut their sausage patties and french toast sticks. -The staff had not offered to cut the sausage patties and french toast sticks. Interviews on 10/10/16 from 12:22pm to 2:18pm with six residents revealed: -The facility did not have any knives. -The residents never received a knife at meals. -Some residents would pick up their food with their fingers and bite it. -The meat was "tough" to cut with a spoon. -"Some residents don't need a knife." -Staff would cut the meat or give the residents a knife if asked. Interview on 10/10/16 at 1:50pm with a facility cook revealed: -The facility had knives but they were not given to the residents. -The cook had not asked why the residents were not given knives. -"I assumed it was a safety issue because we have some residents with anger issues."

Observation on 10/10/16 at 1:55pm of the kitchen revealed:

-The staff would cut the meat up when the

-There were twelve butter knives in a drawer in

residents asked them to.

Division of Health Service Regulation

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If continuation sheet 2 of 3

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					
		HAL081042	B. WING		10/11/2018					
		1	_		10/11/2010					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
SUNNYSIDE RETIREMENT HOME 1600 U.S. HIGHWAY 221 S.										
FOREST CITY, NC 28043										
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION						
PREFIX			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR						
TAG			IAG	DEFICIENCY)						
		-								
D 287	Continued From page	e 2	D 287							
2	the kitchen.		-							
	-There were no other butter knives in the kitchen.									
	Interview on 10/10/16 at 12:30pm with the									
	Resident Care Coordinator (RCC) revealed:									
1	•	es but did not put them on								
	the tables for the residents to use.									
		ask staff to cut their food.								
	-"We should have cho									
	knives.	e "mental health residents"								
		ived "guidance from our								
		knives to the residents.								
	physiolan not to give									
			-							
Division of He	alth Service Regulation									

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