| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br>HAL098027 |   |  | (X2) MULTIPLE CO     | (X3) DATE SURVEY<br>COMPLETED  |             |                         |
|--|---|--|----------------------|--|-------------|-------------------------|
|  |   | BERTH IOMION NOMBER.   | A. BUILDING:         |  |             |                         |
|  |   | B. WING  |                      | R<br>06/10/2021  |             |                         |
| IAME OF PF   | ROVIDER OR SUPPLIER   | STREET A   | ADDRESS, CITY, STATE | , ZIP CODE   |             |                         |
| VILSON A   | SSISTED LIVING  |  | NIOR VILLAGE LAI     | NE   |             |                         |
|  |   |  | I, NC 27896          |  | PRESTON     |                         |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CC<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | I SHOULD BE | (X5)<br>COMPLET<br>DATE |
| D 000  | Initial Comments  |  | D 000                |  |             |                         |
|  | -   | sure Section conducted an survey on 06/08/21 to  |                      |  |             |                         |
| D 338  | 10A NCAC 13F .0909  | 9 Resident Rights  | D 338                |  |             |                         |
|  | 10A NCAC 13F .0909 Resident Rights<br>An adult care home shall assure that the rights of<br>all residents guaranteed under G.S. 131D-21,<br>Declaration of Residents' Rights, are maintained<br>and may be exercised without hindrance. |  |                      |  |             |                         |
|  | reviews, the facility fa<br>was treated with resp   | as evidenced by:<br>ns, interviews and record<br>ailed to ensure a resident<br>bect and dignity by allowing<br>feces for over 30 minutes |                      |  |             |                         |
|  | The findings are:   |  |                      |  |             |                         |
|  | 06/10/21 between 10<br>-There was a feces of<br>the room.<br>-There was only one<br>-The personal care a<br>and fed the resident for<br>-The PCA left the roo<br>incontinent care to the  | m and did not provide<br>e resident.<br>ed the room and did not  |                      |  |             |                         |
|  | Observation of the re<br>10:36am revealed:<br>-There was a feces o  | sident in room 206 at<br>dor noted in the hall at the  |                      |  |             |                         |
|  | entrance of room 206<br>-There were two PCA   | 6.<br>As standing in the hall by   |                      |  |             |                         |

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| Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER: |   |   | (X2) MULTIPLE C                 |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|---|---|---------------------------------|---|-------------------------------|--------------------------|
|   |   |   | A. BUILDING:                    |   | R                             |                          |
|   |   | HAL098027   | B. WING                         |   | 06                            | к<br>5/10/2021           |
| NAME OF PI  | ROVIDER OR SUPPLIER   | STREET A  | ADDRESS, CITY, STATE            | , ZIP CODE  |                               |                          |
|   | SSISTED LIVING  |   | NIOR VILLAGE LAI<br>I, NC 27896 | NE  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE                | (X5)<br>COMPLETE<br>DATE |
| D 338   | Continued From page 1   |   | D 338                           |   |                               |                          |
|   | room 206.<br>-The PCAs did not go into the room 206.  |   |                                 |   |                               |                          |
|   | Observation of the resident in room 206 at 10:37am revealed:  |   |                                 |   |                               |                          |
|   | -There was a feces odor noted in the hall at the<br>entrance of the room.<br>-The resident in the room was lying in the bed on                                  |   |                                 |   |                               |                          |
|   | <ul> <li>their back, in an upright position.</li> <li>The second PCA entered the room and lowered the resident's bed and did not provide incontinent</li> </ul> |   |                                 |   |                               |                          |
|   | care to the resident.   |   |                                 |   |                               |                          |
|   | Observation of the resident in room 206 at 10:45am revealed:  |   |                                 |   |                               |                          |
|   | -There was a feces odor noted in the hall at the<br>entrance of the room.<br>-The first PCA walked by the room but did not                                      |   |                                 |   |                               |                          |
|   | enter.<br>-The first PCA entere   | ed room 208 at 10:50am.   |                                 |   |                               |                          |
|   | Observation of the resident in room 206 at 10:56am revealed:  |   |                                 |   |                               |                          |
|   | -There was a feces o<br>entrance of the room  |   |                                 |   |                               |                          |
|   | -The first PCA walked<br>enter.   | d by the room and did not   |                                 |   |                               |                          |
|   | 06/10/21 at 10:58am   | esident in room 206 on<br>revealed the first PCA                                      |                                 |   |                               |                          |
|   | wipes.  | rying gloves and sanitary   |                                 |   |                               |                          |
|   | Interview with the first PCA on 06/10/21 at 10:58am revealed:   |   |                                 |   |                               |                          |
|   | -He smelled the feces odor when he fed the<br>resident their snack.<br>-He needed to assist another resident in room  |   |                                 |   |                               |                          |
|   |   | incontinent care for the  |                                 |   |                               |                          |

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| Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         HAL098027 |   | (X2) MULTIPLE CO   |                                 | (X3) DATE SURVEY<br>COMPLETED  |   |  |
|---|---|--|---------------------------------|--|---|--|
|   |   | IDENTIFICATION NOMBER.   | A. BUILDING:                    |  |   |  |
|   |   | B. WING  |                                 | R<br>06/10/2021  |   |  |
| NAME OF P   | ROVIDER OR SUPPLIER   | STREET   | ADDRESS, CITY, STATE            | , ZIP CODE   |   |  |
|   | ASSISTED LIVING   |  | NIOR VILLAGE LAI<br>I, NC 27896 | NE   |   |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN OF (<br>(EACH CORRECTIVE ACTIV<br>CROSS-REFERENCED TO TH<br>DEFICIENCY | ACTION SHOULD BE COMP<br>TO THE APPROPRIATE DAT |  |
| D 338   | Continued From page   | e 2  | D 338                           |  |   |  |
|   | (SCUC) on 06/10/21<br>-The PCAs are expected<br>care to the residents<br>needed.<br>-The PCAs are expected<br>soon as possible if the<br>or as soon as the state<br>-There are no excepted<br>care to a resident if the<br>or if they have urinated<br>-"No residents should<br>Interview with the Priton 06/10/21 at 11:38<br>-She was concerned<br>resident needed to be<br>bowel movement and<br>the resident needed to be<br>bowel movement and<br>the resident needed in<br>-She thought that "was<br>Interview with the Ad<br>11:21am revealed:<br>-She expected staff to<br>residents every 2 hou-<br>-She expected staff to | ions to providing incontinent<br>hey have a bowel movement<br>ed.<br>d be sitting in soil or urine."<br>mary Care Physician (PCP)<br>am revealed:<br>that staff were aware a<br>e changed after having a<br>d fed the resident knowing<br>incontinent care.<br>as a dignity issue."<br>ministrator on 06/10/21 at<br>o provide incontinent care to |                                 |  |   |  |

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