STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
SOD Amended	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey, complaint investigation and a COVID-19 focused Infection Control survey with onsite visits on November 18-21, 2020 and a desk review on November 23, 2020 with a telephone exit on November 23, 2020. The complaint investigation was initiated by the Davidson County Department of Social Services on November 6, 2020.	{D 000}		
{D 167}	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was abated. Non-compliance continues. Based on interviews and record reviews, the facility failed to ensure at least one staff was on	{D 167}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 167}	Continued From page 1	{D 167}		

the premises at all times who had completed cardio-pulmonary resuscitation (CPR) and choking management within the past 24 months for 7 of 42 shifts for 3 of 6 sampled staff (Staff C, Staff G, and Staff F) who had not completed CPR and choking management training.

The findings are:

Review of the staffing schedule and staff CPR certifications from 10/28/20 to 11/10/20 revealed there were 7 of 42 shifts when there was no staff member present in the facility that was trained in CPR within the past 24 months.

1. Review of Staff C, personal care aide's (PCA) personnel record revealed:
-Staff C was hired on 06/23/20.
-There was no documentation of current or past CPR certification.

Review of the facility's staff schedule and staff time punches revealed Staff C worked 11:00pm to 7:00am on 10/30/20, 11/02/20, and 11/07/20 and there was no other staff working with a current CPR certification.

Attempted telephone interview with Staff C on 11/23/20 at 8:09 am was unsuccessful.

Refer to the interview with Director on 11/20/20 at 9:28am.

Refer to the interview with the Administrator-in-Charge on 11/23/20 at 2:45pm.

2. Review of Staff G, personal care aide's (PCA) personnel record revealed:
-Staff G was hired on 03/02/20.
-There was no documentation of CPR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 167}	Continued From page 2 certification. Review of the facility's staff schedule and staff time punches revealed Staff G worked 11:00pm to 7:00am on 10/30/20 and 11/02/20, and 3:00pm to 11:00pm on 10/31/20 when there was no other staff working with a current CPR certification. Refer to the interview with Director on 11/20/20 at 9:28am. Refer to the interview with the Administrator in Charge on 11/23/20 at 2:45pm. 3. Review of Staff F, personal care aide's (PCA) personnel record revealed: -Staff F was hired of 07/04/19. -There was a certificate for completing CPR on-line on 08/12/20. -There was no documentation indicating Staff F had completed any return demonstration skills for CPR. -There was no documentation indicating completion of any CPR training prior to 08/12/20. Review of the facility's staff schedule and staff time punches revealed Staff F worked 3:00pm to 11:00pm on 11/07/20 and 11/08/20 and there was no other staff working with a current CPR certification. Attempted telephone interview with Staff F on 11/23/20 at 8:12 am was unsuccessful. Refer to the interview with Director on 11/20/20 at 9:28am. Refer to the interview with the Administrator-in-Charge on 11/23/20 at 2:45pm.	{D 167}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 167}	Continued From page 3 Interview with the Director on 11/20/20 at 9:28am revealed: -The Administrator-in-Charge conducted staff CPR training. -The staff completed on-line CPR training in August 2020 and September of 2020. -She did not know the on-line CPR course/training was not sufficient for CPR certification. -She did not know a return demonstration of CPR skills by the staff needed to be completed in order for the on-line CPR certifications to be considered current and valid. Interview with the Administrator-in-Charge on 11/23/20 at 2:45pm revealed: -She usually conducted staff CPR training. -She was unaware the on-line CPR course/certification was not sufficient for certification. -She did not know a return demonstration of CPR skills by the staff needed to be completed in order for the on-line CPR certifications to be considered current and valid.	{D 167}		
{D 188}	10A NCAC 13F .0604(e) Personal Care And 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:	{D 188}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 188}	Continued From page 4 (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.) (D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, "heavy care resident", means an individual residing in an adult care home who is defined as "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments. (E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the third shift was staffed with a minimum of 8 supervisor hours when there was not a supervisor within 500 feet of the facility for 42 sampled shifts from 09/23/20 to 10/12/20 when there was a census of 57 residents in a sprinkled facility.	{D 188}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 188}	Continued From page 5 The findings are: Interview with second shift Medication Aide (MA) on 11/20/20 at 3:44pm revealed: -She had been the third shift on-call Supervisor, living in the house within 500 feet of the facility. -She was no longer the third shift on-call Supervisor and moved out of the house within 500 feet of the facility as of mid-September 2020. -Staff did not call her for issues on third shift since she moved out. -Staff either called the Director or the other staff person living in the house within 500 feet of the facility. Review of the staff schedule from 09/23/20 to 10/12/20 revealed: -There was a census of 57 residents in the facility, which required 8 hours of supervision/Supervisor on the third shifts in the building or within 500 feet of the facility. -Review of the facility schedule compared to the staff roster revealed there no Supervisor scheduled in the building on third shift for 42 shifts from 09/23/20 to 10/12/20. Interview with the staff living in house within 500 feet of facility, on 11/19/20 at 11:47am revealed: -He was the on-call/fill in sometimes when short staffed. -He had been filling in for "about 2 months". Interview with a third shift personal care aide (PCA) on 11/20/20 at 2:19pm: -MAs do not routinely work on the third shift and there was not a staff designated as Supervisor. -Residents on third shift do not receive medications, only as needed (PRN) medications. -The PCA knew to contact the Director if there was an issue on third shift or a resident needed	{D 188}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 188}	Continued From page 6 or requested a medication. -No staff administered medications on third shift as no MA worked the shift. -There had been a Supervisor living in the house within 500 feet but she moved. Interview with the Administrator-in-Charge on 11/23/20 at 2:40pm revealed: -The current facility census was 56 and the facility was sprinkled. -There was a Supervisor who was a medication aide (MA) living within 500 feet of the building until mid-September 2020. -There was a staff living within 500 feet of the facility meeting the qualifications of a MA and personal care aide (PCA) Supervisor as of mid-September 2020 until 10/13/20 when the staff member currently living in the house within 500 feet became eligible to pass medications and be a Supervisor. Interview with a second PCA working third shift on 11/23/20 at 3:19pm: -MAs do not routinely work on the third shift. -The Supervisor living in the house within 500 feet moved about 2 months ago. -The PCA contacted the Director if there was an issue on 3rd shift or a resident requested an as needed medication. Based on record review and interviews, there was a shortage of 8 supervisor hours on 20of 20 third shifts from 09/23/20 to 10/12/13 since there was not a Supervisor scheduled to work and the staff living within 500 feet of the facility was not qualified as a Supervisor.	{D 188}		
{D 273}	10A NCAC 13F .0902(b) Health Care	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 7 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure referral and follow up for 4 of 6 sampled residents (Resident #1, #3, #4, and #6) regarding a missed remote telephone pacemaker transmission (#4), a missed wellness check-up (#6), an appointment with the pulmonologist, referrals for lab tests, a sleep study, and a pain specialist (#1) and failure to notify the provider for prolonged constipation (#3). 1. Review of Resident #4's current FL2 dated 01/09/20 revealed diagnoses included dementia, hypothyroidism, anemia, and osteoporosis. Telephone interview on 11/20/20 at 10:18am with a clinic nurse from Resident #4's cardiologist office revealed: -Resident #4 had a pacemaker. -The pacemaker could be monitored with an onsite visit to the clinic or by telephone. -Resident #4 had a pacemaker check done on 05/15/20. -Resident #4 had a pacemaker check scheduled with a remote device transmission on 08/18/20. -There was no transmission documented on 08/18/20. -Resident #4 was notified via a letter addressed to the facility on 08/24/20 regarding the missed device transmission and a request to complete the transmission and notify the clinic when the telephone transmission was completed. -There was no documentation for any response to	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 8	{D 273}		

the request for the pacemaker check from the facility or resident.
-Resident #4's pacemaker should be routinely monitored to ensure the pacemaker was in proper working order and to make adjustments as needed to the machine's heart rate control function.

Review of a letter from Resident #4's cardiology clinic dated 05/15/20 revealed:
-There was a successful remote device transmission for pacemaker information received on 05/15/20.
-The next device (pacemaker) check was due 08/18/20 via a remote device transmission from home.
-Missed transmissions on the due date could be sent anytime after the scheduled date.

Review of Resident #4's progress notes or physicain encounter notes revealed no documentation for remote device transmission after 05/15/20.

Interview with the Director on 11/20/20 at 10:50am revealed:
-Resident #4 resided in the Special Care Unit (SCU).
-The Director did not know Resident #4's pacemaker had a remote device transmission requested by her cardiologist scheduled for 08/18/20.
-The SCU Coordinator was responsible to ensure all treatments were completed and for notifying the provider if a treatment order was not completed as ordered.
-The letter in Resident #4's record should have been seen by the SCU Coordinator and followed-up.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 9 Interview with the SCU Coordinator on 11/20/20 at 11:30am revealed: -Resident #4's previous responsible party (RP) was very active with the resident's care and routinely took Resident #4 to her cardiology appointments, prior to the last few months. -The previous RP had provided the facility with a pacemaker telephone transmission device used to monitor the pacemaker's function and send data to a collection agency. -The SCU Coordinator had the pacemaker transmission device brought to the facility by the previous RP. -Resident #4's record was kept in the front office and all correspondence came to the front office where it was forwarded to the her by placing a copy of orders in the SCU Coordinator's mailbox. -The Business Office Manager or Director should have placed mail received for any appointments or orders in the mailbox for the SCU Coordinator. -She did not know when Resident #4's pacemaker check was scheduled. -She had not received notification that Resident #4 was overdue for the pacemaker device transmission from Resident #4's cardiologist. Telephone interview with Resident #4's family member on 11/20/20 at 1:30pm revealed: -She recently became responsible for the overall care of Resident #4 due to declining health of the previous responsible party (RP). -The previous RP had been taking Resident #4 to her appointments at the cardiology clinic, and provided the facility with the telephone transmission device. -The family member did not know Resident #4 was due for her pacemaker to be monitored in August 2020. -She would have expected the facility to ensure Resident #4's cardiology clinic received the	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 10	{D 273}		

requested telephone monitoring of her pacemaker.
-She was not informed by the facility that Resident #4 was due for a pacemaker check by telephone, or that the telephone check had not been completed as scheduled.

Second interview with the SCU Cordinator on 11/20/20 at 1:05pm revealed:
-She attempted to transmit Resident #4's pacemaker check.
-Resident #4 needed a new transmission device according to the transmission data collector on 11/20/20.
-There was a new pacemaker transmission device being mailed to the facility today (11/20/20) to be used for Resident #4's transmission.

Telephone interview with the facility's Primary Care Provider (PCP) on 11/20/20 at 3:50pm revealed:
-He was not aware Resident #4 had a pacemaker.
-He would expect the facility to ensure pacemaker transmissions were completed as ordered because the pacemaker might need adjustments to the device's settings to ensure optimal function for regularing heart rate.
-The facility staff should let him know Resident #4's pacemaker checks were not completed because proper heart function was part Resident #4 health care and he provided health care for the resident.

Telephone interview the Administrator-in-Charge (AIC) on 11/23/20 at 1:55pm with revealed:
-She was onsite 2 to 3 times a week and in contact with the Executive Director daily.
-Resident #4's family had been active in the resident's care until declining health and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 11	{D 273}		

pandemic made it impossible for the previous RP to continue to take the resident to appointments.
-The facility would be responsible for ensuring Resident #4's pacemaker had the remote device transmission completed and notifying the cardiology clinic if the transmission could not be completed as ordered.

2. Review of Resident #6's FL2 dated 06/11/20 revealed diagnoses included seizure disorder, memory loss, gastroesophageal reflux disorder, anxiety, depression and insomnia.

Review of Resident #6's Resident Record revealed the resident had a guardian.

Review of Resident #6's physician's encounter form revealed:
-The resident had a Medicare Wellness visit scheduled with her Primary Care Provider (PCP) on 11/06/20 at 9:00am.
-There was no documentation indicating the resident had seen the PCP or that the appointment had been canceled or rescheduled.

Telephone interview with Resident #6's guardian on 11/20/20 at 9:47am revealed:
-Resident #6's PCP was not the facility's contracted PCP.
-Resident had a scheduled appointment on 11/06/20 with her PCP.
-She had confirmed this appointment with the facility on two occasions regarding the facility transporting her to the appointment.
-On 10/28/20, she confirmed the appointment with a first shift medication aide (MA).
-On 11/05/20, she confirmed the appointment again with the "person in the office" and was told "she is on the schedule".
-The resident was not transported by the facility to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 12	{D 273}		

her appointments.
-The guardian contacted resident #6's PCP to confirm if the resident had seen the PCP as scheduled.
-The guardian rescheduled the appointment since she was on the phone with the resident's PCP.
-The guardian informed the facility of the the rescheduled appointment time and date.

Interview with the first shift MA on 11/20/20 at 10:05am revealed:
-She did not remember the conversation she had with Resident #6's guardian regarding the resident's PCP appointments.
-Since COVID -19 the residents have mostly been seeing the facility physician.
-She did not see the resident on the transportation schedule.

Interview with the Director on 11/20/20 at 10:30am revealed:
-She was not aware Resident #6 had any PCP appointment.
-The appointments were not on the schedule that the Director used to ensure residents were transported to their appointments.
-Resident #6 moved to the facility temporarily due to COVID-19.
-A personal care aide (PCA) from Resident #6's former facility had made the PCP appointment for the wellness check.
-The PCA from Resident #6's former facility maintained the schedule of appointments for those residents including Resident #6, who were transferred from the former (sister) facility.
-The PCA from Resident #6's former facility would be responsible to ensure the facility's appointment calendar was updated.

Interview on 11/20/20 at 11:00am with the PCA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 13 from the Resident #6's former facility revealed the MA or the person in the office were responsible for arranging transportation for residents to outside appointments. 3. Review of Resident #1's current FL2 dated 02/05/20 revealed diagnoses included degenerative disc, emphysema, chronic obstructive pulmonary disease (COPD), osteoarthritis, chronic pain, and foraminal stenosis. a. Review of Resident #1's hospital discharge summary report dated 10/23/20 revealed: -Resident #1 was treated for acute chronic respiratory failure with hypoxia (low blood oxygen level) and hypercapnia (buildup of carbon dioxide in the bloodstream), COPD disease, shortness of breath, lower leg edema and atrial fibrillation. -The hospital documented that it was "mandatory" to follow-up with the named pulmonology specialist one-week post hospital discharge for pulmonary disease. -The hospital also documented that it was "mandatory" to follow-up with the named pulmonary specialist within 10 days from hospital discharge to evaluate hypercarbia, and Resident #1 needed an outpatient sleep study within 3-5 days from hospital discharge. -The hospital made an appointment for Resident #1 with the pulmonologist for 10/29/20 at 12:40pm. Review of Resident #1's progress notes revealed: -There was no documentation that Resident #1 had been seen by the pulmonologist. -There was no documentation Resident #1 had been scheduled for a sleep study. -There was documentation Resident #1 had a	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 14	{D 273}		

chest x-ray on 11/16/20, ordered by the PCP because the resident was experiencing shortness of breath and low oxygen saturation.
-There was no documentation Resident #1 had a sleep study or had been scheduled for a sleep study.

Interview with Resident #1 on 11/20/20 at 3:45pm revealed:
-She had chronic COPD and emphysema and often had shortness of breath.
-She had not seen the pulmonologist since her discharge from the hospital on 10/24/20.
-No one at the facility had told her that she was supposed to see the pulmonologist or that she had an appointment to see the pulmonologist.

Telephone interview with a representative from Resident #1's pulmonologist's office on 11/23/20 at 10:35am revealed:
-Resident #1 had an appointment scheduled for 10/29/20 and someone called to reschedule the appointment.
-The appointment was rescheduled for 11/09/20 and the resident did not show up for the appointment.
-As of today's, date (11/23/20), Resident #1's appointment missed on 11/09/20 had not been rescheduled. As of 11/23/20 Resident #1 did not have an appointment scheduled for a sleep study.
-In October 2020, the hospital sent notification that Resident #1 was referred to their office but the facility where the resident lived had to call to schedule the appointment.

Interview with Resident #1's PCP on 11/20/20 at 1:53pm revealed:
-He had no idea Resident #1 was referred to the pulmonologist.
-Sometimes the facility staff did not give him the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 15 full discharge summary report. -He had asked for the report, but he did not get the complete discharge summary report for his residents. Telephone interview with the first shift medication aide (MA) on 11/23/20 at 12:33pm revealed: -She did not schedule any medical or PCP appointments for residents. -Her responsibility was to take residents to appointments that had been scheduled by another MA or the Business Office Manager (BOM). -She was aware that Resident #1 had an appointment with the pulmonologist and did not go to the appointment. -She was unable to recall why the resident did not go to the appointment. -As of today (11/23/20), she had not rescheduled the appointment. Interview with the Director on 11/20/20 at 3:23pm revealed: -Resident #1 was seeing the pulmonologist prior to being admitted to the facility. -It was the facility's protocol that the MA on duty should review all paperwork that comes back with the resident from the hospital and follow the recommendations on the hospital discharge summary report. -The MA on duty should have made the appointment when the resident returned from the hospital. -She could not say if the appointment was made. -If it was the weekend, the MA should have left a message to make her aware of the recommendations. b. Review of Resident #1's hospital discharge summary report dated 10/23/20 revealed:	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 16 -Instructions documenting it was mandatory for Resident #1 to follow-up with her PCP in 3-5 days to ensure a repeat complete blood count (CBC), complete metabolic panel (CMP) and chest x-ray were completed within 7-10 days from the hospital discharge. Review of the lab results from the hospital discharge summary report dated 10/23/20 revealed: -Resident #1's CBC and basic metabolic panel (BMP) lab results were "abnormal" with her blood counts being increased. Review of Resident #1's progress notes revealed: -There was documentation Resident #1 had a chest x-ray on 11/16/20, ordered by the PCP because the resident was experiencing shortness of breath and low oxygen saturation. -There was no documentation Resident #1 had a chest x-ray was completed within 7-10 days after the resident's discharge from the hospital. -There was no documentation Resident #1 had labs CMP and CBC completed. Interview with Resident #1 on 11/20/20 at 1:13pm revealed: -When she was in the hospital, she had blood drawn for tests. -Since her hospital discharge, no blood tests had been done. -She had a chest x-ray a few days ago on Monday (11/16/20), because she was having difficulty breathing. -She did not have a chest x-ray after she was discharged from the hospital on 10/24/20. Interview with Resident #1's Primary Care Provider (PCP) on 11/20/20 at 1:53pm revealed: -He ordered labs every six months.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 17 -No labs had been ordered for Resident #1 since the resident's last hospital discharge on 10/23/20. -He did not know the hospital ordered labs to be completed after Resident #1 was discharged from the hospital. -Resident #1's carbon dioxide level was high when she was in the hospital, which could be the reason the labs were ordered. -He would have wanted to know when the hospital made recommendations for follow-up visits and tests. Telephone interview with the first shift Medication Aide (MA) on 11/23/20 at 12:33pm revealed: -She had not looked at Resident #1's hospital discharge summary report and she did not know there were recommendations for labs and chest x-ray. -There was no specific person designated to make appointments for residents. -When a resident returned from the hospital, the MA on duty was responsible for reviewing the hospital records to identify scheduled appointments and follow-up recommendations made by the hospital. -If the resident returned to the facility on the weekend, then the MA was supposed to leave information for the MA supervisor to review the recommendations and scheduled appointments. -The MA was not supposed to file the paperwork in the resident's record until all the follow-up recommendations were completed. c. Review of the facility's document titled "examination for contact by the physician" in Resident #1's record revealed on 08/19/20, Resident #1's Primary Care Provider (PCP) wrote an order referring the resident to an orthopedic specialist for pain and "back shots."	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 18 Review of Resident #1's record revealed there was no documentation Resident #1 had an appointment with the orthopedic specialist. Interview with Resident #1 on 11/20/20 at 1:43pm revealed: -She had non-stop pain, in her back and leg. -She thought that she had an appointment to see the pain doctor when she was in the hospital, but she could not remember. -No one at the facility had made her aware of an appointment since she returned from the hospital. Telephone interview with a representative from the orthopedic specialist office revealed: -Resident #1 had been a patient at the clinic for years and received cortisone injections to assist with joint pain. -Review of their records showed no appointments had been made for Resident #1 since 2016. Interview with the Business Office Manager (BOM) on 11/20/20 at 12:44pm revealed: -She used to be a MA, but as of 11/16/20 she became the secretary/BOM. -When she was the MA, she scheduled appointments along with another MA. -The appointments were supposed to be written on the calendar. -There was no specific system for scheduling appointments and there was no specific person assigned to schedule appointments. Interview with the Director on 11/20/20 at 3:23pm revealed: -The MA that was on duty when the PCP left the order for the pain doctor should have scheduled the appointment. -There should be documentation of the appointment in the notes.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 19 Interview with the Administrator-in-Charge on 11/20/20 at 4:45pm revealed: -Her expectations were that staff review hospital discharge summary reports and followed through with the recommendations. -If there were problems following recommendations on the hospital discharge report, then the Director or the PCP should be notified based on the concerns. 4. Review of Resident #3's current FL2 dated 08/19/20 revealed diagnoses included hypertension, hyperthyroidism, gastroesophageal reflux disease, irritable bowel syndrome, arthritis, chronic pain syndrome, depression, and type II diabetes mellitus. Review of Resident #3's hospice progress notes dated 09/25/20 revealed: -Resident #3 was admitted to hospice services on 08/19/20. -Resident #3's last bowel movement was reported by staff as being 4 days ago on 09/21/20. Review of Resident #3's hospice progress notes dated 10/01/20 revealed Resident #3's last bowel movement was reported by staff as being on 09/30/20. Review of Resident #3's hospice progress notes dated 10/23/20 revealed Resident #3's last bowel movement was reported by staff being on 10/10/20. Review of Resident #3's hospice progress notes dated 10/27/20 revealed: -A personal care aide (PCA) reported Resident #3 had a "good" bowel movement on 10/26/20.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 20 -Resident #3 complained each visit that her "bowels just don't move." Review of Resident #3's bowel movement report for September 2020 revealed: -There was documentation to report to the medication aide (MA) if the resident went more than 3 days without a bowel movement. -There was documentation Resident #3 did not have a bowel movement for 3 consecutive days from 09/22/20 through 09/24/20. Review of Resident #3's bowel movement report for October 2020 revealed: -There was documentation to report to the MA if the resident went more than 3 days without a bowel movement. -There was documentation Resident #3 did not have a bowel movement for 9 consecutive days from 10/17/20 through 10/25/20. Review of Resident #3's bowel movement report for November 2020 revealed: -There was documentation to report to the MA if the resident went more than 3 days without a bowel movement. -There was documentation Resident #3 did not have a bowel movement 5 consecutive days from 11/12/20 through 11/16/20. Interview with Resident #3 on 11/18/20 at 12:38pm revealed: -She felt miserable because her bowels would not move. -Staff gave her a suppository on last night, 11/17/20 and the suppository "half way" worked. -Prior to her bowels moving on 11/17/20, it had been a few weeks since they moved. -It felt like her bowels had to move, but they would not.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 21 Interview with Resident #3 on 11/19/20 at 10:28am revealed: -She was having pain in her stomach and nausea. -She told staff today about her pain and nausea, but she could not remember who. -She wondered if an enema would help her bowels to move Interview with a PCA on 11/19/20 at 12:29pm revealed: -PCAs documented on the bowel movement report and told the MAs if a resident did not have a bowel movement within 3 days. -The residents' PCP should be contacted after 3 days if a resident did not have a bowel movement. -Resident #3 complained today that her stomach was hurting. -She did not know if she had gone longer than 3 days in September, October, or November 2020 without having a bowel movement. Interview with a MA on 11/20/20 at 9:13am revealed: -Resident #3 complained that she could not use the bathroom. -She gave Resident #3 a suppository on 11/19/20 after she complained about being constipated and she had a bowel movement. -If Resident #3 went 3 days without a bowel movement, the PCAs should notify the MA and the MA would give Resident #3 a suppository. -If the suppository for Resident #3 did not work, the MA should contact Resident #3's PCP to notify. -PCAs did not tell her Resident #3 had gone 3 days without having a BM in September, October and November 2020.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 22 -PCAs filled out the bowel movement report daily and were supposed to notify the MAs if a resident had not had a bowel movement in 3 days. -She did not look at the bowel movement report to see if residents had bowel movements. Interview with a MA on 11/20/20 at 9:20am revealed: -Resident #3 complained she could not have a bowel movement. -If Resident #3 went 3 to 4 days without a bowel movement, MAs should contact Resident #3's PCP and follow instructions for a suppository. -She did not know if Resident #3 had gone beyond 3 days with no bowel movement. -PCA documented bowel movements on the monthly bowel movement report and the PCAs were supposed to inform the MA if a resident did not have a bowel movement within 3 days. -She tried to look at the bowel movement report once a week, but she was not able to look at the report in the last few weeks -PCAs had not reported to her that Resident #3 went without a bowel movement for 3 days. Interview with a MA on 11/20/20 at 10:18am revealed: -Resident #3 regularly complained about not having a bowel movement. -PCAs were responsible for documenting bowel movements on the bowel movement report. -Resident #3 was incontinent of bowel. -The PCAs have to change Resident #3's briefs so the documentation of the bowel movement should be correct. -She sometimes looked at the bowel movement reports, but she looked to see if they were completed and not to see if a resident had gone 3 days without a bowel movement. -If a resident went longer than 3 days without a	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 23	{D 273}		

bowel movement the resident's PCP should be contacted.
-She did not know Resident #3 had gone without a bowel movement for 3 days.

Interview with the Director on 11/20/20 at 10:42am revealed:
-She knew Resident #3 complained of not having bowel movements.
-She talked to the hospice nurse about 3 weeks ago about Resident #3.
-Resident #3 had been complaining of not having bowel movements, but she actually did have bowel movements.
-Bowel movements were logged by the PCAs on the bowel movement report every shift.
-If a Resident #3 did not have bowel movement within 3 days, MAs should notify the Resident #3's hospice nurse.
-She was not aware there was documentation Resident #3 did not have a bowel movement for 9 consecutive days in October 2020 and 5 consecutive days in November 2020.
-Resident #3 should have been given medication for constipation and if she did not have a bowel movement after the 3rd day, then Resident #3's hospice nurse should have been contacted.
-Resident #3's hospice nurse should have been contacted in October and November 2020.

Interview with the Administrator-in-Charge on 11/21/20 at 2:05pm revealed:
-She found it hard to believe Resident #3 would go for 9 days in October 2020 and 5 days in November 2020 without a bowel movement.
-She did not think bowel movements were documented correctly on Resident #3's bowel movement report.
-She expected staff to contact Resident #3's hospice nurse if she went longer than 3 days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 24 without a bowel movement, but she did not believe she went that long without a bowel movement. Interview with Resident #3's hospice nurse on 11/19/20 at 11:57am revealed: -She visited Resident #3 once a month. -Resident #3 mostly complained about her bowels not moving. -She did not know staff documented Resident #3 did not have a bowel movement for 3 consecutive days in September 2020, 9 consecutive days in October 2020, and 5 consecutive days in November. -When she visited Resident #3, she did not check the bowel movement reports, but asked staff when Resident #3's last bowel movement was. -If Resident #3 did not have a bowel movement, staff should have administered Resident #3 a suppository. -She had not received any calls regarding Resident #3 being constipated. -She expected staff to contact her if Resident #3 went longer than 3 days without a bowel movement. -Staff should have contacted her in October 2020 when there was documentation Resident #3 went 9 days without a bowel movement and in November 2020 when there was documentation Resident #3 went 5 days without a bowel movement. Interview with Resident #3's hospice nurse on 11/20/20 at 2:50pm revealed: -Staff verbally reported to her Resident #3 had a bowel movement on Monday or Tuesday of this week. -Resident #3 was incontinent of bowels and knows when she had or had to have a bowel movement.	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 273}	Continued From page 25 -Staff had to change Resident #3's incontinence briefs and should have documented correctly.	{D 273}		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (#1) for daily weights. The findings are: Review of Resident #1's current FL2 dated 02/05/20 revealed: -Diagnoses included degenerative disc, emphysema, chronic obstructive pulmonary disease (COPD), osteoarthritis, chronic pain, and foraminal stenosis. -An order for monthly weights. Review of a physician's order dated 09/16/20 in Resident #1's record revealed an order for daily weights. Review of the facility's "vitals" book revealed: -There was documentation Resident #1's weight	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 26	D 276		

was attempted once a month in September and October 2020, with documentation the resident refused.
-There was no documentation the resident was weighed daily or attempted to be weighed daily from 09/16/20 through 11/23/20.

Review of Resident #1's September, October and November 2020 Medication Administration Records (MARs) revealed there was no entry for daily weights and no weights documented.

Review of Resident #1's progress notes revealed there was no documentation the resident was weighed daily or attempted to be weighed daily.

Interview with Resident #1 on 11/20/20 at 3:45pm revealed:
-She was not asked to be weighed every day.
-She was asked every month to be weighed, but she refused because she felt the prednisone made her gain almost 40 pounds.
-No one had made her aware why the Primary Care Provider (PCP) wanted her to be weighed, if they had told her she would not have refused the monthly weights.

Interview a with a first shift personal care aide (PCA) on 11/20/20 at 1:43pm revealed:
-She weighed Resident #1 once a month, but she usually refused.
-She did not know there was an order to weigh Resident #1 daily.
-If there was an order for daily weights the MA would ask her daily to weigh Resident #1.
-No one had asked her to weigh Resident #1 daily.

Interview with Resident #1's Primary Care Provider (PCP) on 11/20/20 at 1:53pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 27	D 276		

-His order for daily weights was not a temporary and he had not discontinued the order because he wanted to monitor the resident's heart failure.
-He wanted staff to check Resident #1's daily even if the resident refused, he expected them to attempt to try and weigh her.
-Resident #1 was ordered lasix 20mg (used to reduce increased edema) as needed for swelling.

Interview with the Business Office Manager (BOM) on 11/20/20 at 2:46pm revealed:
-Resident #1 refused to be weighed.
-MAs did not weigh Resident #1, the PCAs weighed the resident.
-The daily weights should be documented on the MARs as well as if the resident refused to be weighed.
-She forgot to write the order for daily weights on the MAR and she did not send the order to the pharmacy to have it printed on the MAR.
-She was aware Resident #1 refused the monthly weights, but she was unable to validate if attempts had been made to weigh the resident daily.
-She had no documentation to show attempts to weigh Resident #1 or that the resident's PCP had been informed the resident was not being weighed or attempted to be weighed daily as ordered.

Interview with the Director on 11/20/20 at 3:23pm revealed:
-The BOM should have documented Resident #1's weights on the MAR.
-If the resident refused to be weighed daily there should be documentation showing the attempt to weigh Resident #1.

Interview with the Administrator-in-Charge on 11/20/20 at 4:45pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 28 -Resident #1's order for daily weights should have been documented on the MARs to remind the MA to check the resident's weight daily. -If the staff were not able to obtain a daily weight from Resident #1, there should be documentation that showed the reason why the weight was not obtained.	D 276		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered as ordered for 2 of 5 sampled residents (#1 and #3) including an anti-inflammatory medication and an antibiotic and steroid combination eye drop (#1) and a laxative (#3). The findings are: 1. Review of Resident #1's current FL2 dated 02/05/20 revealed diagnoses included degenerative disc, emphysema, chronic obstructive pulmonary disease (COPD), osteoarthritis, chronic pain, and foraminal stenosis.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 29 a. Review of the current FL2 dated 02/05/20 revealed an order for prednisone 15mg daily. Review of Resident #1's hospital discharge summary dated 10/23/20 revealed: -Resident #1 was treated for acute chronic respiratory failure with hypoxia (low blood oxygen level) and hypercapnia (buildup of carbon dioxide in the bloodstream), COPD disease, shortness of breath, lower leg edema and atrial fibrillation. -Medication orders for prednisone 10mg take 3 tablets on 10/25/20 and take 2 tablets on 10/26/20. -Instructions documented were: "You were already taking a medication with the same name, and this prescription was added, make sure you understand how and when to take each." -Medication order for prednisone 15mg daily, start taking on 10/27/20. "If you are unsure what to do until then, ask your doctor or care provider." Review of Resident #1's October 2020 Medication Administration Record (MAR) revealed: -There was an entry for prednisone 15mg scheduled for administration at 8:00am. -There was documentation prednisone 15mg was administered daily at 8:00am from 10/01/20 through 10/31/20, with exceptions of the dates Resident #1 was in the hospital from 10/06/20 through 10/10/20 and from 10/19/20 through 10/24/20. -There was no entry for prednisone 10mg 3 tablets on 10/25/20 and 10mg 2 tablets on 10/26/20 on the MAR. Observation of Resident #1's medications on hand at the facility on 11/20/20 at 1:15pm revealed prednisone 10mg was not available for administration.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 30	D 358		

Interview with Resident #1 on 11/20/20 at 1:13pm revealed:
-She had chronic COPD and was on 3 liters of oxygen continuously.
-She was ordered prednisone 15mg daily to help with the COPD.
-She was aware what the prednisone tablet looked like and she knew that she was administered a whole tablet and one-half of a tablet of prednisone every morning.
-After her last hospitalization in October 2020, she did not recall if she was administered more than the usual dose of prednisone.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 11/20/20 at 11:49am revealed:
-The pharmacy received an order dated 10/23/20 for prednisone 10mg, take 3 tablets (30mg) on 10/25/20 and take 2 tablets (20mg) on 10/26/20.
-On 10/23/20 the pharmacy dispensed and delivered five 10mg tablets of prednisone to the facility for Resident #1.
-The medication was signed for by the MA at 8:24pm.

Interview with Resident #1's Primary Care Provider (PCP) on 11/20/20 at 1:53pm revealed:
-When he came to the facility, he looked at the MARs for conflicts such as diabetics refusing medications.
-He did not look at the MARs until the next month, so he would not have known if a medication was not administered, especially if the medication was not documented on the MARs.
-He did not recall anything about the prednisone, and he was not aware the hospital had changed the prednisone order.
-If there was a conflict with the order the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 31 should have contacted him. Interview with the Business Office Manager (BOM) on 11/20/20 at 10:41am revealed: -When a resident returned to the facility from the hospital the Medication Aide (MA) on duty was supposed to review the medication orders and identify medication that had changed or any new orders. -The orders were to be faxed to the pharmacy, but not written on the MAR until the medication was received from the pharmacy. -If the resident returned from the hospital Monday through Friday, then the Director usually checked to ensure orders were followed as ordered. -If the resident returned home from the hospital on the weekend, no one checked to ensure the orders were followed as ordered. -When Resident #1 returned from the hospital on 10/24/20 she was the MA on the first shift. -She received the discharge paperwork and medication orders. -She recalled sending all Resident #1's orders to the pharmacy. -She did not pay specific attention to medication orders. -It was the facility's protocol not to document a medication on the MAR until the pharmacy delivered the medication. -When Resident #1's prednisone 10mg was delivered by the pharmacy she was not on duty and did not put the medication in the medication cart. -She did not realize Resident #1's prednisone order had changed or that Resident #1 was supposed to get prednisone 10mg 3 tablet on 10/25/20 and prednisone 10mg 2 tablets on 10/26/20. -She reviewed Resident #1's hospital discharge orders and she missed seeing the prednisone	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 32 order. Interview with the Director on 11/20/20 at 3:23pm revealed: -All MAs had been trained regarding the importance of MAR documentation and made aware that any new and changed medication orders were to be documented on the MAR when the order was received. -When a resident returned from the hospital with medication changes the MA on duty was supposed to bring the paperwork to her so she could update the FL2. -If there were order changes her or the MA updated the MARs and faxed the orders to the pharmacy. -If the resident returned from the hospital on the weekend, the MA was to update on MARs. -The MA was supposed to look at the discharge summary for changes in medication orders and if there were changes the MA completed a verification of orders form and sent it to the PCP. -When the PCP visited, he reviewed the discharge summary and verified the orders. -The BOM told her that she forgot to document the prednisone on the MAR. -The MA that was on duty when Resident #1 returned from the hospital should have documented the prednisone on the MAR. -The BOM was responsible for reviewing the orders and ensuring they were entered on the MARs. -The MA could have administered the medication and not documented it, however without documentation she could not say for sure the medication was administered as ordered. -The facility's policy required the MA to document medications administered on the MAR. b. Review of Resident #1's current FL2 dated	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 33 02/05/20 revealed there were no orders for eye drops. Review of Resident #1's physician's orders revealed: -An order dated 09/14/20 for ofloxacin eye drop to the right eye every four hours (used to treat eye irritation/infection). -An order dated 09/16/20 to change ofloxacin eye drop to the right eye to tobradex one drops every 4 hours (while awake) for two days (steroid used to bacterial eye infection), then one drop four times a day for 3 more days. Review of Resident #1's September and October 2020 Medication Administration Records (MARs) revealed there were no entries for tobradex or ofloxacin eye drops and no documentation of administration. Observation of Resident #1's medications on hand on 11/20/20 at 1:20pm revealed ofloxacin and tobradex were not available for administration. Interview with Resident #1 on 11/20/20 at 1:13pm revealed: -She had gotten some type of eye infection in September 2020. -She woke up one morning and her eye was swollen almost shut and it had turned red. -Her eye kept swelling until it was black and blue like someone had hit her. -She was getting an eye drop that was ordered by the PCP, but it did not work well, and her eye kept getting worse, so the PCP changed to another eye drop with steroids. -She believed that she got the second medication but was unable to be specific because she did not see the name of the medication.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 34	D 358		

-She did not know if the eye drops administered was the initial eye drops ordered or the new eye drop medication.
-Her eye had cleared up, so whatever eye was administered it worked.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 11/20/20 at 11:49am revealed:
-The pharmacy received an order dated 09/14/20 for ofloxacin eye to the right eye.
-Ofloxacin eye drop was filled and delivered to the facility on 09/14/20 for Resident #1.
-Two days later the pharmacy received an order for tobradex eye drops.
-Tobradex was filled and delivered to the facility on on 09/16/20 for Resident #1.
-The Medication Aide (MA) at the facility signed for receiving tobradex at 8:37pm on 09/16/20.
-One bottle of tobradex had at least 100 drops.
-Depending on the size of the drop administered the medication would have lasted 10 to 15 days.

Interview with Resident #1's Primary Care Provider (PCP) on 11/20/20 at 1:53pm revealed:
-In September 2020, Resident #1 had an eye infection.
-He ordered an eye drop that seemed to not be effective, so on 09/16/20 he changed the eye drops to the tobradex.
-He expected medications to be administered as ordered.
-He did not know if the eye drops were administered, but the eye irritation did clear up and the resident no longer complained about her eye.

Interview with the Business Office Manager (BOM) on 11/20/20 at 10:41am revealed:
-When the PCP left orders, the MA on duty or her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 35	D 358		

were to fax the orders to the pharmacy.
-She knows that Resident #1 received an eye drop but she did not know if it was tobradex, ofloxacin or both because the medications were not documented on the MARs.
-She had observed that Resident #1's red and irritated eye cleared up.
-Normally, new or changed medication orders were not documented on the MAR until the medication was received at the facility.
-If the medication order was faxed before a certain time of day, then the medication was delivered by the pharmacy the same day.
-If the order was faxed late evening on the second shift, then the pharmacy delivered the medication the next day.

Interview with the Director on 11/20/20 at 3:23pm revealed:
-She believed that Resident #1's eye drops were administered because her eye cleared up.
-However without documentation on the MAR to show the administration of the eye drops she could not say for sure the medications were administered as ordered.
-She expected medications to be administered as ordered and the administration of the medication should be documented on the MAR.

Interview with the Administrator-in-Charge on 11/20/20 at 4:45pm revealed:
-She expected medications to be administered as ordered.
-All medication orders received should be documented on the MAR prior to administration.
-Staff were made aware that if they did not document there was no way to show orders had been followed.

2. Review of Resident #3's current FL2 dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 36	D 358		

08/19/20 revealed diagnoses included hypertension, hyperthyroidism, gastroesophageal reflux disease, irritable bowel syndrome, arthritis, chronic pain syndrome, depression, and type II diabetes mellitus.

Interview with a representative from the facility's contracted pharmacy on 11/19/20 at 11:01pm revealed:
-Resident #3 had an order dated 09/25/20 for bisacodyl 10mg suppository once daily as needed for constipation.
-Fourteen suppositories were dispensed to the facility on 09/25/20.

Review of Resident #3's hospice progress notes dated 09/25/200 revealed:
-Resident #3 was admitted to hospice services on 08/19/20.
-Resident #3's last bowel movement was reported by staff as being 4 days ago, 09/21/20.
-Resident #3 had new orders for bisacodyl suppositories (used to treat constipation) one suppository daily as needed and Senna 2 tablets twice daily for constipation per hospice nurse practictioner.

Review of Resident #3's hospice progress notes dated 10/01/20 revealed Resident #3's last bowel movement was reported by staff as being on 09/30/20.

Review of Resident #3's hospice progress notes dated 10/23/20 revealed Resident #3's last bowel movement was reported by staff being on 10/10/20.

Review of Resident #3's hospice progress notes dated 10/27/20 revealed
-A personal care aide (PCA) reported Resident #3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 37	D 358		

had a "good" bowel movement on 10/26/20.
-Resident #3 complained each visit that her "bowels just don't move."

Review of Resident #3's bowel movement report for September 2020 revealed
-There was documentation to report to the medication aide (MA) if the resident went more than 3 days without a bowel movement.
-Resident #3 did not have a bowel movement for 12 of 30 days with 3 of those days being consecutive, 09/22/20 through 09/24/20.
-There was documentation Senna was administered daily as ordered.

Review of Resident #3's bowel movement report for October 2020 revealed
-There was documentation to report to the MA if the resident went more than 3 days without a bowel movement.
-Resident #3 did not have a bowel movement for 20 of 30 days with 9 of those days being consecutive, 10/17/20 through 10/25/20.
-There was documentation Senna was administered daily as ordered.

Review of Resident #3's bowel movement report for November 2020 revealed
-There was documentation to report to the MA if the resident went more than 3 days without a bowel movement.
-Resident #3 did not have a bowel movement for 12 of 18 days with 5 of those days being consecutive, 11/12/20 through 11/16/20.
-There was documentation Senna was administered daily as ordered.

Review of Resident #3's progress notes revealed:
-Resident #3 requested a suppository on 10/24/20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 38 -Resident #3 complained of not having a bowel movement on 11/03/20. Review of Resident #3's Medication Administration Record (MAR) for September 2020 revealed: -There was a handwritten entry for bisacodyl 10 mg suppositories insert 1 rectally once a day as needed for constipation. -There was documentation bisacodyl was administered 1 day on 09/25/20. -There was no documentation any other laxatives were administered to Resident #3. Review of Resident #3's eMAR for October 2020 revealed: -There was no entry for bisacodyl 10mg suppositories. -There was no documentation any other laxatives were administered to Resident #3. Review of Resident #3's eMAR for November 2020 revealed: -There was an entry for bisacodyl 10 mg suppositories insert 1 rectally once a day as needed for constipation. -There was documentation bisacodyl was administered 1 day on 10/17/20. -There was no documentation any other laxatives were administered to Resident #3. Observation of Resident #3's medication on hand on 11/18/20 at 10:28am revealed: -Bisacodyl 10mg suppository unwrap and insert 1 suppository per rectum once a day as need for constipation was on the medication cart. -There were 14 suppositories dispensed by the pharmacy on 09/25/20 and 12 suppositories were remaining.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 39 Interview with Resident #3 on 11/18/20 at 12:38 revealed: -She felt miserable because her bowels would not move. -Staff gave her a suppository on last night, 11/17/20, and the suppository "half way" worked. -Prior to her bowels moving on 11/17/20, it had been a few weeks since they moved. -It felt like her bowels had to move, but they would not. Interview with Resident #3 on 11/19/20 at 10:28am revealed: -She was having pain in her stomach and nausea. -She told staff today about her pain and nausea, but she could not remember who. -She wondered if an enema would help her bowels to move Interview with a MA on 11/20/20 at 9:13am revealed: -Resident #3 complained that she could not use the bathroom. -Resident #3 had a physician's order for suppositories for constipation. -She gave Resident #3 a suppository on 11/19/20 after she complained about being constipated and she had a bowel movement. -If Resident #3 went 3 days without a bowel movement, the PCAs should have notified the MA and the MA would have given Resident #3 a suppository. -If the suppository for Resident #3 did not work, the MA should have contact Resident #3's PCP to notify. -PCAs did not tell her Resident #3 had gone 3 days without having a BM in September, October and November 2020. -She did not look at the bowel movement report	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 40 to see if residents had bowel movements. Interview with a MA on 11/20/20 at 9:20am revealed: -Resident #3 complained she could not have a bowel movement. -If Resident #3 went 3 to 4 days without a bowel movement, MAs should contact Resident #3's PCP and follow instructions for a suppository. -Resident #3 had requested suppositories 2 times that she was aware of. -She did not know if Resident #3 had gone beyond 3 days with no bowel movement. -PCAs documented bowel movements on the monthly bowel movement report and the PCAs were supposed to inform the MA if a resident did not have a bowel movement within 3 days. -She tried to look at the bowel movement report once a week, but she had not able to look at the report in the last few weeks. -PCAs had not reported to her that Resident #3 went without a bowel movement for 3 days. Interview with a MA on 11/20/20 at 10:18am revealed: -PCAs were responsible for documenting bowel movements on the bowel movement report. -She sometimes looked at the bowel movement reports, but she looked to see if they were completed and not to see if a resident had gone 3 days without a bowel movement. -Resident #3 regularly complained about not having a bowel movement. Interview with the Director on 11/20/20 at 10:42am revealed: -She knew Resident #3 complained of not having bowel movements. -She talked to the hospice nurse about 3 weeks ago about Resident #3.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 41 -Resident #3 had been complaining of not having bowel movements, but she truly was. -Bowel movements were logged by the PCAs on the bowel movement report every shift. -If Resident #3 did not have a bowel movement within 3 days, MAs should give Resident #3 a suppository or other laxative and notify the hospice nurse. -She was not aware there was documentation Resident #3 did not have a bowel movement for 9 consecutive days in October 2020 and 5 consecutive days in November 2020. -Resident #3 should have been given medication for constipation if she did not have a bowel movement after the 3rd day and then Resident #3's hospice nurse should have been contacted. Interview with the Administrator-in-Charge on 11/21/20 at 2:05pm revealed: -She found it hard to believe Resident #3 would go for 9 days in October 2020 and 5 days in November 2020 without a bowel movement. -She did not think bowel movements were documented correctly on Resident #3's bowel movement report. Interview with Resident #3's hospice nurse on 11/19/20 at 11:57am revealed: -Resident #3 had an order for bisacodyl for constipation. -She visited Resident #3 once a month and she mostly complained about her bowels not moving. -She did not know staff documented Resident #3 did not have a bowel movement for 3 consecutive days in September 2020, 9 consecutive days in October, and 5 consecutive days in November 2020. -When she visited Resident #3, she did not check the bowel movement reports, but asked staff when Resident #3's last bowel movement was.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358	Continued From page 42 -She made it clear to staff that if Resident #3 complained of being constipated or did not have a bowel movement, then a bisacodyl suppository could be administered once a day as needed. -If Resident #3 did not have a bowel movement, staff should have administered a bisacodyl suppository.	D 358		
D922	G.S. 131D-21(12) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 12. To have and use his or her own possessions where reasonable and have an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the administrator, or supervisor-in-charge. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to ensure 5 of 5 sampled residents (#9, #10, #11, #12, and #13) had and were able to use his or her own possessions after being admitted on 08/12/20 from a sister facility. 1. Review of Resident #9's current FL2 dated 08/12/20 revealed diagnoses included bipolar disorder and generalized anxiety disorder. Review of Resident #9's Resident Register revealed Resident #9 was admitted to the facility on 08/12/20. Interview with Resident #9 on 11/20/20 at 9:00am	D922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D922	Continued From page 43	D922		

revealed:
-She was admitted to the facility in August 2020.
-She was not able to bring all her belongs with her when she was admitted to the facility.
-It was a long time before she got additional belongings that were left behind, and she still has not gotten everything.
-She still had 3 or 4 boxes at the other facility which included clothes and poetry writings.
-She only had 2 or 3 pairs of pants available to wear.
-She talked to the maintenance staff about getting some of her belongings and was told her clothes needed to be washed before she could get them.
-She asked the Director many times about when she would receive her belongs and she was told they were still at the other facility.

Refer to interview with a personal care aide (PCA) on 11/19/20 at 2:52pm.

Refer to Interview with a second PCA on 10/19/20 at 2:55pm.

Refer to interview with the Director on 11/20/20 at 9:07am.

Refer to telephone interview with the Administrator-in-Charge on 11/23/20 at 2:05pm.

2. Review of Resident #10's current FL2 dated 08/12/20 revealed diagnoses included bipolar disorder, depression, and anxiety.

Review of Resident #10's Resident Register revealed Resident #10 was admitted to the facility on 08/12/20.

Interview with Resident #10 on 11/19/20 at 2:43pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D922	Continued From page 44 -He came to the facility in August 2020 along with about 10 other residents. -There were 6 residents in the van when he came to the facility and there was not enough room for all the residents to take all their belongings with them to the current facility. -He was missing a new pair of bedroom shoes, a CD player, and a radio. -He did not ask about his belongings and figured someone would eventually bring them. -He would like to have his belongings if they were still at the sister facility. Refer to interview with a personal care aide (PCA) on 11/19/20 at 2:52pm. Refer to Interview with a second PCA on 10/19/20 at 2:55pm. Refer to interview with the Director on 11/20/20 at 9:07am. Refer to telephone interview with the Administrator-in-Charge on 11/23/20 at 2:05pm. 3. Review of Resident #11's current FL2 dated 08/12/20 revealed Resident #11 had moderate mental retardation. Review of Resident #11's Resident Register revealed Resident #11 was admitted to the facility on 08/12/20. Observation of Resident #11's room on 10/19/22 at 10:44pm revealed: -Her closet contained 1 long sleeved shirt, 1 sweatshirt, 2 pair of pants, and 1 pair of shoes. -She had a 6-drawer dresser in her room and only one of the drawers contained clothing items: a night gown and socks.	D922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D922	Continued From page 45 Interview with Resident #11 on 10/19/22 at 12:42pm revealed: -"They wouldn't let me bring everything. They were telling us to hurry up." -She needed her clothing from the sister facility because she only had 2 or 3 pair of pants and 2 or 3 shirts at the current facility. -Sometimes she had to wear her clothes multiple days. -She talked to personal care aides (PCA) about her missing clothes, and she was told they would check on her belongings. Interview with a PCA on 10/19/20 at 2:52pm revealed: -She was responsible for providing person care assistance to residents and for laundering residents' clothes. -She noticed Resident #11 did not have a lot of clothes. -She talked to the Director about Resident #11 not having clothing and the Director told her she would contact Resident #11's family. Interview with a second PCA on 11/19/20 at 2:55pm revealed: -All PCAs were responsible for washing residents' clothing. -Resident #11 did not have a whole lot of clothes. -The only thing she had was what she was admitted to the facility with. Refer to interview with a personal care aide (PCA) on 11/19/20 at 2:52pm. Refer to Interview with a second PCA on 10/19/20 at 2:55pm. Refer to interview with the Director on 11/20/20 at	D922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D922	Continued From page 46 9:07am. Refer to telephone interview with the Administrator-in-Charge on 11/23/20 at 2:05pm. 4. Review of Resident #12's current FL2 dated 08/12/20 revealed diagnoses included schizoaffective disorder, bipolar disorder, borderline intellectual functioning, and borderline personality disorder. Review of Resident #12's Resident Register revealed Resident #12 was admitted to the facility on 08/12/20. Interview with Resident #12 on 11/20/20 at 9:00am revealed: -She only had half her clothes from the sister facility and did not have her winter coat. -There were other residents who came from the sister facility with her who did not have some of their belongings. -She had been asking the Director about her belongings for several months. -She talked to the Director on 11/19/20 and the Director told her that her belongings were still at the sister facility. Refer to interview with a personal care aide (PCA) on 11/19/20 at 2:52pm. Refer to Interview with a second PCA on 10/19/20 at 2:55pm. Refer to interview with the Director on 11/20/20 at 9:07am. Refer to telephone interview with the Administrator-in-Charge on 11/23/20 at 2:05pm.	D922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D922	Continued From page 47 5. Review of Resident #13's current FL2 dated 08/12/20 revealed: -Diagnoses included major cognitive functioning and major depressive disorder. -She was admitted to the current facility on 08/12/20. Interview with Resident #13 on 11/19/20 at 2:38pm revealed: -She was not able to bring all her belongings with her when she came to the facility. -She needed her tennis shoes which were still at the sister facility. -She was also missing 2 suitcases, a camera and other items that had been locked up for her at the sister facility. Refer to interview with a personal care aide (PCA) on 11/19/20 at 2:52pm. Refer to Interview with a second PCA on 10/19/20 at 2:55pm. Refer to interview with the Director on 11/20/20 at 9:07am. Refer to telephone interview with the Administrator-in-Charge on 11/23/20 at 2:05pm. _____ Interview with a PCA on 10/19/20 at 2:52pm revealed: -There were a lot of residents who complained about not getting all their belongings from the sister facility. -Some items were brought to the facility after residents were initially admitted in August 2020 and residents still complained they did not have all their belongings. Interview with a second PCA on 10/19/20 at	D922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D922	Continued From page 48 2:55pm revealed: -A lot of the residents' clothes and belongs did not make it from the sister facility to the current facility and she did not know why. -Management was responsible for making sure Resident's received their belongings. -She had talked to the Director about residents not having their belongings and did not receive a response. Interview with the Director on 11/20/20 at 9:07am revealed: -A group of residents were admitted to the facility from a sister facility in August 2020. -When the Administrator-in-Charge loaded the van in August 2020, it was full and everything else was locked up in a storage unit. -Residents were instructed to bring a week's worth of clothing and belongings when they were admitted to the facility. -Staff went back the following week to the sister facility and started loading resident belongings. -She did not know residents still did not have all their belongings and did not know why they did not have all their belongings yet. -The Administrator-in-Charge was responsible for making sure residents' belongings were at the facility. Interview with the Administrator-in-Charge on 11/23/20 at 2:05pm revealed: -Residents were admitted to the facility in August 2020 and only brought "a little bit of their stuff" with them. -She went to the sister facility at the beginning of September 2020 and picked up some of their belongings, except for Christmas decorations and 2 boxes that could not fit in the van. -One resident requested her winter coat from the sister facility, but the Administrator-in-Charge	D922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029010	A. BUILDING: _____ B. WING _____	R 11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSON CREEK OF WELCOME	6781 OLD US HWY 52 LEXINGTON, NC 27295

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D922	Continued From page 49 thought she had brought it to the current facility. -She did not know there were residents who were still missing clothes, shoes, personal writings, electronic equipment, and other items. -She had not brought the remaining belongs from the sister facility to residents because she just had not been back to the sister facility to get them.	D922		