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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	ETED
		HAL011003	B. WING		12/16/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BECKY'S	REST HOME # 2		R BRUSH CRE 2, NC 28732	EK ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	annual survey and co 12/15/21 through 12/	sure Section conducted an omplaint investigation on 16/21. The complaint ated by the Buncombe of Social Services on				
D 338	10A NCAC 13F .0909	Resident Rights	D 338			
	all residents guarante	chall assure that the rights of eed under G.S. 131D-21, ents' Rights, are maintained				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to ensur	it was determined that the e resident rights were I to residents freedom to use n without two staff members and recliner chair.				
	The findings are:					
	revealed: -Two staff members herecliner chair in the fareshe thought the staff dayroom between thre-They had stopped sletwo weeks ago.	f members had slept in the				
	at 4:40pm revealed: -The two staff members	ers would go in and out of us times throughout the day				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011003	B. WING		12/1	6/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BECKY'S	REST HOME # 2		ER BRUSH CRE	EK ROAD		
	0.18.84.57.4.57		R, NC 28732			<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	e 1	D 338			
D 330	and eveningShe sometimes watch and church services in when the staff membershe was uncomfortated when they were in the she felt the staff membershe felt the staff membershe was staff members in the she was unsure why Administrator. Interview on 12/16/21 Administrator revealethe was unsure why Administrator revealethe two staff who had ayroom at night were building #1 to be repart two staff were with the was always in the she was alw	ched the news, game shows, in the dayroom but stopped ers were in there. Table being in the dayroom ere. In the dayroom ere, in the dayroom ere. In the dayroom ere, in the dayroom, in the dayroom, in the dayroom, in the dayroom in the ewaiting on a room in the ewaiting on a room in the ewaiting on a room in the ewaiting on the facility in the example of the facility and had never any residents that they had the staff sleeping in the ewaiting on a room in the facility and had never any residents that they had the staff sleeping in the ewaiting on a PCA. The two staff who worked in the dayroom for 3 nights, is worked she had not seen	D 336			
	-They worked in the k	kitchen and did not complete after she had left the facility				

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at night.

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		HAL011003	B. WING		12/16/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRI				TE, ZIP CODE		
BECKY'S	REST HOME # 2	316 LOWEF FLETCHER	R BRUSH CRE , NC 28732	EK ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D 338	Continued From page 2		D 338			
	the kitchen revealed: -He and his son had rethe facility in the kitcher. They slept for 3 night they were able to move. They never wanted to uncomfortable and trippossible to go into the end one approached adayroomThey started in the keand would not finish to the facility failed to end freely use the dayrood uncomfortable because in the dayroom prevents access to the television.	ts in the dayroom and then we into a room in building #1. o make anyone feel ed to wait as late as e dayroom. them about sleeping in the itchen at around 6:00am until around 7:30pm.				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 12/16/21 for				
		DATE FOR THE TYPE B IOT EXCEED JANUARY 30,				
D911	G.S. 131D-21(1) Dec	laration of Residents' Rights	D911			
	Every resident shall h	ration of Resident's Rights ave the following rights: respect, consideration,				

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		HAL011003	B. WING		12	2/16/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE			
BECKY'S	REST HOME # 2		VER BRUSH CREE IER, NC 28732	EK ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D911	dignity, and full recognindividuality and right This Rule is not met Based on observation failed to ensure residing recognition of his or harmonic facility failed to ensure facility failed to ensure facility failed to ensure maintained as related the common dayroom sleeping on the sofa and rights.	nition of his or her to privacy. as evidenced by: as and interviews, the facility ents were treated with a, dignity, and full	D911				

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