From: Franks, James <JFranks@5SSL.COM>
Sent: Thursday, January 28, 2021 3:03 PM
To: Nielsen, Tina B <tina.nielsen@dhhs.nc.gov>

Cc: tworek, dai <dai.tworek@dhhs.nc.gov>; Williams, Wendy <wendy.williams@dhhs.nc.gov>; Hill, Nakea R

<nakea.hill@dhhs.nc.gov>; Lloyd, Theresa A <theresa.lloyd@dhhs.nc.gov>; Goldman, Catherine E

<Catherine.Goldman@wakegov.com>; DHSR.AdultCare.Star < DHSR.AdultCare.Star@dhhs.nc.gov>; dhsr.adultcare.email7

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Subject: [External] RE: Morningside of Raleigh 2021-01-15 SODL F6N011

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to <u>Report Spam.</u>

Good afternoon

I've attached a copy of the Statement of Deficiencies, along with the Plan of Correction.

Plan of Correction Attachen PRINTED: 01/11/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: COMPLETED HAL092217 B. WING 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 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 TAG DATE DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section conducted a complaint investigation and a COVID-19 focused Infection Control survey with an onsite visit on 12/15/20 and a desk review survey on 12/15/20 -12/18/20 and 12/21/22 - 12/22/20 and a telephone exit on 12/22/20. D 188 10A NCAC 13F .0604(e) Personal Care And D 188 Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staffing (e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply. (1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least: (A) First shift (morning) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)

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

OI 28/21—Reviewed of Repted Divis By iology RNM3 1

STATE FORM

TITLE EXECUTIVE DIVISION SHOPE 1/28/21

F60011

If continuation sheet 1 of 53

Morningside of Raleigh Plan of Correction from Survey completed 1/27/2021

Responses to cited deficiencies does not constitute an admission or agreement by the facility of the truth of alleged or conclusions set forth in this statement of deficiencies of Corrective Action Report; the plan is solely as a matter of compliance with state law.

MEASURES TO CORRECT THE IDENTIFIED DEFICIENT PRACTICE

, f .- -

- MEASURE TO PREVENT RECURRENCE
- WHO WILL MONITOR
- HOW OFTEN WILL MONITORING BE DONE
- DATE CERTAIN

188 10A NCAC 13F .0604(e) Personal Care and Other Staffing

- ED adjusted staffing based on state regulations and resident needs completed 12/22/20.
- DRC and/or designee will review staffing and assignments and adjust based on census and/or resident needs.
- ED and/or designee will monitor the daily assignment sheets in accordance to the schedule above weekly for twelve weeks.
- Correction date completion 2/5/21

270 10A NCAC 13 F .0901 (b) Personal Care and Supervision

- Res #3 care plan was reviewed on 12/18/20 by ADRC. 24 hour sitters put in place by family on 12/18/20. Care needs and fall risk re-evaluated the residents fall risk and other care needs on 12/18/20. Staff were re-educated on the Falls Management Policy by Regional Director of Health by 1/21/21.
- The Director of Resident Care or designee will review incident reports for completion, intervention, notification, and follow up to ensure interventions are in place at least weekly.
- ED will review all incident reports weekly for 12 weeks during the At Risk Meeting to ensure incident report is complete with interventions listed and that county has been notified as appropriate.
- Correction date completion 1/21/2021

367 10A NCAC 13F. 1004(j) Medication Administration

- DRC and/or designee re-educated Medication Technicians on resident rights, requirements for medication administration and timely MAR documentation. This will be completed by 2/5/21.
- MAR audits will be completed once weekly for each med cart for twelve weeks by DRC and/or designee.
- Off-going and on-coming med aide will review the mars page by page for omissions.
- Correction date completion 2/5/21.

James Franks Es Onia By Piels Russ 1052

451 10A NCAC 13F. 1212(a) Reporting of Accidents and Incidents

- RDH notified county monitor, on 12/22/20 of referenced incidents. .
- Re-education of incident reporting to be conducted with all staff, including managers by Executive Director and Regional Director of Health to be completed by 2/5/21.
- DRC or designee to review all incident reports for proper reporting to the county monitor daily. ED or designee has initiated 1/4/21 and will audit all incident reports for proper reporting to the Correction date completion 2/5/2021

465 10A NCA 13F .1308(a) Special Care Unit Staff

- ED adjusted staffing based on state regulations and resident needs completed 12/22/20.
- DRC and/or designee will review staffing and assignments and adjust based on census and/or
- ED and/or designee will monitor the daily assignment sheets in accordance to the schedule Correction date completion 2/5/21

914 GS 131D-21(4) Declaration of Resident Rights

- Res #3 care plan was reviewed on 12/18/20 by ADRC. 24 hour sitters put in place by family on 12/18/20. Care needs and fall risk re-evaluated the residents fall risk and other care needs on 12/18/20. Staff were re-educated on the Falls Management Policy by Regional Director of Health by 1/21/21.
- The Director of Resident Care or designee will review incident reports for completion,
- intervention, notification, and follow up to ensure interventions are in place at least weekly. ED will review all incident reports, weekly for 12 weeks during the At Risk Meeting to ensure incident report is complete with interventions listed and that county has been notified as Correction date completion 1/21/2021

1/28/21
Reviewed+ Accepted
Dina B 1/20/21

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DEFICIENCY) D 188 Continued From page 2 D 188 to cover the shortage in the AL area. Review of the employee time cards dated 12/08/20 (Tuesday) revealed: -There was a total of 16.03 staff hours provided on second shift in the AL area with a shortage of 3.97 hours. -There was also a shortage on second shift for the SCU so there was no additional staff in the facility to cover the shortage in the AL area. Review of the employee time cards dated 12/09/20 (Wednesday) revealed: -There was a total of 15.22 staff hours provided on third shift in the AL area with a shortage of 0.78 hours -There was also a shortage on third shift for the SCU so there was no additional staff in the facility to cover the shortage in the AL area. Telephone interview with a personal care aide (PCA) on 12/22/20 at 2:02pm revealed: -When the facility was short staffed, it was hard to get the 2-hour checks done and assist residents with baths. -They used to have 2 medication aides (MAs) and 2 PCAs working in the AL area of the facility during first shift. -For the last 1 to 2 months, there had only been 3 staff working in the AL area on first shift. -Some staff had been fired or had quit so the MAs and PCAs did the best they could when they were short staffed. Telephone interview with a MA on 12/22/20 at 3:23pm revealed: -The facility never had enough staff. -There was usually 1 MA and about 9 PCAs for both the AL area and the SCU on third shift. -When they were short staffed, they might not get

Division of Health Service Regulation

STATEMEN	of Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA	[(Y2))			RM APPROV	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092217 B. WING					
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDDEGG OFFI		1	2/22/2020	
donu.			DDRESS, CITY, STATE	E, ZIP CODE			
NORNING	SSIDE OF RALEIGH	801 DIXII RALEIGI	E TRAIL 1, NC 27607				
(X4) ID	SUMMARY S	TATEMENT OF DESIGNATION	ID I	ADAL (D			
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
D 188	Continued From page	e 3	D 188			-	
	a resident changed a hard to monitor the re	s often as needed and it was esidents.				and well experiences remprocess	
Т	Telephone interview v	with the Wellness	1001			TT-100 areas out along	
	Coordinator (WC) on revealed:	12/21/20 at 6:00pm	-				
i de la constantina della cons	-She recently started	completing the staff					
	schedule and she was	s still in training with learning					
1	now to do it.	No. 10 to the state of the stat					
	She used a master schedule and a formula that the Regional Nurse was teaching her to make the						
	schedule based on the	as teaching her to make the				and a second	
	-The Director of Posid	e resident census. lent Care (DRC) and the					
	Assistant of Director of	f Resident Care (ADRC)	-				
	usually checked the so	chedule behind has					
- -	-If staff called out, she	was responsible for getting					
10	coverage for that shift.						
-	The supervisor on dut	ly was supposed to call her					
1 1	f they were short staffe	ed and she could come into					
,	Work it needed to cove	r the shift because she	CONTRACTOR OF THE PARTY OF THE				
	only lived 10 minutes for	rom the facility. Id double shifts because					
t	hey were short staffed	double shifts because					
	They were usually sho	ort staffed because of call					
0	uts, holidays with paid	f time off, and some new					
h	ires came for orientati	on but did not come back					
to	work.	and and and					
To 2:	elephone interview wit :23pm revealed:	th the DRC on 12/22/20 at					
-T	The WC was responsit chedule.	ole for doing the staffing			100000		
-T	The WC was trained to egional Nurse.	do staffing by the					
-T	here was a model had	sed on the census and	Marine				
ho	w many they could st	aff based on that model.					
-8	ine did not check the s	chedule but she would					
ve	rbally ask the WC hov	v the schedule was					
loc	oking and encouraged	the WC to stay ahead on			and the same of th		
the	e schedule.	,			and the second		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 4 D 188 -She was not aware of the facility being short staffed and they had just hired 3 new staff. -The WC was responsible for call outs and making sure they had coverage. -The ADRC was the back up for helping the WC with the schedule. Telephone interview with the Regional Nurse on 12/22/20 at 4:09pm revealed: -She had gone over staffing requirements with the facility staff in November 2020. -The facility was supposed to have enough staff scheduled to cover any break time and to cover all shifts based on the current census. -She was not aware the facility had been short staffed because she was not at the facility every -If the facility was short staffed, they could call her and she could help if needed. Telephone interview with the Interim Administrator on 12/22/20 at 4:09pm revealed: -He was not aware of any issues with the facility being short staffed on some shifts from 12/05/20 - 12/09/20. -There had been some issues with the facility being short staffed since he started in October 2020 during the pandemic. -The WC was responsible for making the staffing schedule. -He had not been checking the schedule. Attempted interview with the ADRC on 12/22/20 at 2:21pm was unsuccessful. D 270 10A NCAC 13F .0901(b) Personal Care and D 270 Supervision 10A NCAC 13F .0901 Personal Care and

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	I (Va) 5 Arra - I I	
	- PANTOLION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DAT	E SURVEY

		HAL092217	B. WING			2/22/22
NAME OF P	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	719 CODE	1 1	2/22/2020
MORNING	SSIDE OF RALEIGH	801 DIXI		S, AIT CODE		
	SSIDE OF RALEIGH		H, NC 27607			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	POOLED FINANCE		
TAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETO DATE	
D 270	Continued From pag-	e 5	D 270			
	Supervision					
		e supervision of residents in	Market Company			
-	accordance with each	h resident's assessed needs,	and the same of th			
	care plan and current	t symptoms.				
ĺ		700 Tours #3.70 (01.77)				
	711 - 1					
1	This Rule is not met	as evidenced by:				
E for R	TYPE A2 VIOLATION	C .				
	Pacad as late - f					
	facility foiled to any	and record reviews, the				
	residents (#2) semale	e supervision for 1 of 2	-			
	falls with injuries inclu	d with a history of multiple ding abrasions, bruises,	Officers			
1	hematoma bleeding f	from the right eyebrow, a	000			
	possible rib fracture, a	and a head injury with a				
	laceration requiring sti	itches.				Table 1
	The findings are:		And an analysis of the Annalysis of the			
	Review of the facility's	Falls Management and				
energy (Investigation Policy re	vealed.				
1-	The facility used all re	easonable efforts to provide				
1	a system to review res	idents' potential risk for				
[1	falls and provide a pro-	active program of				
1 5	supervision, assistive of	devices, and interventions				
įt	o manage and minimiz	ze falls and identify				
	esidents' continued ne					100
	Mil residents were ass	essed prior to, or shortly				
8	arter, move-in or admis ncluded history of falls	ssion for fall risk, which				
	Fell interventions was		Abbreven			
n	Fall interventions were esident's service plan.	documented in the	5747-300ma			
-	A fail risk evaluation to	ool was completed and a	And the second			
s	ervice plan regarding	falls was developed within				To a second
8	hours of move-in, an	updated with level of care				-
a	nd significant change	in status, post fall, or				
0	therwise required by s	tate law or regulation.				
a	ddressing potential ris	k factors and suggested				
į in	iterventions.					
	Some of the post fall p Service Regulation	procedures included: the				

STATEMEN	of Health Service Reg T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL092217	B. WING		12	2/22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
Manumi		801 DIX	IE TRAIL			
MORNING	SSIDE OF RALEIGH		SH, NC 27607			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(XS) COMPLETE DATE
D 270	Continued From pag	e 6	D 270	THE CONTRACT OF THE PARTY OF TH		
		iewed and revised with				
		ipation; fall interventions	and the same of th			
	were reviewed for continued effectiveness and communicated to staff, family and the resident.					
						9
	 -Post fall investigations were completed using the Post Fall Investigation Form. 					
	Review of Resident #	#3's FL-2 dated 10/08/20				
	revealed:					
		dementia, overactive				
		ism, major depressive				
	disorder, and hyperlip					
	-The resident was intermittently disorientedThe resident was documented as					
	semi-ambulatory and used a wheelchair.					
		continent of bladder and				
	bowel.	or and or				-
	-The resident needed	assistance with bathing and				LL CONTRACTOR CONTRACT
	dressing.	•				
	Review of Resident #	3's current assessment and	60			
	care plan dated 12/0					
	200	s marked as a significant				au-
		and it was dated by the				
	assessor on 12/01/20	but it had not been signed				
-	by a physician.					
and the second		bulatory with a wheelchair				
i i		gth in her upper extremities.				Production
		casionally incontinent of				
	blank.	tion for bladder function was				**
	-The resident was sor	metimes disoriented				
	forgetful, and needed					- Control of the Cont
-		d limited assistance by staff				
and the same	with grooming/person	[1] : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				
		d extensive assistance by				
		ting, ambulation, bathing,				
	dressing, and transfer		- Control of the Cont			
		ignificant falls history and				***************************************
	nad a private duty sitt	er Mondays through Fridays				1

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL092217	B. WING		40/00/	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	7ID CODE		2/22/2020
400MM	Seine of his side.		E TRAIL	, ar cobe		
MORININ	SSIDE OF RALEIGH		H, NC 27607			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC' , (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE
D 270	Continued From page	e 7	D 270			
	from 7:00pm - 7:00ar	n	-			
	-The resident needed	reminders not to transfer				
	on her own.	reminders not to transfer				
		documentation recording				
	-There was no other documentation regarding interventions for falls.					
	mortalians for falls,					
	Review of Resident #3's licensed health		-			
	professional support (LHPS) review dated					
-	10/07/20 revealed:					
	-The resident needed	assistance with bathing,				
	dressing, and toileting) .				
	- The resident's only L	HPS task documented was				
	transferring.					
1	The resident transferred to wheelchair with 2-person assist and mechanical lift.					Name of the last o
1	-The resident was abl	techanical lift.				ì
	wheelchair.	e to sell-propel the				
	-There was no docum	entation related to the				
1	resident's falls or the	esident receiving physical				
	therapy (PT) and occu	inational thesapy (OT)				
	services.	pational trerapy (O1)				
	Review of Resident #3	3's incident/accident (I/A)				
	reports, resident care	notes, communication				
	notes, and hospital vis	it notes revealed:				
	-From 09/03/20 - 12/2	1/20, there was				
	documentation Reside	ent #3 was found on the	- Commission			Red State of the S
The state of the s	floor or fell on 24 occa	Sions.				Section 1
	medical services (ENE	evaluation by emergency				***************************************
	the 3 occasions requiri	6) on 3 falls including 1 of ing a visit to the emergency				
1	room (ER) resulting in	a diagnosis of a head				
	injury with a laceration	requiring stitches				
	The resident's other in	njuries included abrasions,				
- 11	pruises, hematoma (po	ocket of blood under the	and the same of th			
14	skin), bleeding from the	e right eyebrow, and a				
1	possible rib fracture.	37500000097887 5 030000981038507056770576	Name of the last o			The same of the sa
	Doudous of a face					
	review of a fax commu	unication note to Resident				
17	s primary care provi	der (PCP) dated 09/02/20	1			1

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (X4) ID PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY D 270 Continued From page 8 D 270 -Facility staff requested an order for a bed alarm due to ambulatory issues. -The PCP signed the order and documented "ok", Review of Resident #3's resident service notes dated 09/03/20 revealed: -At 2:30am, the resident was found on the floor by her bed. -The resident had no complaints of pain and no injury was noted. -The resident would not stay in bed or call for assistance. -The resident was taken to the TV room for a while to monitor. -The resident's family and PCP were made -There was no staff signature with the note dated 09/03/20 at 2:30am. -At 2:30pm, the resident was very agitated and would not stay seated. -The resident was walking "back & forward". Review of Resident #3's I/A reports revealed no report was provided for the incident on 09/03/20. Review of Resident #3's PCP visit notes dated 09/03/20 revealed: -The resident had gait impairment and debility. -The PCP ordered PT and OT. Review of Resident #3's home health (HH) resident service notes dated 09/03/20 revealed: -There was a referral for PT and OT. -The resident was seen by PT and presented with generalized weakness and limited standing tolerance. -PT recommended 2-person assist with transfers for safety. -The resident was confused and kept trying to get

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION		E SURVEY IPLETED
***************************************		HAL092217	B. WING		1:	2/22/2020
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MORNING	SSIDE OF RALEIGH	801 DIX	IE TRAIL			
	· · · · · · · · · · · · · · · · · · ·	RALEIG	H, NC 27607			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION : TAG CROSS-REFERENCED TO THE A DEFICIENCY)		HOULD BE	(X5) COMPLETE DATE
	out of the chair. -The resident was a fi was in place. Review of Resident # notes dated 09/04/20 -The resident was see Facility staff reported last night (09/03/20) to -OT discussed with fa and use of chair alarm. Review of Resident # dated 09/04/20 reveal -At 2:00pm, the resident was che -At 8:00pm, the resided day and checked on e -At 10:00pm, the resident floor in front of her bec -"Non-injury" fall at this -The resident's family, Director of Resident # 3 report was provided for Review of Resident # 3 dated 09/05/20 (no time. The resident would no chair.	all risk and a chair alarm 3's HH resident service revealed: en by OT for evaluation. If the resident fell out of bed rying to get out of bed. cility staff about falls safety in bed and in recliner. 3's resident service notes led: ent said she wanted to get in ecked on every 2 hours. ent was asleep most of the every 2 hours. lent was found lying on the d. stime. PCP, and the Assistant are (ADRC) were notified. 6's I/A reports revealed no or the incident on 09/04/20. c's resident service notes we specified) revealed:	D 270	DEPOLENCY)		
F	Review of Resident #3 report was provided for	's I/A reports revealed no the incidents on 09/05/20.				
F	Review of Resident #3	s resident service notes				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 270 D 270 Continued From page 10 dated 09/08/20 at 4:27pm revealed: -The resident was found lying on the floor by her bed yelling. -The resident was checked but she had no pain at this time. -The resident had a small red abrasion under her left knee. -The resident refused to go to bed. -The resident's family and PCP were notified. -Staff would continue to monitor. Review of Resident #3's I/A reports revealed no report was provided for the incident on 09/08/20. Review of Resident #3's resident service notes dated 09/09/20 (no time specified) revealed the resident received a new order for a prn (as needed) medication for anxiety and agitation. Review of Resident #3's resident service notes dated 09/10/20 at 10:31pm revealed: -The resident was found sitting on the floor in the middle of her room. -There were no bruises or pain at this time. -The resident was given her pm medication. -The resident's family and PCP were notified. -Staff would continue to monitor. Review of Resident #3's I/A reports revealed no report was provided for the incident on 09/10/20. Telephone interview on 12/22/20 at 3:23pm with the medication aide (MA) who wrote the resident service note dated 09/10/20 revealed: -For the fall on 09/10/20, she found the resident on the floor. -Sometimes the bed and chair alarms worked and sometimes the alarms did not work because the resident knew how to turn off the alarms.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL092217 B. WING 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MORNINGSIDE OF RALEIGH 801 DIXIE TRAIL RALEIGH, NC 27607 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 270 Continued From page 11 D 270 Review of Resident #3's PCP visit dated 09/10/20 -The resident had gait impairment and recurrent falling fortunately with no injury. -The resident's falls were due to poor safety awareness. -The resident as working with PT. -The PCP would continue to monitor. Review of Resident #3's resident service notes dated 09/12/20 at 12:30pm revealed: -The resident was found on the floor in her room between the bed and the air conditioner. -The resident had no complaints of pain and no bruises at this time. -The resident's family and PCP were notified. Review of Resident #3's I/A reports revealed no report was provided for the incident on 09/12/20. Review of Resident #3's resident service notes dated 09/22/20 at 9:00am revealed: -The resident was found on the floor in front of her bed. -Range of motion was performed and the resident denied pain. -The resident was seen by her PCP today, 09/22/20. -The resident's family was notified. -Staff would continue to monitor. Review of Resident #3's I/A reports revealed no report was provided for the incident on 09/22/20. Review of Resident #3's resident service notes dated 09/28/20 revealed: -At 7:00am, the resident was found on the floor by her bed. -No injury was noted at this time. The resi BH 2

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 12/22/2020 HAL092217 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX in IEACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG D 270 D 270 Continued From page 12 aware. -At 2:20pm, the resident was observed to be okay with no complaints of pain or discomfort from early morning fall. -Staff would continue to monitor the resident during the shift. Review of Resident #3's I/A reports revealed no report was provided for the incident on 09/28/20. Review of Resident #3's HH resident service notes dated 09/30/20 revealed the resident was seen by PT who worked on trunk/core/leg exercises with minimal participation by the resident. Review of Resident #3's HH resident service notes dated 10/01/20 revealed the resident was seen by OT and the resident participated well today. Review of Resident #3's resident service notes dated 10/01/20 at 6:30pm revealed: -The resident was sitting in a chair in the dayroom and kept moving the chair after the resident was told several times to be still. -The resident disregarded what staff told her until the resident slid out of the chair and landed on her buttocks. -There were no injuries. -All necessary parties were called to report the fall. Review of Resident #3's I/A reports revealed no report was provided for the incident on 10/01/20. Review of Resident #3's resident service notes dated 10/03/20 at 1:30am revealed: -The resident was found on the floor by her bed. -No injury was noted.

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	I vai a s	TO DE UNITED AND A
THE TOTAL	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			TE SURVEY MPLETED
	210 2000 1000	HAL092217	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	- TD 005	1	2/22/2020
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D 270	Continued From pag	e 13	D 270	The second secon		
	-The resident's family	y was made aware.				
	Review of Residents	#3's I/A reports revealed no				
	report was provided	for the incident on 10/03/20.				
	Review of Resident	#3's resident service notes				
1	dated 10/04/20 at 9:4	10am revealed:				
	-The resident was in	the lobby trying to transfer	100			
	from the wheelchair to -The wheelchair rolle	o another chair.	0.00			
	resident and the resident	d out from under the				
Westernando	-The resident's family	and PCP were notified.	90000000000000000000000000000000000000			
All the second s	Review of Resident#	3's I/A reports revealed no or the incident on 10/04/20.				
1	Telephone interview of	on 12/22/20 at 1:13pm with				
1	10/04/20 revealed:	resident service note dated	- Control of the Cont			
	-For the fall on 10/04/	20, Resident #3 was in the	and the same			
	The resident would be	rgot to lock her wheelchair.				
and a	the wheelchair to ano	y to transfer herself from ther chair without	PRODUCTION OF THE PROPERTY OF			
***************************************	assistance.	William William				
	Review of Resident #3 dated 10/06/20 reveal	3's resident service notes ed:				PRODUCTION AND ADDRESS OF THE PRODUC
-	The resident was four	nd on the floor by her bed	-			
	no time specified). No injury was noted.		V. Salara			-
		and PCP were notified.				
1-	At 3:00pm, the reside	nt was observed to be okay				
l v	vith no complaints of	pain or discomfort from fall	Table 1			
c	ould monitor her.	ing in the lobby where staff				
F	Review of Resident #3	's I/A reports revealed no				900000
n	eport was provided for	r the incident on 10/06/20.				000000mass
R	Review of Resident #3	's resident service notes				

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: B. WING 12/22/2020 HAL092217 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) Continued From page 14 D 270 dated 10/07/20 at 9:30am revealed: -Staff was walking by the TV room and observed the resident trying to transfer from her wheelchair to another chair without assistance. -The resident slid off the chair and onto the floor. -There were no injuries to report. -The resident's family and PCP were notified. Review of Resident #3's I/A reports revealed no report was provided for the incident on 10/07/20. Telephone interview on 12/22/20 at 1:13pm with the MA who wrote the resident service note dated 10/07/20 revealed: -For the fall on 10/07/20, she was walking past the TV room and saw Resident #3 in the midst of transferring herself and the resident hit the floor. -There were no staff in the TV room at that time. Review of Resident #3's HH resident service notes dated 10/07/20 revealed the resident was seen by OT and OT would follow up to see if the resident was eligible for a wheelchair cushion. Review of Resident #3's HH resident service notes dated 10/08/20 revealed the resident was seen by PT and the resident was maximum assist with sit to stand transfers. Review of Resident #3's resident service notes dated 10/10/20 at 10:40am revealed: -The resident sustained a fall today. -The fall was unwitnessed with no injuries. -The resident's vital signs were taken. Review of Resident #3's I/A reports revealed no report was provided for the incident on 10/10/20. Review of Resident #3's HH resident service notes dated 10/12/20 revealed the resident was

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY APLETED	
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-	T T T T T T T T T T T T T T T T T T T		I, NC 27607				
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF C			
IAG REGULATORY OF		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
D 270	Continued From pag	e 15	D 270				
	seen by OT and facil	ity staff reported the resident				1	
	had an unwitnessed fall 2 days ago with no injury.		and the second				
Statement						Odervense	
W	Review of Resident #3's resident service notes					701 a Blasse	
	dated 10/19/20 at 10:00am revealed the resident						
	was seen by her PCP and observed to be okay with no complaints of pain or discomfort.		***************************************			Alima	
	Review of Resident #	3's resident service notes					
1	dated 10/23/20 revea	led:					
1	-At 3:00pm, the reside	ent was found on the floor in					
1.0	ner room. -Staff heard her chair	alass					
	Staff asked the reside	alarm. ent if she was hurt or if she					
- 1	bumped her head and	I the resident said "no".					
1.	I he resident had no	complaints and said she				Marco contra	
1	was okay.						
-	The resident's family	and PCP were notified.				- Consideration	
	vith no complaints of	nt was observed to be okay					
f	all.	pain or discomfort from the				MALL	
-	Staff continued to "ke	ep a close eye" on the					
n	esident while awake.	The state of the s					
F	Review of Resident #3	's I/A reports revealed no					
re	eport was provided for	the incident on 10/23/20.					
T	elephone interview on	12/22/20 at 1:13pm with					
10	le MA who wrote the r D/23/20 revealed;	esident service note dated	en con con con con con con con con con co				
-	or the fall on 10/23/20), the PCAs heard					
-7	esident #3's alarm and	d let her know. d on the floor in her room.	***************************************		and the state of t		
	The resident was found	on the noor in her room.	Automotion				
Re	eview of Resident #3's ited 10/31/20 revealed	s resident service notes			d of the parties of t		
-A	t 6:00am, the resident	t was found on the floor					
by	the bed.		The state of the s				
1 - 1	he resident was bleed	ing from hos sight					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 12/22/2020 HAL092217 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 16 D 270 -The area was cleaned and EMS was called. -EMS said it was an abrasion and if it was okay with the resident's family/power of attorney (POA), the resident would not be taken to the -The resident's family/POA did not want the resident taken to the hospital. -The resident's PCP and the facility's ADRC were made aware. -At 10:30pm, staff kept a close eye on the resident during day/evening shift. -The resident had an injury on the right side of her eye but the resident had not complained of pain or discomfort from the fall. -Staff would continue to monitor. Review of Resident #3's I/A reports revealed no report was provided for the incident on 10/31/20. Review of Resident #3's resident service notes dated 11/01/20 (no time specified) revealed: -The resident continued to get in and out of bed. -The resident was found on the floor. -There were no skin tears, bruising, or complaints of pain. -The resident was extremely confused. -Staff helped the resident get dressed and they would continue to monitor the resident. Review of Resident #3's I/A reports revealed no report was provided for the incident on 11/01/20. Review of Resident #3's resident service notes dated 11/03/20 revealed: -At 6:00am, the resident was up and down most of the shift. -The resident was very unsteady when getting up. -At 8:30pm, the resident had been getting up out of the recliner and the wheelchair during the shift and putting herself into bed.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING: B. WING	CONSTRUCTION		E SURVEY PLETED
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MORNING	SSIDE OF RALEIGH		IE TRAIL			
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D 270	Continued From pag	e 17	D 270			1
	-Staff would continue	to monitor.				
	dated 11/03/20 revea	#3's resident service notes aled staff monitored the seping the resident in "eye				
	Review of Resident # dated 11/08/20 at 5:5	3's resident service notes 5pm revealed:				
1	and the resident said fell.	nging out her dinner plate she lost her balance and				
	-There was no injury.	, PCP, and the facility's				-
-	Director of Resident	Care (DRC) were notified.	100			
	Review of Resident # report was provided for	3's I/A reports revealed no or the incident on 11/08/20.				
	Review of Resident # instructions and visit revealed:	3's PT discharge notes dated 11/09/20				
	resident was a maxim	charged from PT as the num potential.	COLUMN TO THE PARTY OF THE PART			
	walker with minimal a	e to ambulate using a rolling ssistance and verbal cues in and directional changes.				in which the state of the state
	-The resident was abl assistance.	e to transfer with minimal				October 10 to 10 t
MCF-recording.	-The resident had imp	roved balance but due to				
	impaired cognition and	d safety awareness, the	Beeninases			en e
	resident continued to l -No further PT service this time.	be at a high falls risk. s were recommended at				
	Safety precautions to keeping chair/bed alar	be continued including				
	Encourage increased dehydration.	fluid intake to prevent				OSS ORGANISM PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF T
1	Report to the physicia preakdown, pain, char	ın any falls, skin tears, skin nge in mental				

	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE C A. BUILDING: B. WING		СОМ	E SURVEY PLETED 2/22/2020
	IAME OF PROVIDER OR SUPPLIER STREET. MORNINGSIDE OF RALEIGH RALEIGH			, ZIP CODE		
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D 270	revealed: -The resident had ga falling. -The resident continuation of the PCP was concerned in the period of the	#3's PCP visit dated 11/09/20 ait impairment and recurrent used to work with PT. erned about the resident's bone mineral loss and with vas a concern for fractures. #3's resident service notes 40pm revealed staff kept the prevent further falls. #3's resident service notes aled: dent was found on the floor matoma and a 2cm eyebrow area. evaluate the resident and int possibly needed sutures. ent to the hospital for y, PCP, and the facility's ident returned from the laceration with stitches in her aced in her recliner and she out of the recliner. Falarm continued to sound off	D 270			

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION		E SURVEY PLETED
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LAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E. ZIP CODE		2/22/2020
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D 270	Continued From pag	e 19	D 270	The state of the s	restant projection to the control of	-
	in the morning.					
	dated 11/17/20 revea	#3's accident/incident report aled: und on the floor at 5:40am.				
	-The resident had a l called.	aceration and EMS was				endervalento apocopos
No.		on 12/22/20 at 1:13pm with				
-	the MA who wrote the 11/17/20 revealed:	e resident care note dated	Marie Control of the			- 1000 (manuscross)
- [time the resident had	20, that was the second hit her face from a fall.				politypephotosopi usadau
	-The resident hit the I week and the right sid	eft side of her face one de the next week.	ODDODINI SINDAAAAA			
ET LONG BEAUTY	Review of Resident # the hospital dated 11/	3's after visit summary from				
i	-The resident was see with a head injury.	en for a fall and diagnosed				
	-A laceration repair w	ith stitches was completed.				
-	notes dated 11/17/20					- Andrews - Company - Comp
	to discharge the resid new fall early that mor	en by OT who was planning ent but the resident had a ming on 11/17/20.				A CONTRACTOR CONTRACTO
	-The resident was sen stitches over her left e her left eye.	nt to the ER and got 3 eye and had a bruise over				
	dated 11/18/20 at 4:30	B's resident service notes pm revealed staff observed nt during the shift and had				
r	notes dated 11/28/20 r	d's HH resident service revealed: n by OT for reassessment.				PORT CALLED A CO. Mar. CO. CALLED A CO.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 20 -There were no new falls reported. -The resident had met goals and was discharged from OT services. Telephone interview with a representative from the HH therapy provider's office on 12/22/20 at 2:16pm revealed: -Resident #3 was discharged from PT services on 11/09/2020 and OT services on 11/30/2020. -Resident #3 needed a lot of help when she was discharged from therapy services. -Staff were to reinforce fall prevention by assuring chair and bed alarms were in place. Review of Resident #3's resident service notes dated 12/08/20 at 10:45pm revealed: -The resident complained to the sitter that she was having pain on the left side and the left lower back. -Staff would let the next shift know and continue to monitor the resident throughout the shift. Review of Resident #3's resident service notes dated 12/09/20 at 6:30pm revealed: -The resident still complained of having left lower side pain leading to severe hip pain. -The resident's PCP was faxed to get an order for an x-ray to be done. Review of Resident #3's x-ray report dated 12/10/20 revealed there was an acute non-displaced fracture laterally to the left rib #9. Review of Resident #3's PCP visit dated 12/10/20 revealed: -The resident had gait impairment and remained a fall risk. -The resident had left hip and side pain and she already ordered x-rays which showed a fracture of the left ninth rib.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
MORNING	SIDE OF RALEIGH		IE TRAIL				
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D 270	Continued From page	e 21	D 270		HIPHIDE AND A SECOND AND A SECOND ASSESSMENT		
	-The resident was go	ing to continue with PT.					
	30	and to continue with 1 1;				į	
	Review of Resident#	f3's resident service notes					
	dated 12/11/20 at 6:3	Opm revealed:		¥1			
	-The resident was found on the floor in her room						
	on her buttocks.						
	-The sitter came in (sitter hours were 7:00pm - 7:00am) and found the resident on the floor.						
William	-The resident said she	e was getting ready for bed.				and Constraints	
	-Range of motion was	s done without complaint of					
	pain and there were r	no bruises at this time.					
	-The resident's family	and PCP were notified.					
	Review of Resident #3's I/A reports revealed no report was provided for the incident on 12/11/20.						
	Review of Resident #4 dated 12/13/20 at 4:3	3's resident service notes					
	-Staff was walking by	the resident's room and					
1	heard the resident yel	lling for help.					
	-Staff observed the re	sident on the floor sitting on	***************************************				
	her bottom.		-				
	know why she fell.	t she just fell and did not					
		ssist/assess the resident					
	due to rib fracture. -EMS evaluated the re resident into the whee	esident and assisted the					
	The resident's PCP w						
	further advice about ta	aking the resident to the					
1.	hospital.						
	The PCP declined the	resident going to the					
1	12/14/20.	would see the resident on					
	The resident's family						
	resident had been falling					-	
1	·I ne resident was exp eft side area	eriencing some pain on her	700-000-000-000-000-000-000-000-000-000				
100		o monitor the resident.					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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D 270	Continued From pag	ge 22	D 270			
	Daview of Desident	#2's I/A reports revealed so				
		#3's I/A reports revealed no for the incident on 12/13/20.				
	Topott was provided					
		on 12/22/20 at 1:13pm with				
		ne resident service note dated				
	12/13/20 revealed:: -For the fall on 12/13/20, she walked by the					
	recident's room and	resident's room and heard the resident say "help,				do company of the com
	help".	near the resident say help,				
	\$16.T \$2.T \$2.T \$1.T \$1.T \$1.T \$1.T \$1.T \$1.T \$1.T \$1	rm or chair alarm were				
	sounding.		-			
		n the floor in the middle of the				
	room so she called EMS because she knew the resident already had a broken rib.					
	Review of Resident revealed:	#3's PCP visit dated 12/14/20	ALL LA LA CAMPANA AND AND AND AND AND AND AND AND AND			
	-The resident had so	everal recent falls.				
		ies to her head were				
	resolving from falls	weeks ago. re reported or identified today.				
	-No new injuries we	he reported or identified today.				
	Review of Resident	#3's electronic incident report				
	form dated 12/19/20	revealed:				NA CONTRACTOR OF THE CONTRACTO
		ound on the floor in her room				
	at 5:04am.					
	-There was no injung -The resident's fami	y. ily and PCP were notified.				
	Review of Resident	#3's electronic				
		n dated 12/21/20 at 10:49am				
	-The resident's fami	ily member was called to				
	morning, 12/21/20.	the resident's fall that				
	-There were no other	er details documented about				
		with the facility's Regional				1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY
			A. BUILDING:	***************************************	CON	IPLETED
		HAL092217	B. WING	Contraction of the contraction o	1 1:	2/22/2020
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
#ORNING	SIDE OF RALEIGH	801 DIX	E TRAIL			
101111111	Ţmanu,	The state of the s	H, NC 27607			
(X4) ID PREFIX	SUMMARY S (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)
TAG	REGULATORY OR	LISC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	DATE
D 270	Continued From pag	ge 23	D270			
	-Resident #3 had de	mentia with periods of				
	paranoia and confus		-			
1		t remember her falls or being				
- 1	found on the floor.	Territor flor faile of being	1			
	-The resident had re-	ceived PT/OT services from				
	an outside agency in					
	-The resident just started PT services with the					
	facility's in-house pro	ovider on 12/17/20.				
	Telephone interview	with a MA on 12/22/20 at				
	1:13pm revealed:					
	-Resident #3 had frequent falls.					
	-Resident #3 did not understand that she could					
	not walk independently so the resident tried to get					
1	up and go and do whatever she wanted to.					
1	-The resident was pro	ovided with a wheelchair 2.5				
	near the elevator.	the resident's room was	1			
		bought bed and chair				
	alams.	bodgitt bed and chair				
		resident multiple times but				
	the resident still tried	to get up on her own.				
	-Staff would put the re	esident in high traffic areas				
	but as soon as staff to	urned their backs, the				
		transfer from the wheelchair	0.000			
	to a standard chair by					- Control
	-The resident never re	emembered to lock the				
	wheelchair so the res	ident had fallen a couple of				i
		ransfer from the wheelchair				
	by herself.					
		resident's room, assist her				
	get up and fall after st	the resident would still try to				
		were supposed to check on				
1	the resident every 30	minutes for 5 days and				
- 10	document it in the res	ident's record.				
1.	She could not recall i	f 30-minute checks were				
(documented for Resid	lent #3.				
1 -	She had not been ins	structed to check on				
11	Resident #3 more fred	quently than every 30				1

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A BUILDING:	ONSTRUCTION	X3) DATE SURVEY COMPLETED
		HAL092217	B. WING		12/22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	; ZIP CODE	
MODANNO	SIDE OF RALEIGH	801 DIX	E TRAIL		
MORNING	BIDE OF RALEIGH	RALEIG	H, NC 27607		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
D 270	minutes. -The 30-minute chec working so she tried when she was working. -Other residents were hour or every 2 hours. -For Resident #3, the keep her busy or har-Resident #3 had a walker sheeven when Residen areas, staff could not hours a day because. If staff was in the contact has a staff change alarm so the resident. The resident knew halarm so the resident. There was a delay in sounded after the resident had a staff change alarm so the family known the family was supported. The resident had a staff change a week. -The resident last has sitter left that evening her knowledge. -She spoke with the might and was told the family was told the family was told. The resident's family sitter for the resident staff.	ks for the resident was not to keep the resident with her ng. e checked on either every 1 s. e ye were constantly trying to ging out with staff. wheelchair but the resident e tried to use. t #3 was in the common supervise the resident 24 e staff had to do other tasks. mmon area, they sometimes esident #3 because staff was to the position of the bed at could not reach it. In the resident's chair alarm; it sident had already gotten up long). How on Friday, 12/18/20, and losed to get a new one. Setter at night from 7:00pm to justice agency she thought 7 dd a sitter on 12/19/20 but the grand had not been back to resident's family member last the sitter was not coming back to make the sitter was not coming back ying to find another sitter. It was trying to get a 24-hour.	D 270		
	Telephone interview with a second MA on 12/22/20 at 3:23pm revealed:				

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY
NAME OF PROVIDER OR SUPPLIER STREET ALE MORNINGSIDE OF RALEIGH 801 DIXIE		HAL092217 B. WNG				
		DDRESS, CITY, STATE	7IP CODE		2/22/2020	
			, at ood			
	TOTALLIGIT		H, NC 27607			
(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 270	Continued From pag	e 25	D 270			***
	-She usually moniton she tried to check on more often (could not -Resident #3 had a b September 2020The bed and chair a had to be quick enougence the alarms sour -The resident had a s stopped this past were -Even with the sitter, because the sitter only	ed residents every hour and residents with frequent falls t give a set time frame). ed and a chair alarm since larms both worked but you go to get to the resident	D 270			
Telephone interview with a personal care aide (PCA) on 12/22/20 at 2:02pm revealed: -Resident #3 had anemia and she was very weak and did not have enough strength to walkThe resident would take enough steps to get out of her room but once she was in the hallway, she would either fall or go right back in the roomThe resident had a walker but had been using a wheelchair for a couple of monthsShe found the resident a couple of times when the resident had fallenThe resident would get out of the bed and fall right beside the bedThe resident had a pendant necklace and a call bell by her bed but the resident never used either oneStaff usually checked on residents every 2 hoursShe tried to keep Resident #3 with her as much as possible and let the resident sit in the common areasIf she had to go to another room to help another resident then Resident #3 was left unattended.						

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY D 270 Continued From page 26 D 270 the resident was so quick and could get up fast. -The resident had a sitter at night from 7:00pm to 7:00am and she thought it was for 7 days a week but she was not sure. Telephone interview with the Wellness Coordinator (WC) on 12/21/20 at 6:00pm revealed: -Staff usually checked on residents, including Resident #3 every 2 hours but there was usually always staff walking in the hallways. -There were no current residents who required to be supervised more frequently than every 2 hours to her knowledge. -For residents with falls, they put bed alarms in place. -For residents with frequent falls, staff tried to keep the residents with them and keep the residents "entertained". -If a resident had frequent falls, they may need a sitter. -Resident #3 had a part-time sitter and she last saw the sitter a couple of days ago. -Resident #3 did not sit still and the resident was always saying she had to go somewhere. -The PCAs and MAs tried to take Resident #3 with them when they went from room to room. -Less than a month ago, she exited the elevator and saw Resident #3 on the floor in her room. -She heard the resident's alarm but the resident was already on the floor and the sitter was in the -Resident #3 was confused and not oriented to self or time. -Prior to having a sitter, Resident #3 was on 2-hour checks and she was in the common areas -The facility's nurses were responsible for contacting a resident's PCP and putting

interventions in place, such as bed alarms, for

STATEMEN	of Health Service Reg T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	/Y3\ A4 # 750 - 7	MAINTENANCE		
WD PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
		HAL092217	B. WING		4:	2/22/2020
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
IORNING	SIDE OF RALEIGH		E TRAIL			
	7	RALEIG	H, NC 27607			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 270	Continued From page	e 27	D 270	The second secon	NWY-	+
	falls.					
100000000000000000000000000000000000000	12/22/20 at 10:00am	with Resident #3's PCP on revealed:				months of the second se
	 aware of the resident The resident had a c 	couple of head injuries from				POLYPICO AND
emand appr	her falls and possibly	a fractured rib.	- Anna Control of the			
decarran	came from the fall on	if the resident's fractured rib 11/17/20 (the fall prior to				
1	x-ray on 12/10/20) be	cause it could take several				
and the same of th	weeks for a fractured rib to heal and sometimes it					
	could take a while for a fractured rib to show up.					
	-She had checked the resident for orthostatic					and the second
	plood pressure concerns for potential cause of the falls.					
	-Resident #3 had a be	ed/chair alarm but she was				
	not sure if the resident	t could disarm the alarms.				
	-She had staff trying to	o keep the resident resident was falling a lot				
	when she first got up i	in the mornings and had				
	altered mental status.					
	The resident had a sit was only for a few hou	tter but she thought that				
1-	She had recommende	ed 24-hour supervision for trecall date) to the facility.				
-	The facility was trying	to get a 24-hour sitter for				
įt	the resident but there were staffing and financial		-			
	issues with that. -She last saw the resident during a tele-visit					Para Para Para Para Para Para Para Para
١	esterday (12/21/20) a	nent during a tele-visit and she was doing well at				
a	ilmost resolved.	e from a previous fall were				Accession of the Control of the Cont
0	The resident did not re ould not voice any det	emember the falls and tails about the falls.				and a second sec
2	:23pm revealed:	th the DRC on 12/22/20 at				
-1	When she started world	king at the facility 5 weeks				

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Division o	of Health Service Regi	ulation			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092		B. WING		12/22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E, ZIP CODE	
		801 DIXI	E TRAIL		
MORNING	SIDE OF RALEIGH		H, NC 27607		
WALID	SIJMMARY S	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	
D 270	Continued From pag	e 28	D 270		and a control of the
	ago. Resident #3 aln	eady had bed and chair			
	alarms in place.				
		not remember she required			
	staff assistance to ge	et up.			
		esident's family after she			
		e facility 5 weeks ago			
		t was going to injure herself			
	due to the falls.	niured has head from a fall			
	-When the resident injured her head from a fall and went to the hospital on 11/17/20, the family got a private duty sitter for the resident. -The private duty sitter was quarantined with the				
		days when the resident			
	returned from the ho	spital on 11/17/20 and the			
	resident had no falls	during that time.			
		y then decided to change the			
	private duty sitter to				
	-The resident began	falling again during the day			
		sitter's hours were changed			
	to 7:00pm - 7:00am.	lent's family on 12/07/20 to			
		e resident to their special			
		nore oversight but the family			
	was not ready to mo				and the same of th
		ain yesterday, 12/21/20, so			
		ent's family again yesterday			
	(12/21/20).		-		and a second
		ked the resident's blood			- Commence
		low while lying and sitting.			
		asion (could not recall date) private duty sitter left early			
		ras found after 2 hours.			
		nail from the homecare			
		that they were unable to find			
	a sitter for the reside	ent last night.			and the same of th
	-The facility staff did	not do anything differently if			
	the resident's private	sitter was not at the facility.			
	-Staff would check o	n the resident during their			
		et schedule) and staff was in			
	the halle at all times	providing personal care and	1 1		

STATEMEN	of Health Service Reg T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION		E SURVEY
HAL092217		HAL092217	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	7IP CODE		2/22/2020
MORNING	SIDE OF RALEIGH	801 DIXI		., ZIF CODE		
morrana c	SIDE OF RALEIGH		H, NC 27607			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CO	PRECTION	
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	COMPLET DATE
D 270	Continued From pag	e 29	D 270			
	passing medications.					
		ff would check on them every				
	30 minutes.	would check on them every				
		MAs kept the medication				
	cart outside the resid	ent's room so they could				
	keep an eye on the re	esident.				
	-She put 24-hour sup	ervision in place for the				
	resident weeks ago (a	after the fall on 11/17/20)				
1	when she had the far	nily to get a 24 hour sitter				
	but the family decided	d to change it to 12 hours.				
Andropen	-The resident then started falling again after that change.					
	-The resident needed around the clock					
	supervision but the facility did not have enough					
-	staff to provide 24-ho	ur supervision for the				
down	resident.					
	-She was responsible	for documenting fall				
	interventions on a res	ident's care plan.				
	Interview with Resider 10:55am revealed:	nt #3's POA on 12/18/20 at				
	A STATE OF THE PARTY OF THE PAR	ing at home before she ever				
	went to the facility.	at home belove site ever				
	The resident had an i	ncrease in dementia and				
	increase in her fall risk	cs prior to admission.				
and the same of th	The resident had alar	ms on her bed and chair				
	but she could disarm t					
	resident had.	ed her of every fall the				
		vember 2020 or the first of				
- 1	December 2020, the re	esident fell and hit her head				
1	above her eye.					
-	The resident was qua	rantined when she returned he family had a sitter come				
l i	n from 7:00pm to 7:00	am to make nighttime a				
	ittle less eventful.					
-	The family committed	to having the sitter until the				
6	end of December 2020).				
-	The family had consid	ered moving the resident				
n of Health	lownstairs to the speci	ial care unit but it was a	1			

STATEMEN	of Health Service Reg Tof Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION	сом	E SURVEY PLETED 2/22/2020
	ROVIDER OR SUPPLIER	801 DIX	ADDRESS, CITY, STATE IE TRAIL H, NC 27607	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 270	resident to the special resident to the special resident #3 had a land October 2020 and December 2020. The resident was "in could not provide 24 for the resident. Staff would check of they did not have eyen they were currently for the find a facility that to the pandemic. The facility had a semeeting for falls that for quality assurance fall interventions doen the resident #3 should in her record. Resident #3 should in her record. Resident #3's fall risinsk evaluations were the same that they are the same that they are the same that they are they are they are the same that they are the	nove the resident. considering moving the all care unit. interview with the Regional at 4:09pm revealed: of of falls in September 2020 and had continued to fall into empulsive" but the facility hour one-on-one supervision on the resident frequently but less on her all the time. I looking into finding a skilled are resident but it was difficult would take new residents due apparate care plan for at risk awas an internal document apurposes that should have sumented. Interventions documented thave a fall risk assessment and positifall arequested on 12/22/20 at	D 270			

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY RPLETED
NAME OF I	POWERED OF ALL	HAL092217	B. WING		1	2/22/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
MORNING	SSIDE OF RALEIGH		IE TRAIL			
0/41/10	1	RALEIG	H, NC 27607			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(XS) COMPLE DATE
D 270	Continued From page	e 31	D 270		***************************************	
Technological and the control of the	the right eyebrow, an laceration requiring so facility to provide sup- substantial risk of ser	d a head injury with a titches. The failure of the	D 270			All the control of th
98.6.00000	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 12/18/20 for				Distribution of the latest and the l
	THE CORRECTION D VIOLATION SHALL N 2021.	DATE FOR THE TYPE A2 OT EXCEED JANUARY 21,				
D 367	10A NCAC 13F .1004 Administration	(j) Medication	D 367			
	(j) The resident's med record (MAR) shall be following: (1) resident's name; (2) name of the medica (3) strength and dosag administered; (4) instructions for admort treatment; (5) reason or justification medications or treatment follocumenting the result (6) date and time of administerion of armedications or treatment follocumentiation of armedications or treatment follocumentiation of armedications or treatment follocumentiation of armedication or treatment follocumentiation of the medication or treatment follocumentiation of the medication or treatment follocumentiation or treatment follocument f	accurate and include the ation or treatment order, the or quantity of medication annistering the medication annistering the medication on for the administration of ants as needed (PRN) and ting effect on the resident; ministration; my omission of ants and the reason for the usals; and, the person administering ment. If initials are used, a those initials is to be atined with the medication				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	And the second s
			IE TRAIL		
MORNING	SSIDE OF RALEIGH	RALEIG	H, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 367	Continued From pag	e 32	D 367		
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medication administration records (MARs) were accurate and complete for 3 of 5 residents (#1, #2 and #4) sampled for review. The findings are:			Based on observations, interviews, an record reviews, the facility failed to entered to a medication administration records (MA were accurate and complete for 3 of 5 residents (#1, #2 and #4) sampled for review. The findings are:	sure ARs)
	Review of Resident #1's current FL-2 dated 03/05/20 revealed diagnoses included Parkinson's dementia, Parkinson's disease, hypertension, benign prostatic hyperplasia, atrial fibrillation, coronary artery disease and Vitamin d deficiency. Review of Resident #1's dated on 04/15/20		Review of Resident #1's current FL dated 03/05/20 revealed diagnoses included Parkinson's dementia, Parkinson's disease, hypertension, benign prostati hyperplasia, atrial fibrillation, coronary artery disease and Vitamin d deficience.	ic	
	every evening. (Ator cholesterol.) -There was an order half tablet at bedtime anxiety.) -There was an order be administered with total dose of 75mg at to treat mood disorder-There was an order half tablet at bedtime insomnia.) -There was an order two capsules four time medication administed disease.) -There was an order be administered with total dose of 75mg at	for Trazodone 50mg take . (Trazodone is used for for Rytary 48.75mg/195mg les daily. (Rytary is a lered for Parkinson's for Seroquel 50mg tablet to Seroquel 25mg tablet for a		Review of Resident #1's dated on 04/15/20 revealed: -There was an order for Atorvastatin 2 tablet every evening. (Atorvastatin is to lower cholesterol). -There was an order for Clonazepam 0.5mg take half tablet at bedtime. (Clonazepam is used for anxiety). -There was an order for Seroquel 25m tablet to be administered with Seroquel 50mg tablet for a total dose of 75mg a bedtime. (Seroquel is used to treat m disorders). -There was an order for Trazodone 50 take half tablet at bedtime. (Trazodon used for insomnia). -There was an order for Rytary 48.75mg/195mg two capsules four tim daily. (Rytary is a medication administered for Parkinson's disease) -There was an order for Seroquel 50m	ng el at ood Omg ne is

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE	SURVEY
		HAL092217	B. WING		42	/22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, S	TATE ZIP CODE	1 12	12212020
MODNING	SIDE OF RALEIGH	801 DIXI		THE, EN CODE		
	SIDE OF RALEIGH		H, NC 27607			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLE DATE
D 367	Continued From page	e 33	D.367		***************************************	+
	moisturizing mouthwa-There was an order Mouthwash 1.25mg to Gluconate Mouthwash amount of bacteria in There was an order idaily. (Eliquis is an a blood clots.) Review of Resident # medication administrative was an entry for scheduled every ever Documentation for At 10/04/20 with no reast documented. There was an entry for tablet at bedtime scheduled every ever Documentation for Cl 10/04/20 with no reast documented. Review of Resident # revealed: There was an entry for administered in additional dose of 75mg at 18 at 18:00pm. Documentation for Set 11/21/20 with no reast documented. There was an entry for all fablet at bedtime is Documentation for Trail 1/21/20 with no reason documented. There was an entry for all fablet at bedtime is Documentation for Trail 1/21/20 with no reason documented.	twice daily. (Biotene is a ash.) for Chlorhexidine Gluconate wice daily. (Chlorhexidine this used to reduce the the mouth.) for Eliquis 5mg tablet twice inticoagulant used to prevent the mouth.) for Eliquis 5mg tablet twice inticoagulant used to prevent the mouth. The October 2020 ation record (MAR) revealed: for Atorvastatin 20mg ining at 8:00pm. for Atorvastatin was blank on for the omission for the omission for the omission for the omission for the omission. The November 2020 MAR for Seroquel 25mg to be for to Seroquel 25mg to be for to Seroquel 35mg for a seedtime scheduled at 8:00pm. The Trazodone 50mg take scheduled at 8:00pm. The Atorvastatin was blank on for the omission for Rytary 48.75mg/195mg	D 367	tablet to be administered with Seroci 25mg tablet for a total dose of 75mg bedtime. -There was an order for Biotene Mouthwash to rinse for 30 seconds daily. (Biotene is a moisturizing mouthwash). -There was an order for Chlorhexidin Gluconate Mouthwash 1.25mg twice (Chorhexidine Gluconate Mouthwash used to reduce the amount of bacter the mouth). -There was an order for Eliquis 5mg twice daily. (Eliquis is an anticoagul used to prevent blood clots). Review of a physician's order for Re #1 dated on 11/30/20 revealed: -There was an order for Vancomycin 125mg one capsule every six hours days. (Vancomycin is an antibiotic). Review of Resident #1's October 202 medication administration record (M/revealed: -There was an entry for Atorvastatin scheduled every evening at 8:00pm. -Documentation for Atorvastatin was on 10/04/20 with no reason for the omission documented. -There was an entry for Clonazepam on 0.5mg half tablet at bedtime schedule 8:00pm. -Documentation for Clonazepam was blank on 10/04/20 with no reason for omission documented.	twice ne e daily. h is ria in tablet ant sident for ten 20 AR) 20mg blank ed at 6 the	
to 7	wo capsules four times 200am, 11:00am, 4:00 Service Regulation	s a day scheduled for		MAR revealed: -There was an entry for Seroquel 25n		

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: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 34 D 367 -Documentation for Rytary was blank on 11/14/20 be administered in addition to Seroquel for the 4:00pm dose with no reason for the 50mg for a total dose of 75mg at bedtime omission documented. scheduled at 8:00pm. -There was an entry for Seroquel 50mg to be -Documentation for Seroquel 25mg was administered in addition to Seroquel 25mg for a blank on 11/21/20 with no reason for the total dose of 75mg at bedtime scheduled at omission documented. -There was an entry for Trazodone 50mg -Documentation for Seroquel 50mg was blank on take half tablet at bedtime scheduled at 11/20/20 with no reason for the omission 8:00pm. documented. -Documentation for Trazodone was blank on 11/21/20 with no reason for the Review of Resident #1's December 2020 MAR omission documented. -There, was an entry for Rytary revealed: 48.75mg/195mg two capsules four times a -There was an entry for Biotene Mouthwash twice day scheduled for 7:00am, 11:00am, daily scheduled for 8:00am and 8:00pm. -Documentation for Biotene Mouthwash was 4:00pm and 7:00pm. -Documentation for Rytary was blank on blank on 12/12/20 for the 8:00pm dose with no 11/14/20 for the 4:00pm dose with no reason for the omission documented. reason for the omission documented. -There was an entry for Chlorhexidine Gluconate -There was an entry for Seroquel 50mg to 1.25mg Mouthwash twice daily scheduled for be administered in addition to Seroquel 8:00am and 8:00pm. -Documentation for Chlorhexidine Gluconate was 25mg for a total dose of 75mg at bedtime blank on 12/14/20 for the 8:00pm dose with no scheduled at 8:00pm. -Documentation for Seroquel 50mg was reason for the omission documented. blank on 11/20/20 with no reason for the -There was an entry for Eliquis 5mg tablet twice daily scheduled for 8:00am and 8:00pm. omission documented. -Documentation for Eliquis was blank on 12/14/20 Review of Resident #1's December 2020 for the 8:00pm dose with no reason for the omission documented. MAR revealed: -There was an entry for Vancomycin 125mg one capsule every six hours for ten Based on interviews and record reviews, it was determined Resident #1 was not interviewable. -Vancomycin was scheduled to be administered at 8:00am, 2:00pm and Refer to telephone interview with a medication aide (MA) on 12/18/20 at 4:15pm. -Documentation for Vancomycin was blank on 12/08/20 for the 8:00pm dose Refer to telephone interview with a second MA on with no reason for the omission 12/22/20 at 12:41pm. documented Refer to telephone interview with the Wellness -There was an entry for Biotene

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL092217	B. WING		12/22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	FATE, ZIP CODE	
MORNING	SSIDE OF RALEIGH	801 DIX	IE TRAIL		
	,		H, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES IY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLE
D 367	Continued From page	e 35	D 367		
	Coordinator/MA on 1. Refer to telephone in			Mouthwash twice daily scheduled for 8:00am and 8:00pmDocumentation for Biotene Mouthwa was blank on 12/12/20 for the 8:00pm	sh
my authorized control of delayers	Nurse on 12/22/20 at			dose with no reason for the omission documented. -There was an entry for Chlorhexidine Gluconate 1.25mg Mouthwash twice	
uratus que l'entre en	04/06/20 revealed: -Diagnoses included in hypertension, anemia embolism and benign -There was an order from the control of the	, history of pulmonary prostatic hypertrophy. or Myrbetrig 50mg once		scheduled for 8:00am and 8:00pm. -Documentation for Chlorhexidine Gluconate was blank on 12/14/20 for 8:00pm dose with no reason for the omission documentedThere was an entry for Eliquis 5mg ta	the
	urinary bladder.) -There was an order f two tabs once daily. (that assists in red bloc -There was an order for	or Pradaxa 150mg twice		twice daily scheduled for 8:00am and 8:00pmDocumentation for Eliquis was blank 12/14/20 for the 8:00pm dose with no reason for the omission documented.	
Anno menjerajanaco anno com com com	clots.) -There was an order fo half tablet twice daily. the blood pressure.) -There was an order fo	or Lopressor 25mg take (Lopressor is used to lower or Ramipril 5mg once daily, wer blood pressure.)		Telephone interview with a medication aide (MA) on 12/22/20 at 12:41pm revealed: -Medications were signed off on after residents took their medicationsIf a medication was not administered, MAs would write their initials in the spe	ety well displayed and a second a second and
	(Ramipril is used to lower blood pressure.) Review of Resident #4's physician's orders dated on 09/17/20 revealed there was an order for Primidone 250mg scheduled daily at 8:00 am. (Primidone is used to control seizures.)		that medication, circle their initials and write on the back of the MAR why the medication was not given. -The blanks on the MARs were likely of to documentation errors and not relate residents not getting their medications	lue	
n S	Review of Resident #4 Medication Administratevealed: There was an entry for cheduled daily at 8:00 Documentation for My	ion Record (MAR) r Myrbetriq 50mg lam.		-There were other MAs that would flag MARs that were missing documentatio -The MAs would review the flagged Mand sign if it was their missed documentation.	the
1	0/09/20 with no reaso	n for the omission		-The boxes on the MAR where they placed their initials were tiny and was !	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Continued From page 36 D 367 documented. to tell if they have signed in that place -There was an entry for Vitamin B-12 1000mcg already. daily at 8:00am. -Documentation for Vitamin B-12 was blank on Based on interviews and record reviews, 10/09/20 with no reason for the omission Resident #1 was not able to be interviewed documented. -There was an entry for Pradaxa 150mg scheduled to be administered at 8:00am and 2. Review of Resident #4's current FL-2 6:00pm. dated 04/06/20 revealed: -Documentation for Pradaxa was blank on -Diagnoses included right hip fracture, 10/09/20 for the 8:00am dose with no reason for hypertension, anemia, history of pulmonary embolism and benign prostatic the omission documented. -There was an entry for Lopressor 25mg half hypertrophy. -There was an order for Myrbetriq 50mg tablet scheduled to be administered at 8:00am once daily. (Myrbetriq relaxes the and 8:00pm. -Documentation for Lopressor was blank on muscles of the urinary bladder). 10/09/20 for the 8:00am dose with no reason for -There was an order for Vitamin B-12 500mcg two tabs once daily. (Vitamin the omission documented. -There was an entry for Ramipril 5mg scheduled B-12 is a vitamin that assists in red blood cell formation). daily at 8:00am. -Documentation for Ramipril was blank on -There was an order for Pradaxa 150mg twice daily. (Pradaxa is used to treat and 10/09/20 with no reason for the omission prevent blood clots). documented. -There was an entry for Primidone 250mg -There was an order for Lopressor 25mg take half tablet twice daily. (Lopressor is scheduled daily at 8:00am. -Documentation for Primidone was blank on used to lower the blood pressure). -There was an order for Ramipril 5mg 10/09/20 with no reason for the omission once daily. (Ramipril is used to lower documented. blood pressure). Review of Resident #4's December 2020 MAR Review of Resident #4's physicain's revealed: -There was an entry for Pradaxa 150mg orders dated on 09/17/20 revealed: -There was an order for Primidone 250mg scheduled to be administered at 8:00am and 6:00pm. scheduled daily at 8:00 am. (Primidone is -Documentation for Pradaxa was blank on used to control seizures). 12/14/20 for the 6:00pm dose with no reason for Review of Resident #4's October 2020 the omission documented. -There was an entry for Lopressor 25mg half Medication Administration Record (MAR) tablet scheduled to be administered at 8:00am revealed: -There was an entry for Myrbetrig 50mg and 8:00pm.

STATEME	of Health Service Reg VT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				M APPROVE
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE COME	SURVEY
		HAL092217	8. WNG	00000000		
NAME OF I	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE DID AGE	1 12	/22/2020
MINGAIN	GSIDE OF RALEIGH	801 DIXI		TATE, ZIP CODE		
- CICIONA	SSIDE OF RALEIGH		H, NC 27607			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	DRE	(XS) COMPLETE DATE
D 367	Continued From page	e 37	D 367			1
	-Documentation for L 12/14/20 for the 8:00 the omission docume Refer to telephone int aide (MA) on 12/18/20 Refer to telephone int 12/22/20 at 12:41pm. Refer to telephone int Coordinator/MA on 12 Refer to telephone int Resident Care (DRC)	terview with the Wellness 2/21/20 at 4:53pm. Berview with the Director of on 12/22/20 at 2:23pm.	D 367	scheduled daily at 8:00am. -Documentation for Myrbetriq was bla on 10/09/20 with no reason for the omission documented. -There was an entry for Vitamin B-12 1000mcg daily at 8:00am. -Documentation for Vitamin B-12 was blank on 10/09/20 with no reason for omission documented. -There was an entry for Pradaxa 150r scheduled to be administered at 8:00am and 6:00pm. -Documentation for Pradaxa was blan 10/09/20 for the 8:00am dose with no reason for the omission documented. -There was an entry for Lopressor 25 half tablet scheduled to be administer 8:00am and 8:00pm. -Documentation for Lopressor was blan 8:00am and 8:00pm.	the mg am ak on mg ed at	
- 1 8 - () - O - () - W	10/08/20 revealed: -Diagnoses included A diabetes mellitus type: cancer, and fatigueThere was an order fo daily. (Tylenol is a pair -There was an order fo ablet once daily. (Asp prevent heart disease.) -There was an order fo Bystolic lowers blood p -There was an order fo -nce daily. (Fiberlax is -There was an order for	2, hypertension, colon or Tylenol ES 500mg once or reliever/fever reducer.) or Aspirin 81mg chew 1 irin may be used to or Bystolic 10mg once daily. or essure.). or Fiberlax 500mg 2 tablets a laxative for constipation.) or Bacid 1 tablet once daily. or or bystolic 10mg once daily. or fiberlax 500mg 2 tablets or bystolic 10mg once daily.		on 10/09/20 for the 8:00am dose with reason for the omission documented. -There was an entry for Ramipril 5mg scheduled daily at 8:00am. -Documentation for Ramipril was blant 10/09/20 with no reason for the omissi documented. -There was an entry for Primidone 250 scheduled daily at 8:00am. -Documentation for Primidone was bla on 10/09/20 with no reason for the omission documented. Review of Resident #4's December 20 MAR revealed: -There was an entry for Pradaxa 150m scheduled to be administered at 8:00ar and 6:00pm. -Documentation for Pradaxa was blank 12/14/20 for the 6:00pm dose with no reason for the omission documented.	con on Img nk 20 g	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) D 367 D 367 Continued From page 38 -There was an order for Travatan 0.004% instill 1 -There was an entry for Lopressor 25mg half tablet scheduled to be administered at drop in each eye once daily. (Travatan is for glaucoma.) 8:00am and 8:00pm. Documentation for Lopressor was blank -There was an order for Calcium with Vitamin D 600mg/200IU once daily. (Calcium with Vitamin on 12/14/20 for the 8:00pm dose with no reason for the omission documented. D is a vitamin supplement.) -There was an order for Vitamin D3 25mcg once Telephone interview with a Medication daily. (Vitamin D3 is used to treat Vitamin D Aide on 12/18/20 at 4:15pm revealed: deficiency.) -There was an order for Zocor 40mg at bedtime. -Documentation on MARs was to be documented after resident was observed (Zocor lowers cholesterol.) -There was an order for Januvia 50mg once daily. taking all medications. (Januvia lowers blood sugar.) -MAs should sign and circle their initials when a medication was not administered -There was an order for Zinc Oxide ointment to and write the reason a medication was not buttocks twice daily. (Zinc Oxide ointment is a administered on the back of the MAR. topical skin protectant.) -Blanks on the MARs meant there was no -There was an order for Eucerin cream to legs proof or documentation the medications twice a day. (Eucerin cream is used to treat dry were administered. skin.) Telephone interview with the Wellness Review of Resident #2's October 2020 Coordinator/MA on 12/21/20 at 4:53pm medication administration record (MAR) revealed: revealed: -There was an entry for Tylenol ES 500mg once -She was aware of the resident's MARs daily scheduled at 6:00am. having blanks. -There was an entry for Aspirin 81mg chew 1 -Blanks on the MARs had improved since tablet once daily scheduled at 8:00am. the facility nurses started working at the -There was an entry for Bystolic 10mg once daily facility about two-three months ago. scheduled at 8:00am. -She monitored the MARs and notified the -There was an entry for Fiberiax 500mg 2 tablets nurses of any blanks. once daily scheduled at 8:00am. -The nurses would then notify the MA to -Documentation for Tylenol, Aspirin, Bystolic, and get the documentation completed. Fiberlax was blank for each medication on -It was the nurses' responsibility to ensure 10/07/20 with no reasons for the omissions the MARs were completed. documented. -There was an entry for Januvia 50mg once daily scheduled at 8:00am. -Documentation for Januvia was blank on 10/06/20 and 10/07/20 with no reasons for the omissions documented. -There was an entry for Zinc Oxide ointment to

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY
			1,20,20,100			AFLE IED
		HAL092217	B, WING	A2440000000		2/20/02/20
NAME OF P	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	7IP CODE	1 1	2/22/2020
MODNING	SSIDE OF RALEIGH	801 DIXI		E, ZIP CODE		
- CANAL	SSIDE OF RALEIGH		H, NC 27607			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	l di	PROVIDER'S PLAN OF C	ORRECTION	(X5)
TAG	D 367 Continued From page 39 D 367 buttocks 3 times daily scheduled at 6:00am,		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETE
D 367	Continued From pag	e 39	D 367	Herein and the second s		
	buttocks 3 times daily	v scheduled at 6:00am	The state of the s			
	2:00pm, and 8:00pm		100			
		Zinc Oxide ointment was				
	blank for 6:00am on	10/26/20 and at 2:00pm on				Transment of the state of the s
	10/08/20 and 10/09/2	20 with no reasons for the				
	omissions documente	ed.				
-	-There was an entry t	for Eucerin cream to legs				
Stanourou	twice a day schedule	d at 6:00am and 6:00nm				
and the same of th	-Documentation for E	ucerin cream was blank at				***
Comment	6:00am on 10/26/20 v	with no reason for the				
	omission documented	1.				
	Review of Resident #.	2's November 2020 MAR				
ego area	-There was an entry for	or Aspirin 81mg chew 1				
	tablet once daily sche	duled at 8:00am				
	-There was an entry for	or Bystolic 10mg once daily				
	scheduled at 8:00am.	0.000.0001.0000000000000000000000000000	Sub-			
1	-There was an entry fo	or Fiberlax 500mg 2 tablets				
	once daily scheduled	at 8:00am.				
1.	-There was an entry for	or Bacid 1 tablet once daily				
	scheduled at 8:00am.					
	-i nere was an entry to	or Miralax 17 grams, mix				
	with 4 - 6 ounces of fit scheduled at 8:00am.	aid and take every day				
		or Januvia 50mg once daily				
	scheduled at 8:00am.	or bandvia borng once daily				
		pirin, Bystolic, Fiberlax,				
	Bacid, Miralax, and Ja	nuvia was blank for each				
ı	nedication on 11/27/20	0 with no reasons for the				
(omissions documented	i.				7
1-	There was an entry fo	r Travatan 0.004% instill 1				
C	frop in each eye once	daily scheduled at 8:00am.				Distriction .
-	Documentation for Tra	vatan was blank on				ALCOHOLOGICA CONTRACTOR CONTRACTO
1	1/U6/20 and 11/13/20	with no reasons for the				
	missions documented					
4	laily scheduled at 8:00	r Vitamin D3 25mcg once				-
-1	Documentation for Vite	amin D3 was blank on	and the same of th			
	1/08/20, 11/09/20, and	ALLIEL DO MAS DISUK OU	1			1

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 367 Continued From page 40 D 367 for the omissions documented. -There was an entry for Zocor 40mg at bedtime scheduled at 8:00pm. -Documentation for Zocor was blank on 11/08/20, 11/24/20, and 11/26/20 with no reasons for the omissions documented. -There was an entry for Zinc Oxide ointment to buttocks 3 times daily scheduled at 6:00am, 2:00pm, and 8:00pm. -Documentation for Zinc Oxide ointment was blank on 23 occasions, including 12 times for 6:00am, 3 times for 2:00pm, and 8 times for 8:00pm with no reasons for the omissions documented. -There was an entry for Eucerin cream to legs twice a day scheduled at 6:00am and 6:00pm. -Documentation for Eucerin cream was blank on 18 occasions, including 12 times for 6:00am and 6 times for 6:00pm with no reason for the omission documented. Review of Resident #2's December 2020 MAR revealed: -There was an entry for Vitamin D3 25mcg once daily scheduled at 8:00pm. -Documentation for Vitamin D3 was blank on 12/07/20 and 12/14/20 with no reasons for the omissions documented. -There was an entry for Eucerin cream to legs twice a day scheduled at 6:00am and 6:00pm. -Documentation for Eucerin cream was blank on 7 occasions, including 5 times for 6:00am and 2 times for 6:00pm with no reason for the omission documented. Telephone interview with a medication aide (MA) on 12/21/20 at 5:33pm revealed: -She thought there were "holes" on the MARs for Resident #2 because the MAs sometimes forgot to write their initials on the MARs.

Division of Health Service Regulation

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) D4	TE SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING:			MPLETED
		HAL092217	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	7/P CODE		12/22/2020
MORNING	SSIDE OF RALEIGH		E TRAIL	LI ZIF GODE		
		RALEIG	H, NC 27607			
(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO TO		R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)			
D 367	Continued From pag	e 41	D 367		Account to the second s	
	-If a medication was would document the	not administered, the MAs reason on the MARs.				
E	Based on interviews	and record reviews, it was				
	determined Resident	#2 was not interviewable.				
	Refer to telephone in aide (MA) on 12/18/2	terview with a medication 0 at 4:15pm.				##Collection and Association
MERCONO PLANTICIPADO DE	Refer to telephone in: 12/22/20 at 12:41pm.	terview with a second MA on				the days they make the property of the
	Refer to telephone int Coordinator/MA on 12	terview with the Wellness 2/21/20 at 4:53pm.				Action and control of the control of
The state of the s	Refer to telephone int Resident Care (DRC)	terview with the Director of on 12/22/20 at 2:23pm.				
Podlike servenov jejstanovo	Refer to telephone int Nurse on 12/22/20 at	erview with the Regional 4:09pm.	acci i inoc detta			
1	on 12/18/20 at 4:15pn	rith a medication aide (MA)	de la company de			
	 -Documentation on Ma after resident was obs medications. 	ARs was to be documented erved taking all	A.O. Service and the service a			
	-MAs should sign and	circle their initials when a				
1	medication was not ac reason a medication w the MAR.	Iministered and write the vas not given on the back of				Fileschino von des sensos
		int there was no proof or				
10	documentation that the administered.	e medication was	The second secon			Chocan visit and the control of the
9000ana ana	Telephone interview wi	ith a second MA on				*defitace; consequent
t	Medications were sign ook their medications.	ned off on after residents				
V	If a medication was no write their initials in the	ot administered, MAs would spot for that medication,				

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL092217 12/22/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 367 D 367 Continued From page 42 circle their initials and write on the back of the MAR why the medication was not given. -The blanks on the MARs were likely due to documentation errors and not related to residents not getting their medications. -There were other MAs that would flag the MARs that were missing documentation. -The MAs would review the flagged MARs and sign if it was their missed documentation. -The boxes on the MAR where they placed their initials were tiny and was hard to tell if they have signed in that place already. Telephone interview with the Wellness Coordinator/MA on 12/21/20 at 4:53pm revealed: -She was aware of the residents' MARs having blanks on them. -Blanks on the MARs had improved since the facility nurses started working at the facility about 2 to 3 months ago. -She monitored the MARs and notified the nurses of any blanks. -The nurses would then notify the MA to get the documentation completed. -It was the nurses' responsibility to ensure the MARs were completed. Telephone interview with the Director of Resident Care (DRC) on 12/22/20 at 2:23pm revealed: -The MAs were supposed to initial the MARs as soon as they passed the medication and observed the resident take the medication. -If a medication was not administered, the MAs were supposed to circle their initials and document the reason on the back of the MAR. -There should not be any blanks on the MARs. -Since she started working at the facility 5 weeks ago, she had been checking MARs and she would let the MAs know when she saw errors. -The Assistant Director of Resident Care (ADRC)

STATEMEN AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED
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			2 301			
	checked the MARs w	/eekly.				
ĺ	-She had noticed an	improvement in the				
1	checking behind the	MARs since they had been				
	checking behind the	MAS.				
Total Comment	Telephone interview	with the Regional Nurse on				
1	12/22/20 at 4:09pm r	enested.				
	-The MAs should initi	al the MARs when they				
	administered and obs	served a resident take their				
	medication.		1			
	-If a medication was r	not administered, the MAs				
	should circle their initi	als and document the				
	reason on the back of					
	-Some of the MAs the	ought they could sign the				
1	MARs the next day w	ithin 24 hours if they forgot	1			
	to document when the administered.	e medication was				
D 451	10A NCAC 13F .1212 and Incidents	(a) Reporting of Accidents	D 451			
	10A NCAC 13F .1212	Reporting of Accidents and				and design and the second
	Incidents	e shall notify the county				
	department of social of	ervices of any accident or				
li	ncident resulting in re	sident death or any				
1	accident or incident re	sulting in injury to a				
-	esident requiring refe	rral for emergency medical				
16	evaluation, hospitaliza other than first aid.	tion, or medical treatment				
	This Rule is not met a	s evidenced by:				
E	Based on interviews a	nd record reviews, the				-
f	acility failed to notify t	ne county department of				Territoria de la constanta de
S	ocial services (DSS)	of incidents resulting in				
ir	njury requiring emerge	ency medical evaluation				
a	ind medical treatment	at a hospital for 1 of 2				
l re	esidents sampled (#3)					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED B. WNG HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 451 Continued From page 44 D 451 The findings are: Review of Resident #3's FL-2 dated 10/08/20 revealed diagnoses included dementia, overactive bladder, hypothyroidism, major depressive disorder, and hyperlipidemia. Review of Resident #3's incident/accident (I/A) reports, resident care notes, communication notes, and hospital visit notes revealed the resident required evaluation by emergency medical services (EMS) for 3 incidents including 1 of the 3 incidents requiring a visit to the emergency room (ER) resulting in a diagnosis of a head injury with a laceration requiring stitches. Review of Resident #3's resident service notes dated 10/31/20 revealed: -At 6:00am, the resident was found on the floor by the bed bleeding from her right eyebrow. -The area was cleaned and EMS was called. -EMS stated it was an abrasion and if it was okay with the resident's family/power of attorney (POA), the resident would not be taken to the hospital. -The resident's family/POA did not want the resident taken to the hospital. Review of Resident #3's I/A reports revealed no report was provided for the incident on 10/31/20 and no documentation the county Department of Social Services (DSS) was notified. Review of Resident #3's resident service notes dated 11/17/20 revealed: -At 6:30am, the resident was found on the floor by her bed with a hematoma and a 2cm laceration to the left eyebrow area. -EMS was called to evaluate the resident and EMS stated the resident possibly needed sutures.

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O			E SURVEY IPLETED
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D 451	Continued From page	e 45	D 451	The second secon		
	-EMS took the reside evaluation.					months of the property and the property
	the hospital dated 11	3's after visit summary from /17/20 revealed:				And the second property of the second party of
1	-The resident was seen for a fall and diagnosed with a head injury. -A laceration repair with stitches was completed.		William (Schools)			
	Review of Resident #3's I/A report dated 11/17/20 revealed:					
	 The resident was four- The resident had a la called. 	ind on the floor at 5:40am. iceration and EMS was				
	(PCP) were notified.	and primary care provider	otera e			
	to the local county DS	entation the report was sent S.	***************************************			
1	dated 12/13/20 at 4:30	3's resident service notes 0pm revealed:				Andreas County of the Park
	heard the resident yell	the resident's room and ing for help.	Opposite the second sec			
	her bottom.	sident on the floor sitting on nat she just fell and did not				
	know why she fell.	sist/assess the resident				weined to the second
1.		sident and assisted the chair.	0.0000000000000000000000000000000000000			Opportunity and construction of the constructi
-	Review of Resident #3	's I/A reports revealed no r the incident on 12/13/20				
a	and no documentation notified.	the county DSS was				
S	Telephone interview wi Supervisor at the count 1:48am revealed:	th the Adult Services by DSS on 12/22/2020 at				

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING 12/22/2020 HAL092217 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 451 D 451 Continued From page 46 -Her office last received an I/A report from the facility for Resident #3 in 2019. -Her office had not received any I/A reports dated 10/30/2020, 11/17/2020 and 12/13/2020 for Resident #3. Telephone interview with a medication aide (MA) on 12/22/20 at 1:13pm revealed: -For Resident #3's fall on 12/13/20, she walked by the resident's room and heard the resident say "help, help". -The resident was on the floor in the middle of the room so she called EMS because she knew the resident already had a broken rib. -She thought she completed an I/A report for the fall on 12/13/20 but she could not recall. -The MAs filled out the report and then gave the report to the Director of Resident Care (DRC) or the Assistant Director of Resident Care (ADRC). -She did not know who was responsible for sending the reports to DSS. Telephone interview with the Regional Nurse on 12/22/20 at 4:09pm revealed: -For Resident #3's falls on 10/31/20 and 12/13/20, staff did not realize an I/A report needed to be sent to DSS. -They completed an internal report but it was not sent to DSS. -For the fall on 11/17/20, there was no confirmation the I/A report was sent to DSS. -The Administrator, DRC, or ADRC were responsible for sending I/A reports to DSS. Attempted interview with the ADRC on 12/22/20 at 2:21pm was unsuccessful. Telephone interview with the DRC on 12/22/20 at 2:23pm revealed: -The MAs were responsible for completing an I/A

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AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	E SURVEY
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	report for any fall who not. -The MAs were supp box for reviewShe made sure the I then she signed them AdministratorThe Administrator was I/A reports to DSSShe could not recall reports for Resident # at the facility 5 weeks Telephone interview won 12/22/20 at 4:09pm	ether there was an injury or osed to put I/A reports in her I/A reports were complete in and gave them to the in as responsible for sending if she had received I/A is since she started working ago. With the Interim Administrator in revealed he had not sent is and he was not aware he	D 461			
	10A NCAC 13F .1308 (a) Staff shall be pressufficient number to me residents; but at no time one staff person, who training requirements is Section, for up to eight second shifts and 1 he additional resident; and 10 residents on third sitime for each additional This Rule is not met a Based on record review facility failed to ensure for the special care united.	ne shall there be less than meets the orientation and in Rule .1309 of this tresidents on first and our of staff time for each done staff person for up to hift and .8 hours of staff all resident. sevidenced by: ws and interviews, the the required staffing hours to (SCU) with a census of for 7 of 15 shifts sampled	D 465			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A, BUILDING: B. WING HAL092217 12/22/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NG 27607 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 465 D 465 Continued From page 48 The findings are: Review of the facility's current license effective January 1, 2020 revealed the facility was licensed for a capacity of 110 beds including a special care unit (SCU) with a capacity of 53 beds. Review of the facility's resident census reports dated 12/05/20 - 12/09/20 revealed there was a SCU census of 32 residents on each of those dates, which required 32 staff hours on first and second shift and 25.6 staff hours on third shift. Review of the employee time cards dated 12/05/20 revealed there was a total of 21.83 staff hours provided on first shift in the SCU with a shortage of 10.17 hours. Review of the employee time cards dated 12/06/20 revealed there was a total of 21.77 staff hours provided on second shift in the SCU with a shortage of 11.23 hours. Review of the employee time cards dated 12/07/20 revealed: -There were 21.38 staff hours provided on second shift in the SCU with a shortage of 10.62 staff hours. -There were 22.82 staff hours provided on third shift in the SCU with a shortage of 2.78 staff Review of the employee time cards dated 12/08/20 revealed: -There were 26.48 staff hours provided on second shift in the SCU with a shortage of 5.52 -There were 22.85 staff hours provided on third shift in the SCU with a shortage of 2.75 staff

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	•		- 100					
	Pavious of the ample							
	Review of the employ	yee time cards dated						
	12/09/20 revealed the	ere was a total of 23.15 staff						
	nours provided on thi	ird shift in the SCU with a						
Comment	shortage of 2.75 hours.							
-	Tolophone interview with							
	Telephone interview with a personal care aide							
1	(PCA) on 12/22/20 at 2:02pm revealed: -When the facility was short staffed, it was hard to							
	-When the facility was	s short staffed, it was hard to						
	get the 2-hour checks done and assist residents							
	with baths.							
	-Some staff had been fired or had quit so the							
	medication aides (MAs) and PCAs did the best							
	they could when they	were short staffed.				es constant of the constant of		
	Telephone interview v	vith a MA on 12/22/20 at						
	3:23pm revealed:							
1	-The facility never had	d enough staff working.						
1	-There was usually 1	MA and about 9 PCAs for						
1	both the assisted livin	g (AL) area and the SCU on						
	third shift.							
	-When they were show	rt staffed, they might not get						
	a resident changed as	often as needed and it was						
	hard to monitor the re-	sidents.						
	Telephone interview w	ith the Wellness						
1.	Coordinator (WC) on	12/21/20 at 6:00cm	-					
	revealed:	at 0.00pm						
910	-She recently started of	completing the staff						
	schedule and she was	still in training with learning						
	how to do it.	out in during with learning						
		chedule and a formula that						
11	he Regional Nurse wa	as teaching her to make the				200		
4	schedule based on the	resident census						
	The Director of Resid	ent Care (DRC) and the						
1	Assistant Director of R	desident Care (ADRC)						
l i	sually checked the so	chedule behind ber						
		was responsible for getting						
	coverage for that shift.		· · · · · · · · · · · · · · · · · · ·					
			and the same of th			The same of the sa		
	Service Seculation	y was supposed to call her	1			1		

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI E	CONSTRUCTION	FOR	RM APP
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1		fed and she could come into	D 465			
1						
1	The state of the s	from the facility				
	one sometimes worke	ed double chies be-				
1	THE HOLD SIGHT CO.				we ((()))	
	-They were usually shy	ort staffe at L	1 1			
	filles came for orientati to work.	on but did not come back				
1	T. G. C.				And the same of th	
1	Telephone interview wit	h the DRC on 12/22/20 at			- Approximate	
					1	
1-	The WC was responsit	ole for doing the staffing			Withease	
					and the second	
R	The WC was trained to egional Nurse.	do staffing by the				
ho	here was a model bas	ed on the census and	1		į	
-S	the did not check the s	aff based on that model chedule but she would			distribution of the second	
1.00	AND THE CHICOTHESIDA	the WC to stay ahead on			-	
			1		1	
ete	he was not aware of the	e facility being short				
1	15th DRU Apin mism was	nirod 2 man -4 m				
ma	ne WC was responsible	tor call outs and				
1-111	E AURC was the hack	up for helping the WC				
with	the schedule.	ab you treibling the MC				
Tele	ephone interview with the	he Regional Nurse on	- Walland Andrews			
			Windows			
-one	nad gone over staffin	O requirement to			ACC (Communication)	
sche	facility was supposed	to have enough staff			Maliforma	
all sh	nifts based on the curre	ak time and to cover				
-one	was not aware the fac	ility had been				
staffe	ed because she was no	ot at the facility aven	1			
3		1			- Comment	
I IL AL -	Acres 1914	ed, they could call her	1			

FEMENT O	Health Service Regi F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP	LETED
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	Continued From pa					
1	and she could help	nd she could help if needed.				
		the Interim Administrator				
	Telephone intervie	w with the Interim Administrator				
	on 12/22/20 at 4:0	of any issues with the lacing				
	heing short staffed	on some shifts from 12/05/20				
	12/00/20	12/09/20. There had been some issues with the facility sing short staffed since he started in October 020 during the pendemic. The WC was responsible for making the staffing standards.				
	There had been s					
	being short staffed					
	2020 during the p					
	achodule					
	-He had not been	checking the schedule.				
	Attempted intervi	ew with the ADRC on 12/22/20				
	at 2:21pm was u	nsuccessiui.				The state of the s
D91	G.S. 131D-21(4)	Declaration of Residents' Rights	D914			
	G S 131D-21 D	eclaration of Residents' Rights				
	Franciscont S	hall have the following rights.				
	4 To be free of I	nental and physical abuse.	1			
	neglect, and exp	loitation.				
	į					
	This Rule is no	t met as evidenced by:				
	a to-to-to-	iouse and record reviews, use				
	c the foiled to	accum Resident #3 was need of				
	neglect as relat	ed to supervision of the resident.				
	The findings are	e:	na receptable			
						The state of the s
	Based on inter	views and record reviews, the				
		vida cunervision for 1 VI 4				
1		sampled with a history of multiple as including abrasions, bruises,		age of the same		
	Lamatoma ble	eding from the right eyeoron, -				Page 1
	- This will from	chine and a liedu liliui y armi				
1	Language mode	uiring stitches. [Refer to Tag D270	,		and the second second second second	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DAT	RM APPR E SURVEY PLETED
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1	Supervision (Type A	☑ Violation)].				
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