STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			72025		_
		HAL064029	D 14/11/0		R 07/22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE ZIP CODE	
			TWOOD DRIVE	,	
SOMERSI	ET COURT OF ROCKY M	OUNT	MOUNT, NC 278	02	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	
D 000	Initial Comments		D 000		
		sure Section conducted an survey on July 18-19, 2019			
D 050	10A NCAC 13F .0305	(e) Physical Environment	D 050		
	(e) The requirements rooms are: (1) Minimum bathroo include a toilet and a residents and a tub or residents or portion the (2) Entrance to the bathrough a kitchen, and another bathroom; (3) Toilets and baths in accordance with the Building Code, Plumb (4) Bathrooms and to physically handicapper required by Volume I-	pereof; athroom shall not be other person's bedroom, or for staff and visitors shall be e North Carolina State ling Code; bilets accessible to the ed shall be provided as C, North Carolina State			
	designed to provide p rooms with two or mo (commodes) shall have curtains for each wate shower shall have priv (6) Hand grips shall be commodes, tubs and accessible to resident (7) Each home shall opening off the corride (A) a door of three fe (B) a three feet by the designed to allow the taking a shower withou	nd toilet rooms shall be rivacy. Bathrooms and toilet re water closets re privacy partitions or er closet. Each tub or vacy partitions or curtains; be installed at all showers used by or is; have at least one bathroom or with: et minimum width;			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	or riealth Service Regu				T.,,,,,,,,,,,	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
MIND I LANG	2. JOHNEOHON	IDENTIFICATION NOWIDER.	A. BUILDING: _		CONIFL	,
					F	₹
		HAL064029	B. WING		1	22/2019
			-		1 0172	2,2010
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
004550	T 0011DT 05 D0010/ M	918 WES	TWOOD DRIVE			
SOMERSE	SOMERSET COURT OF ROCKY MOUNT ROCKY			302		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION)NI	(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 APPROP	RIATE	DATE
				DEFICIENCY)		
D 050	Continued From page	<u>.</u> 1	D 050			
2 000	Continued From page	<i>.</i> .				
	(D) a lavatory; and					
	(E) a toilet.					
	(8) If the tub and sho	wer are in separate rooms,				
	each room shall have	a lavatory and a toilet;				
	(9) Bathrooms and to	pilet rooms shall be located				
	as conveniently as po	ssible to the residents'				
	bedrooms;					
	(10) Resident toilet re	ooms and bathrooms shall				
		rage or purposes other than				
	those indicated in Iter					
		s shall be well lighted and				
	_	ed at two cubic feet per				
		ical ventilation requirement				
	• • •	lities licensed before April 1,				
	1984, with natural ver					
	(12) Non-skid surfact					
	installed in showers a					
	, ,	bathrooms and toilet rooms				
	shall have water-resis	stant covering.				
	This Rule is not met					
		ns and interviews, the facility				
		esidents' Spa bathroom was				
	not utilized for storage	e purposes.				
	The findings are:					
	0 " "					
		oa bathroom on 07/19/19 at				
	10:40 am revealed:					
		wo-bag, tall metal rolling				
		bathroom door, 1-1/2 feet				
		2 feet from the room's				
	vanity sink.					
	_	unopened cartons of				
		feet from the spa tub and				
	stacked against the le					
		n concentrator and a large				
	-	d the stacked boxes, against				
	the wall.					
	-There were 2 folded	wheelchairs with a portable				

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STATE FORM 6899 DL1P11 If continuation sheet 2 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	A. BUILDING:		D D		
		HAL064029	B. WING		R 07/22/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
SOMERSET COURT OF ROCKY MOUNT		OUNT	WOOD DRIVE		
			DUNT, NC 278		
(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 050	Continued From page	2	D 050		
	toilet chair lying over stacked boxesThere was a 3-drawe placed on the seat of of the shower stallThere were 4 metal stacked on top of the on the benchThere were 4 folded between the back of the shower stall. Observation of the Sp. 8:51 am revealed: -The bathroom contains stored on 07/19/19 at the stored on 07/19/19 at	the wheelchairs, beside the er stacked storage container the padded bench outside wheel chair foot rests 3-drawer storage container metal walkers placed the spa bathtub and the pa bathroom on 07/22/19 at med the same items as 10:40 am. Inal large cartons stacked pa bathroom on 07/22/19 at resident, seated in a iner of toileting and bathroom outside the Spa bathroom			
	revealed: -He was waiting for a assist him with bathin -The Spa bathroom watorage and he needs	ed assistance to get around			
	boxes to get to the shower. -He had been a resident for 6 years; the Spa bathroom had always been used for storing supplies.				
	Interview on 07/22/19 housekeeping staff re -The Spa bathroom w				

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STATE FORM 6899 DL1P11 If continuation sheet 3 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R
		HAL064029	B. WING		07/22/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSE	ET COURT OF ROCKY M	OUNT	TWOOD DRIVE		
			IOUNT, NC 278		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 050	Continued From page	e 3	D 050		
		athroom all of the time. /as also used for facility			
	revealed: -Most residents used toileting and washing -Staff assisted reside when using the Spate-The Spa bathroom wastorage space. Interview with a medit 11:00 am revealed: -Wheelchairs and shot the only things stored 200 hallOther things had sto	nts to take showers and			
	Interview on 07/22/19 MA revealed: -Most of the residents bathing; they also use toileting and washing -The Spa bathroom h months for staff to ea -She did not know whused for storageIf a resident used a word move the stored boxes.	at 12:40 pm with a second s used the Spa tub for ed the Spa bathroom for			
	Resident Care Coord -The wheelchairs stor were for visitors to us	red in the Spa bathroom			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILBING.		R	
		HAL064029	B. WING	B. WING		19
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF ROCKY M	OUNT	WOOD DRIVE OUNT, NC 278	02		
(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 CO	(X5) MPLETE DATE
D 050	Continued From page	2 4	D 050			
	in case a resident need ambulation.	eded to use a walker for				
	ambulation. Interview on 07/22/19 at 1:00 pm with the Administrator revealed: -Supply trucks come on Fridays and unloaded boxes of suppliesWe need a place to put the boxes for staff to unload the suppliesThe facility has a storage building, but it had limited space; there was no storage space for equipmentThe Spa bathroom was a convenient place for staff to place boxes before unloading the suppliesEquipment and supplies needed to be taken out of the Spa bathroom; residents needed the space to shower, toilet and wash their handsShe did not know the Spa bathroom was not to be used for storage purposesShe would have an all staff meeting tomorrow to inform staff where to store equipment and					
D 113	10A NCAC 13F .0311 (d) The hot water system provide an adequate kitchen, bathrooms, laclosets and soil utility temperature at all fixt be maintained at a m (38 degrees C) and s	Other Requirements Other Requirements stem shall be of such size to supply of hot water to the aundry, housekeeping room. The hot water ures used by residents shall inimum of 100 degrees F hall not exceed 116 degrees This rule applies to new and	D 113			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
711272711	or contraction.	A. BUILDING:				
				R 07/22/20 ⁻	19	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF ROCKY M	OUNT	TWOOD DRIVE IOUNT, NC 278	.02		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE CO	MPLETE DATE
D 113	Continued From page	e 5	D 113			
	failed to assure the w fixtures used by the ro on the 100 Hall (#110 4 fixtures used by re 200 Hall (#213/#214,	ns and interviews, the facility rater temperatures at 4 of 4 esidents in 4 resident rooms 1/#112, #114/#116) and 4 of sidents in 4 rooms on the #221/#222) and the Spatained between 110-116				
	Observation of the bathroom for resident rooms #110/#112 on 07/18/19 at 12:02 pm revealed: -The hot water temperature at the sink was 120 degrees FThe hot water temperature at the shower was 124 degrees F.					
	#110/#112 on 07/19/1 -The hot water tempe degrees F.	ater for resident rooms 19 at 8:40 am revealed : erature at the sink was 120 erature at the shower was				
	on 07/18/19 at 12:18 -The resident was ad years agoThe hot water had al adjusted the hot water with cold water to tak Interview with the reson 07/22/19 at 9:00 a -She did not take a sl take a sponge bathThe hot water at the	mitted to the facility two ways been too hot; she er temperature by mixing it e a shower. ident residing in room #112				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL064029	B. WING		R 07/22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	,
COMEDO	ET COURT OF ROOKY M	918 WEST	WOOD DRIVE		
SOMERSI	ET COURT OF ROCKY M	ROCKY M	OUNT, NC 278	02	
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 113	Continued From page	e 6	D 113		
	bathingWhen she washed h on the cold water the	er hands at the sink, she cut n mixed in the hot water to erature comfortable to use.			
	#114/#116 on 07/18/1 -The hot water tempe degrees F.	throom for resident rooms 9 at 10:20 am revealed: rature at the sink was 122 rature at the shower was			
	#114/#116 on 07/19/1 -The hot water tempe degrees F.	ater for resident rooms 9 at 4:06 pm revealed : rature at the sink was 122 rature at the shower was			
	on 07/18/19 at 11:00	ident residing in room #114 am revealed: the facility about one month			
	ago. - The hot water in her to use at the sink and -She gave herself a shands at the sink; she the hot water to make comfortable for bathir -Her skin had not bee to mix the cold water -She thought the hot supposed to be hot at	bathroom had been too hot the shower. hower and washed her mixed the cold water with the temperature ag. In burned; she was careful with the hot water. water temperature was and did not tell management hot to use without being			
	100 Hall on 07/19/10	sted or supervised by staff			

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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. bui		A. BOILDING				
		HAL064029	B. WING		R 07/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SOMEDS	ET COURT OF ROCKY M	OUNT 918 WEST	WOOD DRIVE			
SOWIERSE	ET COURT OF ROCKT W	ROCKY M	OUNT, NC 278	02		
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE	
D 113	Continued From page	e 7	D 113			
	-Two days ago (07/17 hot water was too hot	7/19) a resident told her the at the shower. In at the shower. In a with the hot water to make				
	07/19/19 at 8:20 am r -Before a resident wo checked the water ter water was not too hot -He supervised a resi yesterday and the res hot to use. -He needed to adjust and half hot water to	uld get into the shower, he mperature to be sure the dent with a shower sident said the water was too the water to half cold water be comfortable for bathing.				
	O7/22/19 at 11:15 am -Maintenance staff us check residents' hot w thermometer was cali -The hot water tempe faucets in the resident degrees FWeekly water tempe a maintenance techni- logHot water temperatu bathrooms were too h -He instructed a main the water system of h hot water heater and -He did not know why the residents' bathrooms	water temperatures; the brated in ice water monthly. Frature range for the water ts' bathrooms was 100-115 water checks were done by cian and documented in a res in some of the residents' nigh. Itenance technician to flush ot water and to adjust the mixing valve. If the water temperatures in the water too high. Itenance a plumber check the				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D WING		R
		HAL064029	B. WING		07/22/2019
NAME OF D	ROVIDER OR SUPPLIER	STDEET A	DDRESS, CITY, STA	TE ZID CODE	
NAIVIE OF P	ROVIDER OR SUPPLIER		, ,	II E, ZIP CODE	
SOMERSI	ET COURT OF ROCKY M	OUNT 918 WES	STWOOD DRIVE		
COMERCI	er doorer or redorer in	ROCKY	MOUNT, NC 278	02	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	(- /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE DATE
				DEFICIENCY)	
D 112	Continued From none	- 0	D 113		
D 113	Continued From page	8 8	ן טווט		
	Review of the Weekly	/ Water Temperature			
	Checks logs revealed				
	_				
		rature range for randomly			
	sampled 100 Hall and				
	1	019 was 108-112 degrees F.			
		degrees F. on O5/13/19;			
		n 05/21/19; and 108-110			
	degrees F. on 05/21/	19.			
	-The hot water in the	resident bathroom for rooms			
	#114/#116 was not c	hecked in May 2019.			
		rature range for randomly			
		ident bathrooms for June			
	· · · · · · · · · · · · · · · · · · ·	egrees F. on 06/-3/19;			
		06/10/19; 106-107 degrees			
	F. on 06/18/19; and 1				
		resident bathrooms for			
	rooms #110/#112 and				
	checked in June 2019				
	- The hot water temper	erature range for randomly			
	sampled 100 Hall res	ident bathrooms for July			
	2019 was 107-108 de	egrees F. on 07/02/19;			
	109-110 degrees F. o	on 07/11/19; and 110-111			
	degrees F. on 07/17/				
	_	resident bathroom for rooms			
	#114/#116 was not ch	necked in July 2019.			
		=			
	Recheck of the hot w	ater temperatures for			
		#112 on 07/22/19 at 8:45			
	am revealed:	#112 011 07/22/19 at 6.45			
		erature at the sink was 106			
	degrees F.				
		rature at the shower was			
	106 degrees F.				
	Recheck of the hot w	ater temperatures for			
	resident rooms #114/	#116 on 07/22/19 at 8:40			
	am revealed:				
	-The hot water tempe	rature at the sink was 100			

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degrees F.

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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: _		COMPLETED
	HAL064029 B. WING		R 07/22/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		918 WEST	WOOD DRIVE		
SOMERSI	ET COURT OF ROCKY M	OUNT ROCKY M	OUNT, NC 278	02	
(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	9	D 113		
	-The hot water tempe 100 degrees F.	rature at the shower was			
	Refer to interview on the Administrator.	07/18/19 at 12:00 pm with			
	Refer to interview on the Administrator.	07/22/19 at 11:10 am with			
	07/18/19 between 10 revealed: -At 10:18 am, the hot sink in the Spa bathrodegrees FAt 10:20 am, the hot	water temperature at the throom on hall 200 was 118			
	-At 11:08 am, the hot sink in room 214/213	water temperature at the			
	in room 214 revealed -The hot water is not - He had not noticed a water temperature at				
	in room 222 revealed -She adjusted the hother hands.	ent on 07/18/19 at 11:20 am : water when she washed burned by the hot water.			

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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	
		, 501251110.		R	
HAL064029		B. WING		07/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SOMERSE	ET COURT OF ROCKY M	OUNT 918 WEST	WOOD DRIVE		
- COMERCI	- COOK OF KOOK III	ROCKY M	OUNT, NC 278	02	
(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 113	Continued From page	e 10	D 113		
	a reading of 98 degree -There were signs po warning the water wa	aff checked the water ser thermometer, and he got ses F. sted in the Spa bathroom s too hot.			
	07/18/19 at 1:20 pm r -He used a laser ther	ne maintenance staff on revealed: mometer to check the water nk in the Spa bathroom on			
	-The laser thermomet water temperature co -He normally used a g to check the water tel	glass mercury thermometer			
	200 between 3:50 pm -At 3:50 pm, the hot win the Spa bathroom of F. -At 3:53 pm, the hot wishower in the Spa bathgrees F. -At 3:58 pm, the hot will see the hot	ot water temperature on hall and 4:05 pm revealed: vater temperature at the sink on hall 200 was 102 degrees exater temperature at the throom on hall 200 was 102 exater temperature in room grees F.			
	Refer to interview on the Administrator. Refer to interview on the Administrator.	o7/18/19 at 12:00 pm with			
	12:00 pm revealed:	ministrator on 07/18/19 at			

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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	
			7. BOILBING.		R	
		HAL064029	B. WING		1	2/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SOMERSE	ET COURT OF ROCKY M	OUNT 918 WEST	WOOD DRIVE			
OOMEROE	- COUNT OF ROOK! IM	ROCKY M	OUNT, NC 278	02		
(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	(X5) COMPLETE DATE
D 113	Continued From page	: 11	D 113			
	-She did not know the were above 116 degre-She would post signs hot, per surveyor requeshe would notify the the hot water temperated interview with the Adri 11:10 am revealed: -She was not aware the water was too hot on Resident bathroom he checked weekly and of the maintenance staff. The Spa bathroom a bathrooms were checked visitShe was made aware problem about a more would get too hot or to bathroomsA plumber was called changed, and the pro-Maintenance staff was water fluctuationsA plumber had not be mixing valve was repl	e hot water temperatures ees F. s warning the water was too uest. maintenance supervisor of atures being too hot. ministrator on 07/22/19 at the resident bathrooms' hot the 100 and 200 Halls. not water temperatures were documented in a log book by f. and residents' adjoining sked randomly, 3 to 4 rooms e of a water mixing valve th and a half ago; the water too cool in residents' d, the mixing valve was blem was fixed, until now. as trying to handle the hot een contacted since the				
	requesting a plumber facility water system.	to be sent to check the				
	iacility water system.					
D 273	10A NCAC 13F .0902	(b) Health Care	D 273			
		Health Care assure referral and follow-up ad acute health care needs				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 6		(X3) DATE SURVEY COMPLETED				
ANDIEAN	or doring of the state of the s	IDENTIFICATION NOMBER.	A. BUILDING:						
		HAL064029	B. WING		R 07/22/2019				
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SOMERSE	SOMERSET COURT OF ROCKY MOUNT 918 WESTWOOD DRIVE								
		ROCKY N	IOUNT, NC 278						
(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 (X: (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY)					
D 273	Continued From page	e 12	D 273						
	reviews, the facility far notification for 2 of 5 st #3 and #5) related to compression hose (Remental health referral The findings are 1. Review of Resident 02/21/19 revealed: -Diagnoses included a heart failure (CHF), h	ns, interviews and record illed to assure physician sampled residents (Resident non-compliance with esident #3) and a need for (Resident #5). t #3's current FL-2 dated atrial fibrillation, congestive ypertension (HTN), mood							
	disorder, over active bladder, psoriasis and vitamin D. -There was no order to wear compression hoses during the day.								
		3's physician's order dated ere was an order to wear uring the day.							
	Observation on 07/18 07/22/19 at 9:20 am r not wearing her comp	evealed Resident #3 was							
	responsible for putting compression hoses o -Resident #3 did not I	revealed: de (PCA) or the MA was g Resident #3's							

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL064029	B. WING		07	R 7/ 22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		918 WES	STWOOD DRIVE			
SOMERSI	ET COURT OF ROCKY	ROCKY	MOUNT, NC 27802			
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	MERSET COURT OF ROCKY MOUNT 4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		D 273			
	5:20 pm revealed: -She did not know R wear her compressional-The physician shou	desident #3 was refusing to on hoses. Ild have been notified of g to wear compression hoses.				

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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		
		A. BUILDING: _						
		HAL064029	B. WING			⋜ 22/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
COMEDO	SOMERSET COURT OF ROCKY MOUNT 918 WESTWOOD DRIVE							
SUMERSE	ET COURT OF ROCKY W	ROCKY N	IOUNT, NC 278	02				
(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 273	Continued From page	e 14	D 273					
	Attempted interview with Resident #3's physician on 07/22/19 at 4:29 pm was unsuccessful. 2. Review of Resident #5's current FL-2 dated 04/25/19 revealed diagnoses included muscle weakness, abnormality gait mobility, chronic obstructive pulmonary disease (COPD), unspecified congestive heart failure, hypertension, anemia, vitamin D deficiency, dementia without behavior, anxiety and cardiomegaly.							
	Review of Resident #5's progress note dated 07/19/19 at 3:11 pm revealed Resident stated, "She was tried, and if she could end it she would."							
	Interview with Resident #5 on 07/19/19 at 10:22 am revealed she was upset because her son would not be able to visit her because of personal reasons.							
	Interview with the medication aide (MA) on 07/22/19 at 3:50 pm revealed: -Resident #5 was talking about killing "herself" -If Resident #5 had a gun, she would end it all because she was tiredMA notified the Resident Care Coordinator (RCC) on 07/19/19, but she did not recall the timeThis was the first time Resident #5 talked about killing herself. Interview with the RCC on 07/22/19 at 4:08 pm revealed: -She did recall the MA notifying her about Resident #5 being upset about her medication on 07/19/19, -She did not recall the MA notifying her about Resident #5 wanting to kill herself.							

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL064029	B. WING		R 07/22/2019	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
SOMERSI	ET COURT OF ROCKY M	OUNT	MOUNT, NC 27802			
(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 COMPLETE	
D 273	Continued From page	e 15	D 273			
	Administrator, Reside a progress note.	e would have notified the ent #5's physician and wrote uested a referral for mental				
	5:20 pm revealed: -She did not know Rekilling herself if she had resident #5's physic notified by the RCC constitution.	ian should have been or the MA. nsible for the health care				
	Attempted interview v on 07/22/19 at 4:29 p	vith Resident #5's physician m was unsuccessful.				
D 280	10A NCAC 13F .0903 Professional Support	7 7	D 280			
	registered nurse, occ physical therapist in t evaluation of the resignant and care provide (a) of this Rule, is cordays of admission or a resident develops the least quarterly therea following: (1) performing a physical provided the condition required tasks specified in Par	assure that participation by a upational therapist or he on-site review and dents' health status, care ed, as required in Paragraph mpleted within the first 30 within 30 days from the date ne need for the task and at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BOILDING.			R
HAL064029		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
COMEDO	ET COURT OF ROCKY N	918 WES	TWOOD DRIVE			
SUMERSI	ET COURT OF ROCKT W	ROCKY	MOUNT, NC 27802	2		
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 280	Continued From page	e 16	D 280			
	resident as needed b assessment and eva resident; and	luation of the progress of the activities in Subparagraphs				
	This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure a Registered Nurse (RN) completed an on-site Licensed Health Professional Support (LHPS) evaluation and assessment within thirty days from the date a resident develops the need for compression hoses.					
	The findings are:					
	Review of Resident #3's current FL-2 dated 02/21/19 revealed: -Diagnoses included atrial fibrillation, congestive heart failure (CHF), hypertension (HTN), mood disorder, over active bladder, psoriasis and vitamin DThere was no order to wear compression hoses during the day.					
		#3's physician's order dated ere was an order to wear during the day.				
	completed prior to the hoses. Interview with Reside	#3's current LHPS 5/15/19 revealed it was e order for compression ent #3 on 07/22/19 at 9:30 s had been measured for				

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Division of	<u>of Health Service Regu</u>	lation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		A	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		:	A. BUILDING:			COMPLETED	
				l n			
1141 00 4000		B. WING		R 07/22/2019			
		HAL064029		2		07/2	2/2019
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
		9	18 WESTV	VOOD DRIVE			
SOMERSE	ET COURT OF ROCKY M	OUNT	OCKY MO	UNT, NC 278	02		
04.0.1=	CLIMMADV CT	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		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
					DEFICIENCY)		
D 280	Continued From page	. 17		D 280			
D 200	Continued From page	5 17		D 200			
	compression hoses, b	out she does not remembe	er				
	the date.						
	Observation on 07/22	2/19 at 6:15pm in Residen	t				
	#3's room revealed sh	he had a pair of					
	compression hoses in	n her chest of drawer.					
	Interview with the Res	sident Care Coordinator					
	(RCC) on 07/22/19 at	t 3:54 pm revealed:					
	-She did know Reside	ent #3 had an order to we	ar				
	compression hoses.						
	-She could not say the	at she knew the LHPS nu	rse				
	should have completed a LHPS evaluation and assessment for compression hoses within thirty		i				
			y				
	days of the task for R	esident #3.					
		with the LHPS nurse on					
	07/22/19 at 4:29 pm r						
		sident had an order for					
	compression hoses.						
	-She measured Resid	_					
		out she did not recall the					
	date.						
		ted a LHPS evaluation an					
	·	on hoses for Resident #3.					
		evaluation and assessme					
	snould be completed	within thirty days of the ta	ISK.				
	lasta maia vyvystlastla a Ala	iniatratar an 07/00/40 at					
		ministrator on 07/22/19 at					
	5:20 pm revealed:	A LUDC pures had not					
		E LHPS nurse had not					
	•	tion and assessment for	.,				
		or Resident #3 within thirty	y				
	days of the task.	noible for notifying the !!!	DC				
	nurse of the residents	nsible for notifying the LH	го				
	nuise of the residents	ว เสอห้อ.					

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