STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C	
		HAL010007	B. WING			/20/2020
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
LELAND H	OUSE		ICOLN ROAD), NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
	Desk Review follow-	nsure Section conducted a up survey on April 09, 2020, 17, 2020 and April 20, 2020.				
{D 273}	10A NCAC 13F .090	2(b) Health Care	{D 273}			
		2 Health Care assure referral and follow-up nd acute health care needs				
	This Rule is not met FOLLOW UP TO TY	-				
	Based on these findi Violation was not aba	ngs, the previous Type B ated.				
	facility failed to assur health care needs we residents (#3) related					
	The findings are:					
	10/24/19 revealed di diabetes, hypothyroid artery disease, chror	#3's current FL-2 dated agnoses included type 2 dism, hypertension, coronary nic renal insufficiency, gout, acemaker placement on				
	-On 01/14/20 at 11:4 member expressed of	#3's progress notes revealed: 8am, Resident #3's family concern to a medication aide he resident was passing				

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	OF DEFICIENCIES OF CORRECTION	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED		
		HAL010007	B. WING			R-C // 20/2020		
NAME OF PF	ROVIDER OR SUPPLIER	I	ET ADDRESS, CITY, STATE, ZIP CODE					
			ICOLN ROAD	,				
LELAND H	IOUSE	LELAND), NC 28451					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
{D 273}	Continued From page	e 1	{D 273}					
	blood in her urine and get a doctor's appoint The family member w appointment whenever -On 01/17/20 at 12:49 #3's urology's office at was waiting on a call -On 01/20/20 at 05:30 complaining of blood Resident #3's urology any available appoint -There was no docum notification of Reside urine from 01/14/20 to Telephone interview w member/responsible 12:00pm revealed: -He was at the facility star requesting a doctor's -He did not observe at he just relayed to the of Resident #3. -Resident #3 has had years. -When she had "kidne her pain in her lower Telephone interview w Care (DRC) on 04/16 -If there was a chang	d wanted to see if she could tment to get checked out. yould take Resident #3 to the er it was scheduled. 9pm, a MA called Resident and left a voice message and back. 0pm, the resident was in her urine and a MA called y's office to see if they had ment. hentation of physician nt #3 passing blood in her o 01/17/20. with Resident #3's family party on 04/15/20 at y on 01/14/20 and he staff Resident #3 was urine. If know Resident #3 was appointment. any blood while in the facility, facility staff the observation I kidney issues for several ey issues" she exacerbated abdomen. with the Director of Resident i/20 at 3:15pm revealed: e in a resident's health						
	status, the facility stat -She would assess th primary care provider	ff would notify her. he resident and notify the						
	-She would call the re	esident's family.						

STATEMEN	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL010007	B. WING	3		R-C 04/20/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
LELAND H	HOUSE		NCOLN ROAD), NC 28451				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{D 273}	Continued From page	e 2	{D 273}				
	physician's order form -She was unable to p physician notification 01/14/20 because sh until March 2020. Telephone interview of Director (ED) on 04/1 -A MA who worked or working at the facility -A MA who worked or working at the facility -She was not sure if t Resident #3 passing 01/14/20. -She was not sure if t Resident #3 attempted appointment on 01/14	with the interim Executive 6/20 at 3:30pm revealed: n 01/14/20 was no longer n 01/17/20 was no longer the physician was notified of blood in her urine on the family member of ed to schedule a urology 4/20. hange in health status, her					
	note dated 01/14/20 a for interview. The MA who docume note dated 01/17/20 a	ented Resident #3's progress at 11:48am was not available ented Resident #3's progress at 12:49pm was not available					
	 (RN) at Resident #3's 1:00pm revealed: The office was not n passing blood in her The office did not ha 	we the expectation of being 3 was having any signs or y tract infection.					

STATE FORM

If continuation sheet 3 of 11

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED R-C 04/20/2020			
	HAL010007						
ROVIDER OR SUPPLIER							
IOUSE							
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC	TION SHOULD BE	(X5) COMPLET DATE		
Continued From page	e 3	{D 273}					
previously (no date provided) to notify Resident #3's urologist if she was having any signs or symptoms of a urinary tract infection (UTI).							
assistant (CMA) at R on 04/16/20 at 3:45p -On 01/10/20, there w from the facility without -The office was not n passing blood in her -The office did have to notified if Resident #3 symptoms of a UTI. -Resident #3 was a n appointment schedul Telephone interview of 04/20/20 at 1:20pm n -When requesting me #3 from the PCP's of information Resident November 2019 and visit was 01/17/20. -The facility had no re	esident #3's urologist's office m revealed: was a voice message left out a purpose noted. otified of Resident #3 urine on 01/14/20. the expectation of being 3 was having any signs or no call no show for a urology ed on 01/17/20. with the interim ED on evealed: edical records for Resident fice, she obtained the #3's last urology visit was in her next scheduled urology ecord of an appointment for						
-On 01/20/20 at 05:3 complaining of blood Resident #3's urology an available appointr -On 01/22/20 at 1:15 appointment on 01/24 -On 01/24/20, she wa at her primary care p	0pm, the resident was in her urine and a MA called y's office to see if they had nent. pm, she had a urology 4/20 at 10:30am. as taken to an appointment hysician (PCP) to follow up						
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag previously (no date p #3's urologist if she v symptoms of a urinan Telephone interview v assistant (CMA) at R on 04/16/20 at 3:45p -On 01/10/20, there v from the facility without -The office was not n passing blood in her -The office did have f notified if Resident #3 symptoms of a UTI. -Resident #3 was a r appointment schedul Telephone interview 9 04/20/20 at 1:20pm r -When requesting ma #3 from the PCP's of information Resident November 2019 and visit was 01/17/20. -The facility had no ra Resident #3's urology 01/17/20. Review of Resident # -On 01/20/20 at 05:3 complaining of blood Resident #3's urology an available appointr -On 01/22/20 at 1:15 appointment on 01/2 -On 01/24/20, she wa at her primary care p	DF CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: INTENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 previously (no date provided) to notify Resident #3's urologist if she was having any signs or symptoms of a urinary tract infection (UTI). Telephone interview with the certified medical assistant (CMA) at Resident #3's urologist's office on 04/16/20 at 3:45pm revealed: -On 01/10/20, there was a voice message left from the facility without a purpose noted. -The office was not notified of Resident #3 passing blood in her urine on 01/14/20. -The office did have the expectation of being notified if Resident #3 was having any signs or symptoms of a UTI. -Resident #3 was a no call no show for a urology appointment scheduled on 01/17/20. Telephone interview with the interim ED on 04/20/20 at 1:20pm revealed: -When requesting medical records for Resident #3 from the PCP's office, she obtained the information Resident #3's last urology visit was in November 2019 and her next scheduled urology visit was 01/17/20. -The facility had no record of an appointment for Resident #3's urology appointment scheduled for	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL010007 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 (D 273) previously (no date provided) to notify Resident #3's urologist if she was having any signs or symptoms of a urinary tract infection (UTI). ID Telephone interview with the certified medical assistant (CMA) at Resident #3's urologist's office on 04/16/20 at 3:45pm revealed: -On 01/10/20, there was a voice message left from the facility without a purpose noted. -The office was not notified of Resident #3 passing blood in her urine on 01/14/20. -The office did have the expectation of being notified if Resident #3's urology appointment scheduled on 01/17/20. Telephone interview with the interim ED on 04/20/20 at 1:20pm revealed: -When requesting medical records for Resident #3 from the PCP's office, she obtained the information Resident #3's last urology visit was in November 2019 and her next scheduled urology visit was 01171/20. Telephone interview with the interim ED on 04/20/20 at 0:30pm, the resident the information Resident #3's last urology visit was in November 2019 and her next scheduled for 01/17/20. Review of Resident #3's progress notes revealed: -On 01/20/20 at 05:30pm, the resident was complaining of blood in her urine and a MA called Resident #3's urology's office to see if they had an available appointment. -On 01/22/20, she was taken to an appointment at her prim	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: HAL010007 B. WING BOUSE STREET ADDRESS, CITY, STATE, ZIP CODE IOUSE 1335 LINCOLN ROAD COUDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Continued From page 3 (D 273) previously (no date provided) to notify Resident #3's urologist if she was having any signs or symptoms of a urinary tract infection (UTI). Telephone interview with the certified medical assistant (CMA) at Resident #3's urologist's office on 04/16/20 at 3.45pm revealed:	FCORRECTION IDENTIFICATION NUMBER: A BUILDING:		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL010007	B. WING			R-C
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	0-	20/2020	
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	IOUSE		D, NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{D 273}	Continued From pag	e 4	{D 273}			
	Resident #3 revealed -She had an appoint with her primary care	1: ment on 01/24/20 at 9:30am				
	dated 01/24/20 revea -She presented for a up to a fall. -Her computed tomo neck, and spine resu -Her physical exam f -There was no docur assessment of Resid system (the organs o ureters, one bladder, history of present illn Review of Resident #	n Emergency Room follow graphy (CT scan) of head,				
	Review of Resident # dated 02/07/20 revea -The history of prese infection (UTI). -Her presenting/initia burning, dysuria (pai	nt illness was a urinary tract I symptoms included				
	cells in the urine), no night), suprapubic (lo urgency. -Pertinent history inc diabetes, history of u urologic surgeries, an -Associated symptom dysuria, foul urine of	cturia (excessive urination at ower abdomen) pain and luded decreased mobility, rinary stones, history of nd kidney disorder. ns included cloudy urine, lor, hematuria (microscopic), ds, mixed incontinence (a				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	ST CONRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
		HAL010007	B. WING			R-C 1/20/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
ELAND H	IOUSE	1935 LIN	ICOLN ROAD			
		LELAND), NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{D 273}	Continued From page	e 5	{D 273}			
	urinary frequency, uri and urethral pain. -Urine analysis had a leukocytes (white bloc count may indicate a with positive for nitrite have an enzyme that nitrites, most common infection in the urinary -She received Gentar used to treat an infec system, the kidneys, intramuscular (IM) inj -Assessment/Plan ind -Resident #3 was give (an antibiotic used to 300 mg twice a day x culture and sensitivity used to relieve sympt infections and other u three times a day x 4 mg IM on 02/07/20. Review of Resident #	micin 80 mg (an antibiotic tion in any part of the urinary bladder, or urethra) via an ection. cluded dysuria. en prescriptions for Cefdinir treat bacterial infections) 10 days pending the urine <i>y</i> , Pyridium (a medication coms caused by urinary tract urinary problems) 200 mg days, and Gentamicin 80				
	frequency, nocturia, a	on 02/07/20 had the findings				
	-Associated symptom dysuria, foul urine od mixed incontinence, r urinary frequency, uri	ns included cloudy urine, or, hematuria (microscopic), nocturia, recurrent UTIs, nary urgency, and pelvic				
	and large leukocytes.	moderate amount of blood nicin 80 mg via an IM				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL010007	B. WING		R-C 04/20/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		1935 LIN	NCOLN ROAD			
LELAND H	1005E	LELAN	D, NC 28451			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 273}	Continued From pag	e 6	{D 273}			
	(a medication used to mg today and repeat medication used to se damage in people with have high pressure) Phenazopyridine (a medication symptoms caused by other urinary problem after meals as needed Review of Resident se dated 03/11/20 reveat -She presented for U -Her presenting/initiation and dysuria. Sympton recurring urinary trace -She had lower abdot (03/10/20) which ress -She admitted to urin last night (03/10/20). -History of recurrent another one. -Her urine culture da Enterobacter and tree -Her urine culture da Enterobacter and tree -Her urine analysis d leukocytes, was posi moderate blood. -Resident #3 was giv	cation used to treat vo times a day, Fluconazole o treat fungal infections) 150 in 72 hours, Losartan (a dow long-term kidney ith type 2 diabetes who also 50 mg daily, and medication used to relieve y urinary tract infections and ns) 100 mg three times a day ed. #3's urgent care visit note aled: ITI. Il symptoms included pain ms are associated with et infections. minal discomfort last night olved 03/11/20. hary discomfort also started UTI and was worried had ted 02/28/20 was positive for taphylococcus Haemolyticus Macrobid and Doxycycline. ted 02/07/20 was positive for ated with Cefdinir. ted 11/05/19 was positive for ated with Macrobid. lated 03/11/20 had many itive for nitrates, and had ven prescriptions for Cefdinir and Fluconazole 150 mg				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		HAL010007	B. WING	ING		R-C 04/20/2020	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ELAND H	IOUSE						
		LELANL	D, NC 28451				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE	
{D 273}	Continued From page	e 7	{D 273}				
	Telephone interview with a MA on 04/13/20 at 2:17pm revealed:						
	status, she would not						
	physician immediately. -She would obtain the resident's vital signs. -She would notify her Supervisor and the resident's family. -The resident's name would be placed in the "hot box."						
		s placed in the "hot box" this					
	included the following interventions the resident's						
	name would be included on a board posted in the clinic room within the facility, 72 hour checks						
	would be completed,	vital signs would be					
	obtained every shift f name would be include	or three days, the resident's					
		hich acts as shift change					
	report and was kept of	on the medication cart.					
		ip meeting held at the facility					
	the nursing staff.	ne department heads then					
	Telephone interview 04/13/20 at 2:32 pm	with the interim ED on revealed:					
		the orders for referrals and					
	appointments and the	0					
	appointment for the r	erson, who either made the eferral or noted the					
		ransportation calendar.					
		intment would then be					
	and interim ED.	be followed up by the DRC					
	-	with a MA on 04/13/20 at					
	2:51 pm revealed: -Medical appointmen	ts were given to the DRC or					
	interim ED.						
		ments were then given to					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL010007	B. WING		R-C 04/20/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ELAND H		1935 LIN	COLN ROAD			
ELAND F	1003E	LELAND	, NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
{D 273}	Continued From page	8	{D 273}			
	04/16/20 at 3:30pm re -The facility's transpo- making residents' app -The facility's transpo- at the facility. -She was not sure wh urology appointments A second telephone in 04/20/20 at 2:15pm re -She was able to spea- transporter today (04/ -The transporter took appointment on 01/24 -The resident was una appointment on 01/24 urologist worked in a -The urology appointr 10:30am was re-sche -The PCP knew about appointment on 01/24	rter was responsible for pointments. rter was no longer working ny Resident #3 missed her c on 01/17/20 and 01/24/20. Interview with a MA on evealed: ak with the facility's former /20/20) via phone. Resident #3 to her PCP 4/20 at 9:30am. able to keep the urology 4/20 at 10:30am because the different location on Fridays. ment on 01/24/20 at eduled for 02/07/20. t Resident #3's urology 4/20 at 10:30am. s Resident #3's UTI signs				
	PCP office on 04/15/2 -If a resident's appoint phone, "canceled" wo system when reviewing appointments. -If the resident was a the appointment, the appear as "canceled" -Resident#3 was a not appointments on 01/1	no show and/or no call for appointment would not in the system. o call no show to her urology 17/20. d an office visit appointment				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL010007	B. WING		R-C 04/20/2020	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ELAND H	HOUSE		COLN ROAD , NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y 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 THE APPROPRIATE	(X5) COMPLET DATE
{D 273}	Continued From pag	e 9	{D 273}			
	-She did attend urology appointments on 02/07/20 and 02/28/20.					
	urologist's office on 0 revealed: -The office was not n passing blood in her -The office had the e Resident #3 was hav of a UTI. -If a UTI went untrea	otified of Resident #3				
	when the resident wa for three days betwee failed to ensure the r urology appointment care related to the re symptoms between t facility's failure result Resident #3 being tre infection (UTI) and p increased risk for urin which was detriment	notify Resident #3's urologist as passing blood in her urine en 01/14/20 to 01/17/20, esident attended scheduled s, and failed to coordinate sident's genitourinary he PCP and urologist. The red in a 25 day delay in eated for a urinary tract laced the resident at nary symptoms and sepsis al to her health, safety, and es an unabated Type B				
	accordance with G.S	a plan of protection (POP) in . 131D-34 on April 17, 2020 OP addendum was provided				
{D912}	G.S. 131D-21(2) Dec	claration of Residents' Rights	{D912}			
	G.S. 131D-21 Decla	ration of Residents' Rights				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		E SURVEY PLETED
						R-C
		HAL010007 B. WING		04		/20/2020
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
ELAND H	IOUSE		NCOLN ROAD), NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
{D912}	Continued From page	e 10	{D912}			
	Continued From page 10 Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.					
	reviews, the facility fa received care and se appropriate, and in co	ns, interviews, and record ailed to assure residents rvices which were adequate, ompliance with relevant s and rules and regulations				
	The findings are:					
	facility failed to assur health care needs we residents (#3) related urologist of the reside urine, coordination of appointments with the	e urologist. [Refer to Tag .0902(b) Health Care				