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 12/16/2021		2021	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
BECKY'S	REST HOME # 2		R BRUSH CRE 1, 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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000 D 338	The Adult Care Licens annual survey and co 12/15/21 through 12/1	ated by the Buncombe f Social Services on	D 000	The staff referred to in this complaint investigation is no longer employed or living at the facility. Staff training has been completed by Pharmacy Nurse Consultant on Resident Rights on		1/7/22
	10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews it was determined that the facility failed to ensure resident rights were maintained as related to residents freedom to use the common dayroom without two staff members sleeping on the sofa and recliner chair.			January 7, 2022. Administrator will conduct resident interviews monthly to monitor compliance with Resident Rights. A copy of the Adult Care Home Resident Rights is posted in the facility.		
	revealed: -Two staff members h recliner chair in the fa -She thought the staff dayroom between thre -They had stopped sle two weeks ago. Second interview with at 4:40pm revealed: -The two staff member	members had slept in the				

Division of Health Service Regulation

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

TITLE

(X6) DATE 1/26/2022

<u>Administrator</u>

Reviewed and acknowledged by Sharon Dunton RN on 01/27/22



Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2 STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732 D PROVIDERS PLAN OF CORRECTION (EACH DETRICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 338 Continued From page 1 and evening. -She sometimes watched the news, game shows, and church services in the dayroom when they were in there. -She was uncomfortable being in the dayroom when they were in there. -She felt the staff members were intruding on the residents' space. -She had not mentioned to staff or the Administrator she was uncomfortable with the staff members in the dayroom. -She was unsure why she did not mention it to the Administrator revealed: -The two staff who had been sleeping in the dayroom at night were waiting on a room in building #1 to be repaired. -The two staff who had been sleeping in the kitchen. -The two staff had recently became homeless and with the cold weather she was not going to let them sleep outside. -She was always in the facility and had never been approached by any residents that they had concerns about the two staff sleeping in the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732 [X41]D SUMMARY STATEMENT OF DEFICIENCES REGULATORY OR LSC IDENTIFYING INFORMATION) D 338 Continued From page 1 and eveningShe sometimes watched the news, game shows, and church services in the dayroom but stopped when the staff members were in thereShe was uncomfortable being in the dayroom when they were in thereShe felt the staff members were intruding on the residents' spaceShe had not mentioned to staff or the Administrator she was uncomfortable with the staff members in the dayroomShe was unsure why she did not mention it to the Administrator revealed: -The two staff who had been sleeping in the dayroom at night were waiting on a room in building #1 to be repairedThe two staff were working for the facility in the kitchenThe two staff were working for the facility and had never been approached by any residents that they had concerns about the two staff sleeping in the	HAI 044003						
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH OPERCOTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 338 Continued From page 1 and evening.			HAL011003	B. WING		12/1	6/2021
(A4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) D 338 Continued From page 1 and evening. -She sometimes watched the news, game shows, and church services in the dayroom but stopped when the staff members were in there. -She was uncomfortable being in the dayroom when they were in there. -She fell the staff members were intruding on the residents' space. -She had not mentioned to staff or the Administrator she was uncomfortable with the staff members in the dayroom. -She was unsure why she did not mention it to the Administrator. Interview on 12/16/21 at 11:51am with the Administrator. Interview on the staff were working for the facility in the kitchen. -The two staff were working for the facility in the kitchen. -The two staff had recently became homeless and with the cold weather she was and togoing to let them sleep outside. -She was always in the facility and had never been approached by any residents that they had concerns about the two staff sleeping in the	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 338 Continued From page 1 and eveningShe sometimes watched the news, game shows, and church services in the dayroom but stopped when the staff members were in thereShe was uncomfortable being in the dayroom when they staff members were intruding on the residents' spaceShe had not mentioned to staff or the Administrator she was uncomfortable with the staff members in the dayroomShe was unsure why she did not mention it to the Administrator. Interview on 12/16/21 at 11:51am with the Administrator revealed: -The two staff were working for the facility in the kitchenThe two staff had recently became homeless and with the outside was always in the facility and had never been approached by any residents that they had concerns about the two staff sleeping in the	BECKY'S	REST HOME # 2			EK ROAD		
and evening. -She sometimes watched the news, game shows, and church services in the dayroom but stopped when the staff members were in there. -She was uncomfortable being in the dayroom when they were in there. -She felt the staff members were intruding on the residents' space. -She had not mentioned to staff or the Administrator she was uncomfortable with the staff members in the dayroom. -She was unsure why she did not mention it to the Administrator. Interview on 12/16/21 at 11:51am with the Administrator revealed: -The two staff who had been sleeping in the dayroom at night were waiting on a room in building #1 to be repaired. -The two staff were working for the facility in the kitchen. -The two staff had recently became homeless and with the cold weather she was not going to let them sleep outside. -She was always in the facility and had never been approached by any residents that they had concerns about the two staff sleeping in the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
Interview on 12/16/21 at 12:26pm with a Personal Care Aide (PCA) revealed: -She worked from 7:00am to 7:00pm as a PCAShe was aware that the two staff who worked in the kitchen had slept in the dayroom for 3 nightsDuring the hours she worked she had not seen them sleeping or "hanging around" in the dayroomThey worked in the kitchen and did not complete	D 338	and eveningShe sometimes water and church services if when the staff membershe was uncomfortated when they were in the she felt the staff membershe had not mention. Administrator she was staff members in the she was unsure why Administrator. Interview on 12/16/21 Administrator reveale -The two staff who had dayroom at night were building #1 to be reparable two staff were with the cold weathern sleep outsideThe two staff had recand with the cold weathern sleep outsideShe was always in the been approached by concerns about the two dayroom at night. Interview on 12/16/21 Care Aide (PCA) reveashe worked from 7:00-She was aware that the kitchen had slept -During the hours she them sleeping or "har dayroom.	ched the news, game shows, in the dayroom but stopped ers were in there. It ble being 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 o	D 338			

Division of Health Service Regulation

at night.

STATE FORM 8899 Z83011 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					ATE SURVEY	
ANDIEAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		OOM! LETE	
		HAL011003	B. WING	. WING 12/		2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BECKVIS	REST HOME # 2	316 LOWE	R BRUSH CRE	EK ROAD		
BECKT 3	REST HOWE # 2	FLETCHER	, NC 28732			
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLE' CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
D 338	Continued From page	2	D 338			
	the kitchen revealed: -He and his son had rethe facility in the kitchThey slept for 3 night they were able to moveThey never wanted to uncomfortable and trippossible to go into the -No one approached dayroom.	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				
	freely use the dayrood uncomfortable because in the dayroom preverties access to the television. This failure was detrired	nsure the residents rights to m without feeling se two staff members slept nting residents from having on and common dayroom. mental to the health, safety, sidents and constitutes a				
	this violation. THE CORRECTION I	131D-34 on 12/16/21 for DATE FOR THE TYPE B				
	VIOLATION SHALL N 2022.	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,				

Division of Health Service Regulation

STATE FORM 8899 Z83011 If continuation sheet 3 of 4

PRINTED: 01/04/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:			COMPLETED		
		HAL011003	B. WING		12	12/16/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STAT	TE ZIP CODE			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD							
BECKY'S	BECKY'S REST HOME # 2 FLETCHER, NC 28732						
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D911	Continued From page	÷ 3	D911				
20	dignity, and full recog	nition of his or her	20				
	dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents were treated with respect, consideration, dignity, and full recognition of his or her right to privacy. The findings are: Based on interviews it was determined that the facility failed to ensure resident rights were maintained as related to residents freedom to use the common dayroom without two staff members sleeping on the sofa and recliner chair. [Refer to tag 338, 10A NCAC 13F .0909 Type B Violation)].						

Division of Health Service Regulation

STATE FORM E899 Z83011 If continuation sheet 4 of 4