STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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		HAL05902	21	B. WING		08/	12/2022
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	. CENTER	NEBO, NO	NACLE CHU C 28761	KCH KOAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 000	Initial Comments			D 000			
D 270	The Adult Care Lice complaint investigat 2022, August 2-5, 2 with an exit confere August 12, 2022. The complaints, including #NC00191894, and complaint (#NC001 investigation include that were not previous 20, 2022 annual sur 10A NCAC 13F .09 Supervision 10A NCAC 13F .09 Supervision (b) Staff shall provi	tion survey on a 2022, and Augustince via telephothe survey involving #NC0019132 I re-opened a prigorous prigorous of no custo identified convey. O1(b) Personal Cares of Personal Cares of National Cares of Personal Cares of National Care of National Cares of National Care of National Cares of National Cares of National Care of	July 28-29, st 8-11, 2022, one call on wed several 21 and revious complaint con-compliance during the July Care and	D 270			
	accordance with ea care plan and curre This Rule is not me TYPE A2 VIOLATIO	ch resident's as ent symptoms. et as evidenced DN	ssessed needs, by:				
	Based on interviews facility failed to provide sampled residents or resident, who had a behavior, exhibited was known to be us threat to harm some facility and go to jail	vide supervision (Resident #2) a history of aggr an escalation ir sing illicit drugs, eone so he cou	n for 1 of 9 fter the ressive n behavior, and verbalized a				
	The findings are:						
	Review of Resident	#2's current FL	_2 dated				

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

TITLE (X6) DATE

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 Continued From page 1 D 270 12/02/21 revealed diagnoses included Review of Resident #2's Mental Health Nurse Practitioner (NP) orders dated 04/12/22 revealed additional diagnoses of Review of Resident #2's Care Plan dated 05/19/22 revealed: Review of local law enforcement 911 call log dated 03/31/22 revealed: -There was a call received at 6:49pm in reference to disturbance. -Resident #2 was listed as very combative. -The incident involved a physical disturbance. -Facility staff were trying to keep all other patients and staff away from Resident #2.

revealed: Division of Health Service Regulation STATE FORM

Physical |

Review of Resident #2's admission History and

dated 04/01/22

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 2

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Review of Resident #2's Discharge Summary

dated 04/08/22 revealed:

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Division of Health Service Regulation

04/13/22 revealed:

Review of Resident #2's RLC Daily Notes dated

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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CEDARBROOK RESIDENTIAL CENTER 1267 PIN NEBO, N		NACLE CHUI C 28761	RCH ROAD			
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D 270	Continued From pa	ge 4	D 270			
	marijuana) to unwir -There was no docuinterventions or incomplete interventions or incomplete interventions or incomplete interventions or incomplete interventions or incomplete interventions. Review of Resident 05/03/22 at 7:31pm -The resident had a he was a ranking gorante resident got as	amentation of any staff reased supervision to address ssed needs and symptoms. #2's RLC Daily Notes dated resident appeared very regitated, wanted to gain regin and was unable to be #2's charting notes for revealed: revealed: reversed to delusions lately, stating reversed to delusions lately, stating representation of the world. The stating of the province of the world of the w				
	would continue to wange and continue to was no document of the continue to was no document of the continue to was a second of	providers were aware and york with resident. umentation of any staff reased supervision to address seed needs and symptoms. enforcement 911 call log ealed: stated, "the doctor is not ons for his body". he reported caller. #2's RLC Daily Notes dated mildly agitated and wanted to became agitated and wanted				

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 5 -RLC informed the resident of the facility's policy on work completed by residents. -Resident #2 experienced increased agitation. -There was no documentation of any staff interventions or increased supervision to address Resident #2's assessed needs and symptoms. Review of Resident #2's MHRN visit note dated 06/03/22 revealed: Review of Resident #2's RLC Daily Notes dated 06/03/22 revealed: -There was no documentation of any staff interventions or increased supervision to address Resident #2's assessed needs and symptoms. Review of Resident #2's MHRN visit note dated 06/06/22 revealed:

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06/06/22 revealed:

Review of Resident #2's RLC Daily Notes dated

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 6 -The OM spoke with the resident's guardian who stated Resident #2 called her today and seemed -The OM stated Resident #2 was upset about his finances. -The RLC spoke with Resident #2 and encouraged PRN (as needed) medication if he felt agitated. Review of Resident #2's Mental Health Licensed Clinical Social Worker (LCSW) note dated 06/09/22 revealed: Review of Resident #2's Mental Health NP visit note dated 06/27/22 revealed:

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DIVISION	of Health Service Re	guiation				
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D 270	Continued From pa	ige 7	D 270			
	Povious of Posidont	t #2's MHRN visit note dated				
	06/29/22 revealed	1 #2 \$ IVII IKIN VISIT Hote dated				
	00/20/22 TCVCalca					
		t #2's Mental Health LCSW				
	visit note dated 07/0	01/22 revealed Resident #2	_			
	Telephone interviev	v with a personal care aide				
		at 1:05pm revealed:				
		as in the medication room with				
		MA), MA supervisor, and the				
		ent #2 stated "he was going to)			
		ne to get out of there so he				
	could go back to jai	।। . [:] 2 that Resident #2 didn't want				
	to do that.	2 that Resident #2 didn't want				
		Resident #2's statement				
	•	harm to someone to any				
	additional staff.	ŕ				
		v with a MA on 08/05/22 at				
	1:49pm revealed:	alusiana and				
	-Resident #2 had d	elusions and				
	-On 07/05/22 she w	vas in the medication room				
	-On 07/05/22 she was in the medication room with a PCA, the MA supervisor, and a MHRN					
	•	stated he was going to have to				
	hurt someone to ge	et out of there so he could go				
	get back to jail.					
		IRN did not respond to				
	Resident #2 regard harm to someone.	ing his statement of potential				
		ervisor should have initiated				
		on Resident #2 but did not.				
		nt she had reported this to the				
		er (OM) but later confirmed				
	she had not.	,				

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If continuation sheet 8 of 71 GTDF11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL059021		B. WING			C 12/2022
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET A				STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PINI NEBO, N			NACLE CHUI C 28761	RCH ROAD			
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D 270	Continued From para-She or the MA sup this to the OM or th (RCC)She or the MA sup mental health crisis -She did not report regarding potential additional staffShe did not fill out regarding Resident harm to others on Continuous taffShe did not fill out regarding Resident harm to others on Continuous taffShe did not fill out regarding his stater some one but did with the expected the laterate to his MHPShe could not com (IVC) paperwork and complete itShe stated MA's capaperworkShe should have in Resident #2 but did -She should have recontified his MHPShe did not report after the Resident Contified his MHPShe did not fill out regarding Resident	ervisor should have Resident Care ervisor should have and notified his land an Accident/Incide #2's statement of 27/05/22. With MA Supervent revealed: Was in the medicate and a MHRN where the something do hurt someone of get back to jail. It respond to Resiment of potential rite something do MHRN to report for the plete Involuntary and expected the Mannot complete Involuntary and expected the Mannot complete Involuntary and expected the Mannot complete Involuntary and expected this to the Resident #2's state and an Accident/Incident and Accident and Ac	Coordinator ave called MHP. atement to to any lent report f potential isor on ation room n Resident #2 to get out of dent #2 harm to wn. Resident #2's Commitment MHRN to VC to checks on the OM or atement until (RCC) to eave. Ith crisis and	D 270			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
CEDARBROOK RESIDENTIAL CENTER 1267 PINNACLE CHURCH ROAD NEBO, NC 23761		HAL059021					
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 270 Continued From page 9 Interview with the RCC on 08/03/22 at 2:30pm revealed: -She was notified by the MA Supervisor on 07/11/22, when she returned to work, of Resident #2's statement regarding potential harm to others made on 07/05/22Staff should have initiated 15-minute checks on Resident 47 and the MA Supervisor should have reported this to mental health crisisShe did not know if anyone had notified the OM, Primary Care Provider (PCP) or MHPStaff should have notified the PCP or MHPShe did not notify anyone when Resident #2's statement was reported to her. Interview with OM on 08/03/22 at 3:28pm revealed: -She was not aware that Resident #2 had made a statement regarding potential harm to othersStaff should have initiated 15-minute checks on Resident #2 -Staff should have initiated 15-minute checks on Resident #2 -Staff should have notified the MHP and mental health crisisStaff should have notified Resident #2's PCP or MHP regarding Resident #2's comments. Review of Resident #2's record revealed: -There was no documentation of the PCP, MHP, and mental health crisis being notified of Resident #2's statement on 07/05/22.					PROVIDERIO PLANTOS COPRECTIO		0.1-1
Interview with the RCC on 08/03/22 at 2:30pm revealed: -She was notified by the MA Supervisor on 07/11/22, when she returned to work, of Resident #2's statement regarding potential harm to others made on 07/05/22. -Staff should have initiated 15-minute checks on Resident #2 and the MA Supervisor should have reported this to mental health crisis. -She did not know if anyone had notified the OM, Primary Care Provider (PCP) or MHP. -Staff should have notified the PCP or MHP. -She did not notify anyone when Resident #2's statement was reported to her. Interview with OM on 08/03/22 at 3:28pm revealed: -She was not aware that Resident #2 had made a statement regarding potential harm to others. -Staff should have initiated 15-minute checks on Resident #2 -Staff should have initiated 75-minute	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
revealed: -She was notified by the MA Supervisor on 07/11/22, when she returned to work, of Resident #2's statement regarding potential harm to others made on 07/05/22Staff should have initiated 15-minute checks on Resident #2 and the MA Supervisor should have reported this to mental health crisisShe did not know if anyone had notified the OM, Primary Care Provider (PCP) or MHPStaff should have notified the PCP or MHPShe did not notify anyone when Resident #2's statement was reported to her. Interview with OM on 08/03/22 at 3:28pm revealed: -She was not aware that Resident #2 had made a statement regarding potential harm to othersStaff should have initiated 15-minute checks on Resident #2 -Staff should have immediately notified the MHP and mental health crisisStaff should have notified Resident #2's PCP or MHP regarding Resident #2's comments. Review of Resident #2's record revealed: -There was no documentation of the PCP, MHP, and mental health crisis being notified of Resident #2's statement on 07/05/22.	D 270	Continued From pa	ge 9	D 270			
supervision after Resident #2 made the statement on 07/05/22 regarding potential harm to others. Review of Resident #2's MHRN visit note dated 07/05/22 revealed:	D 270	Interview with the Revealed: -She was notified booth 1/12, when she #2's statement regarded on 07/05/22Staff should have it Resident #2 and the reported this to mereored the transfer of the transfer	y the MA Supervisor on e returned to work, of Resident arding potential harm to others initiated 15-minute checks on the MA Supervisor should have notal health crisis. If anyone had notified the OM, der (PCP) or MHP. Inotified the PCP or MHP. In the manyone when Resident #2's ported to her. In the MASUPER STATE STAT				

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 10

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Review of Resident #2's Mental Health LCSW

visit note dated 07/07/22 revealed:

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Division	of Health Service Re	egulation					
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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D 270	Continued From pa	ge 11		D 270			
	Review of Resident 07/09/22 revealed Review of Resident dated 07/09/22 at 9-There was docume the OM, observed owhere Resident #2 aggressive, leaving 100 porch as he was The Administrator enforcement, no tine While waiting on received a management of the waiting on received and the suit of the building.	#2's Accident/Inju:11pm revealed: entation dated 07/camera footage or was observed becanother resident alked away. was notified and the listed. esponse from law onitored closely vivith no in person/o ::30pm Resident # al law enforcement ge was sent to Rewhich had been re- which had been re- Entrance" video for until 07/10/22 at alled: evealed Resident machine/porch a	ury Report 10/22 from 10/710/22 coming very laying on the hen law enforcement ia live one on one £2 was taken t. esident #2's equested by ootage from 5:25am #2 rea coming				
	07/09/22 at 8:56pm without audio revea -At 8:56pm, video r approached a drink	until 07/10/22 at led: evealed Resident machine/porch a of the building (wh in front of the drin	5:25am #2 rea coming len facing ak machine.				

Division of Health Service Regulation STATE FORM

front of the building to the drink machine/porch

DIVISION	of Health Service Re	eguiation					
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AND PLAN	OF CORRECTION	IDENTIFIC	CATION NUMBER:	A. BUILDING:		COMP	LETED
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CEDARBROOK RESIDENTIAL CENTER			KOH KOAD				
	NEBO, N		28/61				
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D 270	Continued From pa	ge 12		D 270			
	•	_					
	area carrying a cha						
	-Resident #2 picked						
	chair up in the air a						
	speaking to the fem						
	-The female reside						
	left of the drink mad						
	-It did not appear th						
	engaging in conver						
	-Resident #2 looked	d agitated, a	ppeared to be				
	yelling at the female	e resident as	s he dropped his				
	chair and then kicke	ed the chair.					
	-Resident #2 starte	d walking ba	ackwards,				
	appeared to be yell						
	he just kicked.		J				
	-At 9:04pm, Reside	nt #2 picked	l up the chair he				
	just dropped and ki						
	the right of the drink		1 0				
	-Resident #2 stood		s crossed in front				
	of his torso.						
	-At 9:08, Resident #	‡2 appeared	to be agitated				
	and pointed his righ						
	resident.	it in a cox in ige	or at the remaie				
	-Resident #2 placed	d his left han	nd in the nacket of				
	his shorts and displ						
	-At 9:09pm, the vide	•					
	and white (night vis		11 OOIOI to black				
	-At 9:09pm, the fem		t act up from her				
	chair and walked to						
	of camera view whi						
	the drink machine.	ie ivesident	#2 51000 111 110111 01				
	-At 9:13pm, the fem	nale racidant	t returned to the				
	drink machine/porc						
	•	n area and s	sat down on the				
	same chair.	الماماء المامام مامام	1 1				
	-At 9:16pm, the fem						
	chair and stood in f						
	moment and then s	at back dow	/n.				
				1			1

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAI 050024			C 08/12/2022	
NAME OF I		HAL059021			08/1	2/2022
	PROVIDER OR SUPPLIER	1267 PIN	NACLE CHU	STATE, ZIP CODE RCH ROAD		
CEDARE	ROOK RESIDENTIAL	CENTER NEBO, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 13	D 270			
	-					

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 14 Telephone interview with Resident #2's Mental Health NP on 08/05/22 at 2:24pm revealed: Telephone interview with Resident #2's PCP on 08/02/22 at 1:11pm, 08/04/22 at 3:14pm and 08/09/22 at 1:23pm revealed:

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 Continued From page 15 D 270 Interview with a local law enforcement deputy on 07/28/22 at 5:15pm revealed: -He was the responding officer on 07/10/22 where Resident #2 assaulted a female resident. -After he viewed the facility video footage of Resident #2 assaulting a female resident, he immediately called a detective. Interview with a local law enforcement detective on 07/29/22 at 9:31am revealed: -She was the responding detective on 07/10/22 where Resident #2 assaulted a female resident

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after receiving a call from deputy.

#2 assaulting a female resident.

-She viewed the facility video footage of Resident

-She asked Resident #2 why he assaulted the

PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C B. WING 08/12/2022 HAL059021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 Continued From page 16 D 270 female resident and he stated the facility was drugging him and because the female resident had asked him to kill her. -Blood was found on the shoes and shorts Resident #2 was wearing in the video during the -Resident #2 stated that prison was going to be better than being at the facility. -She asked Resident #2 if he and the female resident he assaulted were friends and Resident #2 stated he didn't want to say anything else that would jeopardize his competency hearing. -Resident #2 had a criminal history which included, driving under the influence (DUI), marijuana possession, assault and battery,

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assault on a government official, resisting arrest

Review of a female resident's EMS Patient Care

-She remembered an altercation between Resident #2 and a staff member at the facility in

and communicating threats.

Record dated 07/10/22 revealed:

the past.

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ С B. WING _ HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 Continued From page 17 D 270

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 18 Review of the female resident's EMS assessment performed on 07/10/22 at 5:48am and 5:59am revealed:

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 Continued From page 19 D 270 Review of the female resident's ED records dated 07/10/22 revealed:

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GTDF11 If continuation sheet 20 of 71 Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 20 Review of the female resident's Trauma Progress Note Impression and Plan dated 07/25/22 revealed: Review of the female resident's hospital discharge summary dated 07/28/22 revealed:

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 21 Telephone interview with a Registered Nurse (RN) at a SNF on 08/05/22 at 2:00pm revealed: Review of the female resident's SNF nursing progress note dated 07/29/22 at 2:18am and 6:28am revealed: Telephone interview with the RLC on 08/03/22 at 1:14pm revealed his job duties included keeping the residents happy, retention of residents, keep down unacceptable resident behaviors, keep staff happy, and to help keep residents safe. Interview with the Resident Life Coordinator

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(RLC) on 08/04/22 at 10:00am revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL05902	1	B. WING			C 12/2022
NAME OF P	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PIN NEBO, N			NACLE CHUI C 28761	RCH ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE 'MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	Continued From paragramment of the facility of the facility suspect was smoking Desertable and the facility suspect was facility and the facility of the facility. Telephone interview with the facility with the facility with the facility. Telephone interview with the facility with t	consistent behavior ood days and the angry and delusion ted drug abuse a selta-8 daily. Intelligent and know the resident of the resident. In the resident of the resident of the resident of the physical associated any the physical associated to behavior to increase so the physical associated to behavior to increase so the physical associated to behavior to increase so the physical associated and the arrow of the two the two the physical associated and the arrow of the two two the two two the two	en there were onal about and Resident ew what he we with a commander to ger (OM) on a commander on the commander of a commande	D 270			

Division of Health Service Regulation

STATE FORM 6899 GTDF11 If continuation sheet 23 of 71

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BOILDING.			С
		HAL059	9021	B. WING			12/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From particles people on 07/05/22-If she had been not threat made by Resthey had not called would have instructed her if they called moteral processing involved in an assausually implement resident. The MA supervisor determination if an needed. Sometimes staff with in supervision was occurred. Interview with the Construction and she with person. She had worked in Interview with the Construction and she with person. The Administrator vacation and she with person. The RLC would be her absence from the The Administrator. The facility failed to The Facili	otified by staff sident #2 on 0 mental health ted them to do to the MA Superental health composition and the facility side of the Owner	or/05/22, and orisis, she of so. ervisor to notify risis. procedure of a resident cility would ecks on the original that the supervision was of an increase of on what had on what had on what had er were both on rimary contact once 2007. Original to the service of a triangle of a triangle of a triangle of a triangle or were both on the owner of and she would control of a triangle of a triang	D 270			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL059021	B. WING			C 08/12/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
CEDARE	BROOK RESIDENTIAL	CENTER 1267 PIN	NACLE CHU	RCH ROAD			
CLDARL		NEBO, N	C 28761				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
D 270	Continued From pa	ge 24	D 270				
	increased for Resid	lent #2, diagnosed with					
D 273	drugs, and made a someone so he coujail. Resident #2 bru resident as she sat and stomping on he choking her. The faresulted in substant harm to other reside Violation. The facility provided protection in accord August 12, 2022. THE CORRECTION	after he exhibited is, was known to be using illicit verbal threat to harm ald leave the facility and go to utally attacked a female outside in a chair by punchinger in the face and head and illure to increase supervision tial risk of serious physical ents and constitutes a Type A2 d an acceptable plan of lance with G.S. 131D-34 on N DATE FOR THE TYPE A2 NOT EXCEED SEPTEMBER					
		02 Health Care Il assure referral and follow-up and acute health care needs					
	This Rule is not met as evidenced by: TYPE A1 VIOLATION						
	facility failed to ensumeet the acute heat sampled residents or related to the facility care provider and means to the facility care.	s and record reviews, the ure referral and follow-up to lth care needs for 2 of 6 (Residents #10 and #2) y's failure to notify the primary nake a referral to appropriate ces after an allegation of a					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED			
							С	
		HAL059021		B. WING	·····	08/1	2/2022	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET A				STATE, ZIP CODE			
CEDARE	BROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI C 28761	RCH ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCE Y MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 273	Continued From pa	ige 25		D 273				
	notify the primary or provider, and ment verbal threat made	sident #10), and fail are provider, menta al health crisis prov by a resident to hai uld leave the facility	ll health ider of a rm					
	The findings are:							
	revealed: -Diagnoses include	ent #10's FL2 dated d intellectual disabi nduct disorder and ambulatory.	lity, anxiety,					
	Review of Resident #10's Resident Register revealed: -There was an admission date of 04/21/22The resident had a guardian of the person.							
	Review of Resident #10's Care Plan dated 05/02/22 revealed: -The resident was oriented with adequate memoryThe resident required limited assistance with toileting, bathing, dressing, and grooming/personal hygiene.							
	Review of Resident #9's current FL2 dated 02/17/22 revealed diagnoses included a history of head trauma, traumatic brain injury, and schizoaffective disorder.							
	Review of Resident #9's physician's orders dated 03/28/22 revealed an additional diagnosis of schizophrenia.							
	02/03/22 revealed:	t #9's Care Plan dat						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
		HAL0590	121	B. WING			C 1 2/2022
NAME OF	PROVIDER OR SUPPLIER	11112000		DRESS, CITY, S	STATE, ZIP CODE	1 00/	LILILL
CEDARE	BROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From particles was receiving medial illness/behavior. -There was no doctorissues. -Resident #9 was of memory and ambult. Telephone interview 08/03/22 at 10:42ar. -She was raped whous was in her roce. -She was in her roce. -She was in her roce. -Resident #9 came kissing her. -Resident #9 hit here. -He laid on top of hous here. -He was unable to go not top of her, so here managed to get here. -She told him she how him to stop. -She went to the bar. -She went to the bar. -She could not remoccurred. Interview with the Brock was raped hall and had a prival member on 08/03/2. -Resident #10 told in the stop was raped. -Resident #10 told in the stop was raped.	cations for mel umentation of buriented with an lated independent with Resident merevealed: en she lived at some using the batter on the bathrowinto the bathrowinto the bathrowinto the pants office at 12:40pm resident and the later on the later on the later on the later on the later of the later of the later of the later on the later of the	pehavioral adequate ently. t #10 on the facility. athroom. om door. om and started the wall. ff while laying he bed and pathroom to get e left the room. ct date this Manager vealed om on the 200 t #10's family revealed: ped by elity. she told her ife Coordinator	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		SURVEY PLETED	
			A. BUILDING.			_
HAL059021			B. WING			C 1 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PINN NEBO, NO			NACLE CHUI C 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From page 27 raped the day it happened, and they did not believe Resident #10.		D 273			
	-Resident #10 was -There were no wit -Resident #10 was	not sent to the hospital. nesses to the incident. discharged from the facility old staff about the rape.				
	Telephone interviev Guardian on 08/05 -Resident #10 was ability to understan	w with Resident #10's /22 at 10:58am revealed: like a seven-year old in her d and make decisions. d Resident #10 was				
	revealed: -Resident #10 was -Their relationship kissing.	dent #9 on 08/03/22 at 2:42pm his girlfriend. included a lot of hugging and at #10 for sex "once" and she				
	-He had been in ReherHe hugged her on -They had agreed i	the bed in her room. not to have sex. en that agreement.				
	dated 04/26/22 at 1 -The Accident/Injur prepared by the ON	y report was documented as				
	taken to the emerg -There was no doc primary care provic -There was no doc family member, res	umentation the resident was ency room (ER) for evaluation. umentation the resident's der was notified. umentation the resident's sponsible party were notified. umentation of a date or time				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
HAL059021			B. WING			C 12/2022	
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER	NEBO, NO		KOTTKOAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pathe incident occurred. Resident #10 went resident had been sold included the resident #10 state her room and was the and then her private him to do that and sold incompared." Prior to going into the had been kissing argirlfriend. Resident #10 procest raped." Prior to going into the had been kissing argirlfriend. Resident admitted boyfriend/girlfriend want to be anymored. Resident #10 was from Resident #10 was medical services (Elevaluation). Resident #10 was medical services (Elevaluation). Resident #10 said clothes on when it concerned. Resident #10 said clothes on when it concerned when it concerned when it concerned in the resident #10 said clothes on when it concerned when it concerne	ed. to the RLC and sexually inapprodent #10 into the incident. Ind a male reside ouching her brown and she told him to be at that moment at that moment at that moment at the consideration of the she had been with male resident with male resident #9 and Resident #9 and Resident to the ER EMS) to a local ardian was not a with a medical product and revealed: If with a medical product a with a medical product and Resident #8 she and Resident #8 she and Resident #8 she and Residence.	opriate with her. ne OM's office ent came in to easts, her leg, edid not want stop and he did ent and 'so I was ent stated they ered herself his dent but did not ent #10 to stay lent #9 to also tt/Injury Report d: t pain. via emergency hospital for tified on ation aide (MA) when this 9 raped her. lent #9 had their	D 273			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MI II TIDI	E CONSTRUCTION	(X3) DATE	SLIB//EV	
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′			LETED
			A. DUILDING.		_	
	HAL050024		B. WING		00/4	
	HAL059021				08/1	2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	ROOK RESIDENTIAL	CENTER	NACLE CHU	RCH ROAD		
022/11(2		NEBO, NO	28761			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 29	D 273			
	and then pointed to	her navel area.				
		OM and told her about what				
	Resident #10 said a	about being raped.				
	Interview with a ner	sonal care aide (PCA) on				
	08/03/22 at 3:14pm	` ,				
	-Resident #10 told	a group of staff (including two				
		in the medication room that				
	Resident #9 had ra	ped her. oer the date when this				
	occurred.	Der the date when this				
		r staff then went and spoke				
	with Resident #9.	·				
	-Resident #9 said h					
		r staff brought Resident #10 to the same room together to				
	talk about it.	to the same room together to				
		0 was confronted by Resident				
	#9, her story chang					
		r confronted by Resident #9				
	and stair, stated "So	o, can I say he touched me?"				
	Interview with the Crevealed:	OM on 08/04/22 at 9:35am				
		e of Resident #10's allegation				
		esident came to speak with				
	their RLC on 04/26/					
	Resident #10.	er into the meeting with				
		them Resident #9 was her				
	boyfriend and he started touching her and she did					
	not want him to.					
		e kissing, and Resident #9 , her leg, and in her private				
	area and she did no					
		nt #10 if Resident #9 had tried				
	to take her clothes	off and she said no.				
		nt #10 if Resident #9 had				
	penetrated her and					
	-Resident # 10 could	d not tell them when it had				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY		
				A. BUILDING:			
	HAL059021			B. WING			C 1 2/2022
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PINN NEBO, NO			NACLE CHUI	RCH ROAD			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 273	Continued From partial happenedShe interviewed serincidentStaff interviews cookesident #9 had be hugging, kissing, an various common artle looked to staff as girlfriendThe facility did not concerning what ach allegation of rapeShe did not have a sexual assault victinTheir employees hon assessing sexual assault victinTheir normal proceincluded obtaining by interviewing the the guardian of the law enforcementLaw enforcementLaw enforcementLaw enforcementLaw enforcement recommendationsTypically, the resident who were marape were responsitusing an Employee and submit it using she did not receive incidentShe did not notify liprovider (PCP) of the od/26/22She did not notify the resident was a	everal staff to a nfirmed Residen seen on mand touching eareas of the face if they were the have a writter stions to take a samp training on ms. and not receive al assault victings after an all details of what residents invoalleged rape, would have seent would go to be a form from Resident #10's ne allegation of Resident #10's ne allegation of Resident #10's resid	ent #10 and pultiple occasions ach other in ility. Doyfriend and a policy after an assessing assessing assessing and training ans. Degation of rape a happened and lived, notifying and contacting are to the hospital acual assault kit an allegation of to management at the total assault and assault and assault a	D 273			
	and was not an est -She became awar of rape when the re	e of Resident	#10's allegation				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL059021	B. WING		08/1	2/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00	
CEDARBROOK RESIDENTIAL CENTER 1267 PINN NEBO, NO			IACLE CHUI 28761	RCH ROAD		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	RLC on 04/26/22Resident #10 was when the rape alleg 04/26/22Resident #10 did r provider when the a-Mental health crisi assist Resident #10. She did not see a for Resident #10 for resident #10's alle remember any reconcerning Resident #10 was medical evaluation. It was her understate encounter with Resident #10 was medical evaluation. It was her understate encounter with Resident #10 was medical evaluation. Telephone interview 1:14pm revealed: -Resident #10 cam with him about an a occurredResident #10 told room and laid on heresident #9 starte it took him some tir -Resident #9 support or to the real and "it withdrew her conserved with resident #10 told room and laid on heresident #10 told room and	a new admission (04/21/22) gation was made to her on not have a mental health allegation was made. Is may have been contacted to o). Interpretation of the many have been contacted to o). Interpretation of the many have been contacted to o). Interpretation of the many have been contacted to o). Interpretation of the many have been contacted to o). Interpretation of the many have been contacted to o). Interpretation of the many have been contacted to the many have been contac	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
				71. BOILBING.			
		HAL059	021	B. WING			2/2022
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, S	STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PINN NEBO, NO			NACLE CHUI 28761	RCH ROAD			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From parallet Interview with the Revealed: -He became involve Resident #10 on 04 to him and said shed. When he first start #10, she used the very reasonable opinion, she meant the end opinion of the end opinion o	ed in a discussion of the was raped. ed speaking word "rape" selent #10 more kissing. ident #10 indicated intercourse by training on a correct the date hardian or familiare ached out to him of the alle Resident #10 indicated for not so Daily Notes and to speak with ed/touched her ident #10, she ident #10, she ident #10, she ident #10 word in the sexesident #10 word in t	sion with ne resident came with Resident everal times. e questions, in his cate clothes attercourse. Resident #10, at thes came off e. assessing sexual e notified by member of the experience of Resident #10's regation of rape. It's PCP about the cifying the PCP. entry dated th RLC, upset er without her ed did not have to want, and he resident #10's real assault as upset with her without her	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION		SURVEY PLETED		
				A. BUILDING.			_
		HAL059	021	B. WING			C 1 2/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PINI NEBO, NO			NACLE CHUI C 28761	RCH ROAD			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From particles of rape. Continued From particles of rape. Continued From particles of rape. Guardian on 08/03/at 11:20am reveale. He was guardian of resident #10 calle 04/26/22 to report of resident #10 calleged rape on 04/25 acility staff did not send Resident #10 medical evaluation. On 05/02/22, he resident #10 was in the roor puring this call, he #10 had said Resident #10 spoke he did." The Guardian said try to get along." Resident #10 replications of the resident #10 was get along." Telephone interview 08/03/22 at 2:20pm. He visited the facil 04/21/22. He did not see Resident #10 was get along the resident #10 was get along. The was Resident #10 was get along. The was Resident #10 would assault examination allegation of rape. He was not notified of rape.	22 at 10:35am d: of the person for d him and a fa complaints of of t mention Res 26/22 by Resi t ask him for p to the hospita eceived a call for eaker phone and was told by the ent #9 was try the up and said to Resident # ed to the Guar everybody do e RLC explaine giving confliction w with Residen revealed: ity to see resident ity to see resident and already be d have neede in immediately	or Resident #10. amily member on chest pain. sident #10 had dent #9. bermission to I for emergency from the RLC. and Resident the RLC Resident fing to kiss her. , "That's not all e10, "you need to rdian "What? we here?" ed to him, and statements. at #10's PCP on that day, ed to the facility I would have acility on en discharged d a sexual after an	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
			D WING				
		HAL0590				08/1	2/2022
NAME OF PF	ROVIDER OR SUPPLIER			DRESS, CITY, S NACLE CHUI	STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER			NEBO, NO		NOR NOAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
	Continued From para- The facility staff shimmediately of the amake recommendar Review of Resident dated 05/02/22 revented by the ON- Resident #10 hit ar Resident #10 being resident asking to unresident #10 becauself-harm. Resident #10 becauself-harm. Mental health crisis responded. Review of Resident motes from 04/26/22 at the member. Chesident #10 becauself-harm. Chental health crisis responded. Review of Resident motes from 04/26/22 at the was no othe crisis visit notes for Resident #10. Con the visit on 05/0 be suicidal due to was taking her serious to be suicidal due to was taking her serious to be suicidal due to was taking her serious to think she was taking her serious to think she was repeatedly, although Resident #10 state dated 05/02/22 reventant #10 state dated 105/02/22 reventant #10 state dated 1	ould have noticallegation of rations for intervitions and that she had a substitute on the phone is eit. If you have the contract of the contract of the phone is eit. If you have the contract of t	ape so he could ventions. at/Injury Report ocumented as resident due to and other and other and threatened and threatened and threatened and the crisis visit evealed: a visit Resident mental health 5/04/22 for at #10 reported on that no one at told stafficial advances the her which led ally Notes entry a into her room and told him that told him that	D 273	BEI IOIENCT)		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
							
HAL059021)21	B. WING		08/1	2/2022
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET AD				STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PINI NEBO, NO			NACLE CHUI 28761	RCH ROAD			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From para RLC informed Ressending him "mixed-RLC encouraged From peer, unless some relationship with hire-Resident #10 stated-RLC facilitated a common which was RLC encouraged From peeded medication to the medication related medication. The OM and Resident stated suident stated suident stated suident #10 in perfect facilitated heresident #10 in perfect facilitated heresident #10 stated assisted her to specified medication. Review of Resident assisted her to specified from the resident #10 was wanted to relocate mobody liked her "hobody liked her "hobod	ident #10 that I signals." Resident #10 to the wants to be in. I sid suicidal idea all to Resident dication adjustre haviors are he all to Resident in not answered. Resident #10 to and walked with and walked with sident #10 apple dose of as not dent #10 spoke idal ideation. I to call mental is responded are reson approximate the mental health of the she felt better ak with family resident #10's RLC Date aled: mildly depress to another resident included contained included contained in the resident included contained in the RLC all several more contained in the RLC all with the RLC all included contained in the RLC all several more contained in the RLC all included in the RLC al	o stay away in a romantic tion. #10's Guardian, ment/increase er pattern. #10's family to take an as ith the resident ropriately eeded e and again the health crisis. Ind visited ately 90 minutes th crisis, r, and OM member by ally Notes entry ed, stated she dence because using strategies alling a family ations, walking te. contacts and stated she	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL059021	B. WING			C 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER 1267 PINN	IACLE CHUI	RCH ROAD		
OLDANI	NOOK KEGIDENTIAL	NEBO, NO	28761			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 36	D 273			
	-The RLC arranged her prior mental her with Resident #10 in The RLC spoke with health provider after and Resident #10. -The mental health think Resident #10 she made a medical Resident #10's emotion of the progress note dated -Resident #10 was 04/29/22 and dischelled the consident #10 was plan and wanting to rejection from the nation of the progress note dated the on-site visit on the the on-site visit on the the on-site visit on the visit notes from 04/20 Review of Resident dated 05/04/22 at 1	for Resident #10 to meet with alth provider who had worked in the recent past. Ith Resident #10's prior mental in the meeting between her provider stated she did not was going to hurt herself and ation adjustment to help obtional lability. #10's mental health provider in do 5/03/22 revealed: admitted to their service on arged on 05/17/22. In dent #10 was seen for a collow-up visit. It is reported to be suicidal with a releave the facility due to man with whom she was trying ip. Jumentation the rape allegation mental health provider during 05/03/22. In documented psychiatric 29/22 to 05/04/22. #10's RLC Daily Notes entry 100 to 1				
	and it was normal. -A personal care aid she did not need to resident struck the attempted to elope. -Resident #10 state she could cut her w	d she wanted razor blades so				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			,
		HAL059021	B. WING			2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER 1267 PINN NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	-Mental health crisi person to complete petition on Resider -Law enforcement the ER for evaluation Review of Residen 04/26/22 to 05/04/2 -On 04/26/22, Resi complaints of her health said she would have	transported Resident #10 to on on 05/04/22 at 9:00am. It #10's Guardian's notes from 22 revealed: dent #10 called with leart hurting; the Administrator we her checked out. Guardian and a family member				
	-On 04/29/22, Resi the Guardian to con the facility. -On 05/02/22, men consent to interview was making suicida -On 05/03/22, a far #10 had told her sh facility; Resident #1 psychologist "today -On 05/04/22 at 4:1 call about Resident crisis. -On 05/04/22 at 7:3 call from mental he permission to take for mental evaluation	dent #10 called and asked for me get her and take her out of tal health crisis called for w Resident #10 because she al comments. mily member said Resident he had sex with a man at the 10 would be seeing a				
	05/04/22 revealed: -There were no cal rape.	11 call report from 04/21/22 to Is related to an allegation of entries which specifically				

DIVISION	of Health Service Re	egulation T	1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	·	COMPLETED	
						<u>}</u>
		HAL059021	B. WING		08/12/2022	
		•	ı			
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
CEDARE	ROOK RESIDENTIAL	CENTER	INNACLE CHU	RCH ROAD		
OLDAN	MOOK KLOIDLINIAL	NEBO,	NC 28761			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIAIE	DATE
				,		
D 273	Continued From pa	age 38	D 273			
	referred to Residen	at #10				
		e was a call reporting Resider	nt			
	#10 was complainir					
		e was a call reporting Resider	nt			
		s of low blood sugar, dizzines				
	light-headed, and s		_,			
		e was a call requesting a				
	magistrate for IVC					
	3					
	Review of Resident	t #10's local emergency				
	medical services (E	EMS) reports from 04/21/22 to	o			
	05/04/22 revealed t	there were no calls related to				
	an allegation of rap	e.				
		w with the local county 911				
		enter on 08/05/22 at 10:52am				
		ot receive any calls to report				
		ault involving Resident #10				
	from 04/21/22 to 05	5/04/22.				
	A44 4 . 1 ! 4 !	and the Devictor of MAOL and a				
		w with Resident #10's prior				
		ider on 08/08/22 at 11:01am				
	was unsuccessful.					
	Refer to telephone	interview with the RLC on				
	08/03/22 at 1:14pm					
	55/55/22 at 1.14pm	1.				
	Refer to interview w	with the OM on 07/28/22 at				
	4:20pm, 6:03pm, ai					
	1.20pm, 0.00pm, a.	а о.дории.				
	Refer to interview w	with the OM on 08/02/22 at				
	10:11am.					
	Refer to interview w	with the OM on 8/11/22 at				
	11:00am, 11:08am	and 11:30am.				
	2. Review of Reside	ent #2's current FL2 dated				
	12/02/21 revealed of	diagnoses included				

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C B. WING 08/12/2022 HAL059021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 273 Continued From page 39 D 273 Review of local law enforcement 911 call log dated 03/31/22 revealed: -There was a call received at 6:49pm in reference to a disturbance. -Resident #2 was listed as very combative. -The incident involved a physical disturbance. -Documented facility staff were trying to keep all other patients and staff away from Resident #2. Review of Resident #2's Mental Health Nurse Practitioner (NP) orders dated 04/12/22 revealed additional diagnoses of Review of Resident #2's primary care provider (PCP) progress note dated 04/21/22 revealed an additional diagnosis of Review of Resident #2's Resident Register revealed an admission date of 05/12/21. Review of Resident #2's Care Plan dated 05/19/22 revealed:

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUF IDENTIFICATION		` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL059021	l	B. WING			C 1 2/2022
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE	1 00.	
CEDARE	BROOK RESIDENTIAL	CENTER		NACLE CHU			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEI MUST BE PRECEDEI SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 40		D 273			
D 273	Review of Resident Coordinator (RLC) revealed: -He was agitated, do not prescribed the sa previous stay at a -Stated he was goir	#2's Resident Li Daily Notes dated elusional, upset to same meds as he local psychiatric ag to his room to "Injury Report date ealed: pproached Resid upper right side" upper right side" up e other resident e separated by st ed three stitches of department and the facility. #2's RLC Daily N bed with a small upper services ted to emergency to facility. andiose, mood la synthetic marijual illing to discuss p	that he was e was during hospital. cry. I ted 04/12/22 Ient #2, had an taff. in the local was Notes dated pocketknife (EMS) y department abile. na, unwilling possible	D 273			
	Review of Resident 07/05/22 revealed:	#2's MHRN visit	note dated				

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 273 D 273 Continued From page 41 Review of Resident #2's Mental Health LCSW visit note dated 07/07/22 revealed:

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Review of Resident #2's Accident/Injury Report

dated 07/09/22 at 9:11pm revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL05902	1	B. WING			C 1 2/2022
	PROVIDER OR SUPPLIER	. CENTER		NACLE CHU	STATE, ZIP CODE RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From paragrams. There was attache 07/10/22 from the 0 stating she observed where Resident #2 aggressive, leaving 100-hall porch as handministrator was enforcement. While waiting on receive the waiting on receive the custody by local lamediate dischar guardian via email of the telephone. Review of Resident 07/09/22 revealed: Review of Resident 07/11/22 revealed: Review of Resident of a female brief verbal exchanges ault of a female brief verbal exchanges ault of a female brief verbal exchanges ault of a female brief verbal exchanges ault. The incident happer-Suspect listed in the control of the cont	d documentation operations Managed camera footage was observed be another residente walked away, notified and there exponse from law onitored closely another exponse from law onitored closely another exponse from law onitored closely another exponse from law onitored closely as sent to Fwhich had been at #2's MHRN visited and the Medication of Resident #2's peer on 100 hall ge, punching, kind enforcement 91 ealed: If was received in reserved last night a sened last night and compared to the medical compa	ager (OM), ge on 07/10/22 ecoming very at laying on the in law wenforcement via live #2 was taken ent. Resident #2's requested by the note dated versation within Aide (MA) physical I porch after a cking and 1 call log eference to an the 9:00pm.	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		BEAUTY PROPERTY AND CONTRACTOR	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7410 1 2 41	or connection	ibertii 10/	THO THOMBET	A. BUILDING:			
		HAL059	0021	B. WING		The second secon	C 1 2/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From particle Telephone interview 08/05/22 at 10:52ai -Resident #2 had domment -On 07/05/22 she with a PCA, a MA a stated he was going there so he could go she should have recomment was something down. -She should have recommend the statement was something down. -She expected the threats to his Mentas to his Mentas to his Mentas to his Mentas something down. -She expected the M-Involuntary Commit Resident #2. -She could not comexpected the MHRI -She did not report after the RCC return leave. -She should have contified his MHP. Interview with the Fereign was notified by 07/11/22, when she out on leave, of Rerelated to potentiall -The MA Supervisor mental health crisis -She did not know in Primary Care Provistaff should have she did not notify a statement was reported.	w with the MA m revealed: elusions and was in the med and a MHRN was to hurt some o get back to eported this to a say anything a made but did MHRN to reported the live and health Province at Health Province at 12:30pm reverse at 2:30pm reverse at	dication room when Resident #2 eone to get out of jail to the OM or to Resident #2 d write ort Resident #2's rider (MHP). ave completed aperwork on berwork and it. s statement until after being out on health crisis and Coordinator vealed: ervisor on vork after being atement made lers. reported this to notified the OM, MHP. CP or MHP.	D 273			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	(X3) DATE SURVEY COMPLETED	
HAL059021 B. WING	C 08/12/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
CEDARBROOK RESIDENTIAL CENTER 1267 PINNACLE CHURCH ROAD NEBO NO 28764		
NEBO, NC 28761 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT	TION (VE)	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUT FAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PROVIDER'S PLAN OF CORRECT FOR CORRECTIVE ACTION SHOUT FACTOR FOR CORRECTIVE FACTOR FACTOR FOR CORRECTIVE FACTOR FOR CORRECTIVE FACTOR FACTOR FACTOR FOR CORRECTIVE FACTOR FACTOR FACTOR FACTOR FACTOR FACTOR FACTOR	JLD BE COMPLETE	
D 273 Continued From page 44 D 273		
Telephone interview with a personal care aide (PCA) on 08/05/22 at 1:05pm revealed: -On 07/05/22 he was in the medication room with a MA, MA supervisor, and the MHRN when Resident #2 stated "he was going to have to hurt someone to get out of there so he could go back to jail". -He told resident #2 that he didn't want to do thatHe did not report Resident #2's statement regarding potential harm to someone to any additional staff. Telephone interview with a medication aide (MA) on 08/05/22 at 1:49pm revealed: -Resident #2 did have delusions and would often comment -On 07/05/22 she was in the medication room with a PCA the MA Supervisor and a MHRN when Resident #2 stated he was going to have to hurt someone to get out of there so he could go back to jailShe stated the MHRN did not say anything to Resident #2 regarding potential harm to someoneShe or the MA Supervisor should have reported this to the OM or the RCCShe or the MA Supervisor should have called mental health crisis and notified his MHPShe did not report Resident #2's statement to any additional staffShe did not report Resident #2's statement to any additional staffShe did not report Resident #2's statement of potential harm to others on 07/05/22. Interview with the OM on 08/03/22 at 3:28pm revealed: -She was not aware that Resident #2 had made a statement regarding potential harm to other		

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING 08/12/2022 HAL059021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 273 Continued From page 45 D 273 -Staff should have immediately notified mental health crisis. -Staff should have notified Resident #2's PCP or MHP. Review of Resident #2's record revealed there was no documentation of the PCP, MHP, and mental health crisis being notified of the incident on 07/05/22. Telephone interview with Resident #2's Mental Health NP on 08/05/22 at 2:24pm revealed:

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Telephone interview with Resident #2's PCP on 08/02/22 at 1:11pm, 08/04/22 at 3:14pm and

08/09/22 at 1:23pm revealed:

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PRINTED: 09/14/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 273 D 273 Continued From page 46 Interview with a local law enforcement deputy on 07/28/22 at 5:15pm revealed: -He was the responding officer on 07/10/22 when

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Resident #2 assaulted another resident.
-After he viewed the facility video footage of Resident #2 assaulting another resident, he

immediately called a detective.

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AND DIAN OF CORRECTION . IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL059021	B. WING			C 12/2022
	PROVIDER OR SUPPLIER BROOK RESIDENTIAL	CENTER 1267 PI	ADDRESS, CITY, S NNACLE CHUI NC 28761			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Interview with a loca on 07/29/22 at 9:31 -She was the responsive when Resident #2 after receiving a care. She viewed the face #2 assaulting another resident and drugging him and be asked him to kill heter was assaultResident #2 was we assaultResident #2 stated better than being at be air conditioning, Manager's (OM) off she asked Resider resident who he assault who he ass	al law enforcement detective am revealed: Inding detective on 07/10/22 assaulted another resident assaulted another resident of the resident. If from the deputy. It from the assaulted and he stated the facility was ecause the other resident har. In the shoes and shorts earing in the video during the the facility, at least there will while sitting in the Operation fice. It from the and the other saulted were friends and he didn't want to say anything pardize his competency It from the influence (DUI), and, assault and battery, ament official, resisting arrest of threats. In the the influence and altercation with	d			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUF IDENTIFICATION		/SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				7 55.25 15.			С
		HAL059	021	B. WING			12/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI C 28761	RCH ROAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC [*] REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From particles of the Resident #2 had on the feather was very a who he was. -The facility suspect #2 was smoking Deresident #2 was in wanted. -Resident #2 had be female staff a couption and the resident #2 had be female staff a couption. -The aggressive be was addressed with resident #2 never harm others to the staff overheard a resident or if a resident or if a resident or if a resident was addressed that resident until nompleted their evarecommendations. -She expected staff that resident until nompleted their evarecommendations. -She was not award statement regardin people on 07/05/22. -If she had been not threat made by Resident or if they called more would have instructed would have instructed would have instructed and the resident of the people on 07/05/22.	Resident Life C at 10:00am re onsistent behavior and delucted drug abuselta-8 daily. Intelligent and letter toward in the resident. It verbalized an RLC. In with the OM a verbal threat dent had a chawler had a chawler had a chawler toward in the resident. It verbalized an RLC. In with the OM a verbal threat dent had a chawler the letter toward in the sident health continue that Resident grotential health continue the MA Supervisor mental health critical by staff is sident #2 on 00 mental health critical them to do the MA Supervisor mental health critical interview with interview with	evealed: aviors but could then there were usional about the and Resident the and Resident the with a ago. Is female staff by threats to on 08/08/22 at made by a ange in behavior, to call mental the call mental the provision of the staff the verbal the crisis, she ago. The crisis, she ago. The crisis had the crisis, she ago. The crisis, she ago. The crisis had the crisi	D 273			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BOILDING.			С
		HAL059	0021	B. WING			12/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIA	CENTER	1267 PINI NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pa	age 49		D 273			
	Refer to interview v 4:20pm, 6:03pm, a		n 07/28/22 at				
	Refer to interview with the OM on 08/02/22 at 10:11am.						
	Refer to interview with the OM on 8/11/22 at 11:00am, 11:08am and 11:30am.						
	[Refer to Tag 0270, 10A NCAC 13F .0901(b) Personal Care and Supervision]						
	Telephone interview with the RLC on 08/03/22 at 1:14pm revealed his job duties included keeping the residents happy, retention of residents, keep down unacceptable resident behaviors, keep staff happy, and to help keep residents safe.						
	Interview with the OM on 07/28/22 at 4:20pm, 6:03pm, and 6:28pm revealed: -She was responsible for the overall management of the facilityThe Administrator and the Owner were both on vacation and she would be our primary contact						
	person. -She had worked in	n the facility si	nce 2007.				
	Interview with the C revealed the Admir remained on vacat continue to be our	nistrator and the	ne Owner and she would				
	Interview with the 0 11:08am and 11:30 -The RLC would be her absence from t -The Administrator	lam revealed: e left in charge he facility.	e during any of				
	The facility failed to						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL059021	B. WING			C 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREE	ADDRESS, CITY,	STATE, ZIP CODE	·	
CEDARE	BROOK RESIDENTIAL	CENTER	PINNACLE CHU , NC 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 273	physician and make mental health service allegation of sexual Resident #10 expertise behaviors due to he the facility believed Resident #10 was in psychiatric services and others. The facility provided protection in accord August 12, 2022.	ge 50 e an appropriate referral to ces for Resident #10 after a assault. Subsequently, rienced an escalation in here perception that no one at her allegation, and ultimate envoluntarily committed for so for being a danger to herse cility's failure resulted in a constitutes a Type A1 d an acceptable plan of dance with G.S. 131D-34 on N DATE FOR THE TYPE A1	y elf			
D 456	and Incidents 10A NCAC 13F .12 Incidents (g) In the case of p or whenever there i harm will occur due a resident, the facili (1) seek the assista enforcement author (2) provide addition threatening residen (3) seek any neede treatment; (4) make a referral Entity for Mental He	al supervision of the t to protect others from harr d emergency medical to the Local Management ealth Services or mental hea ency treatment of the	nd t al of			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL059021		B. WING			C 12/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		-
OFDADE	DOOK DEGIDENTIAL	,		NACLE CHUI			
CEDARE	BROOK RESIDENTIAL	CENTER	NEBO, NO	28761			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 456	Continued From pa	ge 51		D 456			
	(5) cooperate with a assigned to the cas Entity for Mental He	assessment personnel e by the Local Manago ealth Services or menta hem to provide their e	ement al health				
	This Rule is not met as evidenced by: TYPE A2 VIOLATION						
	facility failed to contreferral to mental he additional supervision and seek emergence sampled residents of following an allegation risk of a physical as enforcement author who alleged anothe her, Resident #9 who sexually assaulted as	s and record reviews, that law enforcement, ealth services, provide on of the threatening recy medical treatment for medical treatment for medical treatment for medical to the local law rity, related to Resident sexually asson was alleged to have another resident, and lathreat to harm others lity and go to jail.	make a esident, or 3 of 7 od #2) ult and a t#10 esaulted e Resident				
	The findings are: 1. Review of Reside	ent #10's Accident/Inju	ry				
	Report dated 04/26 -Type of injury was present." -There was no docute the incident occurred. There was no docutaken to the emergentary care provided. There was no docute the incident occurred the injury of the injury occurred to the	/22 at 1:00pm revealed documented as "none umentation of a date or ed. Jumentation the resider ency room (ER) for evalumentation the resider umentation the resider	d: r time at was aluation. at's otified.				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
						(C
		HAL0590	21	B. WING		08/1	12/2022
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI	RCH ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFIC		ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PRÉFIX TAG	(EACH DEFICIENCY REGULATORY OR L			PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)		COMPLETE DATE
D 456	Continued From pa	ge 52		D 456			
	had been sexually i -RLC brought Resident Manager's (OM) off incidentResident #10 state her room and was t and then her private him to do that and so not stop touching her Resident #10 procestaged." -Prior to going into had been kissing an girlfriendResident admitted boyfriend/girlfriend want to be anymore-RLC and OM enco away from this male also stay away from Review of a male reresport dated 04/26-The RLC and OM	nappropriate water #10 into the fice to discuss and a male reside ouching her brearea and she is the told him to be at that moment at that moment at the consideration of the con	ne Operations reported ent came in to easts, her leg, did not want stop and he did ent and 'so I was ent stated they ered herself his dent #10 to stay male resident to ent/Injury				
	discuss an incident (alleged victim)A male resident an boyfriend and girlfri-Resident #10 want	d Resident #10 end.	O were				
	away from herThe male resident Resident #10.	agreed to stay	away from				
	-There was no docurage allegation madeThere was no doculaw enforcement has	le against the i umentation on	male resident. the report that				
	Review of Resident revealed: -Diagnoses include						

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED
						;
		HAL059021	B. WING	<u></u>	08/1	2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	. CENTER 1267 PINN NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 456	Continued From pa	ge 53	D 456			
	depression, and conduct disorder and outburstThe resident was ambulatory.					
	Review of Resident #10's Resident Register revealed:					
		ission date of 04/21/22. guardian of the person.				
	Review of Resident #10's Care Plan dated 05/02/22 revealed: -The resident was documented as oriented with adequate memory.					
	Telephone interview with Resident #10 on 08/03/22 at 10:42am revealed she was raped when she lived at the facility.					
	member on 08/03/2 -Resident #10 told resident while living -She believed Resident was rapedResident #10 told	dent #10 when she told her the Resident Life Coordinator				
		ons Manager (OM) she was opened, and they did not				
	Guardian on 08/03/ -He was guardian of a control of the control of	vs with Resident #10's 22 at 10:35am revealed: of the person for Resident #10. t mention Resident #10 had of rape on 04/26/22 by a male				
		about the alleged rape until was discharged from the				

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL059021			00/4	
		HAL039021			00/1	2/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CEDARE	ROOK RESIDENTIAL	_ CENTER 1267 PIN NEBO, N	NACLE CHUI C 28761	RCH ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 456	Continued From pa	age 54	D 456			
	2:06pm revealed: -Resident #10 camResident #10 allegShe did not remen occurredThe MA texted the Resident #10 said at the Resident #10 said at the Resident #10 told at the Resident #10 told at the PCA) male resident raped resident raped resident raped occurredWhen the MAs que got "real emotional" details about the index of the Resident raped occurred.	ged a male resident raped her. nber the date when this OM and told her about what about being raped. rsonal care aide (PCA) on revealed: a group of staff (including two in the medication room that a d her. ber the date when this estioned Resident #10, she when the staff asked her				
	revealed: -She became award of rape when the re RLC on 04/26/22The RLC called he Resident #10.	DM on 08/04/22 at 9:35am re of Resident #10's allegation resident came to speak with the re into the meeting with				
	boyfriend and he st not want him to. -She said they were breast, her leg, and did not want to do t -She asked Reside tried to take her clo	ent #10 if the male resident had othes off and she said no. ent #10 if he had penetrated				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL 050024							
		HAL05902	21	B. WING		08/1	12/2022	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
CEDARE	BROOK RESIDENTIAL	. CENTER	1267 PINI NEBO, NO	NACLE CHUI C 28761	RCH ROAD			
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 456	Continued From para-Resident #10 could happenedShe interviewed seincidentStaff interviews comale resident had be occasions hugging, other in various corrolt looked to staff as girlfriendThe facility did not concerning what aca allegation of rapeTheir employees hon sexual assault vertheir normal proceincluded obtaining oby interviewing the end and later she would had been obtainedStaff who were marape were responsitusing an Employee and submit it using end submit it using end submit it using end	d not tell them we everal staff to as infirmed Resider been seen on makissing, and too monor areas of the sift they were both have a written pations to take after an allegation and the presidents involved the guard ent would go to a find out a sexual de aware of an allegation and the chain of core a form from starter on 08/05/2 of have any callegation and the chain of core and they with the local of the chain of core and they are any callegation and the chain of core and they are any callegation and they with the local of the chain of core and they are any callegation and they are are also and they are any callegation and they are are also and they are are also and they are are also and they are also and they are a second they are also and they are also are also and they are also and they are also and they are also and they are also are also and they are also and they are also and they are also are also are also and they are also are also and they are also are also and they are also are also are also are also are also are also and they are also ar	sk about the nt #10 and a ultiple uching each the facility. byfriend and colicy ter an any training gation of rape happened and ed. dian and report the hospital hal assault kit allegation of commanders and each con Report form mand. haff for this county 911 2 at 10:52am is involving ons of rape or	D 456	DEFICIENCY			
	Telephone interviev 1:14pm revealed: -Resident #10 cam- with him about an a	e to him on 04/2	27/22 to talk					

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MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG RESULATORY OR LSC IDENTIFYING INFORMATION) D 456 Continued From page 56 occurred. -Resident #10 told him a male resident came to her room and laid on her on her bed. -The male resident started kissing and touching her and it took him some time to leave. -There was no written policy on resident who had guardian's and their sexual involvement with other residents. -The male resident supposedly touched her breast and crotch area and "it scared" Resident #10 and she withdrew her consent. Interview with the OM on 08/03/22 at 4:40pm revealed: -Resident #10 was not taken for an emergency medical evaluation due to an allegation of rape. -It was her understanding during the encounter with the male resident and 10 to 24/26/22, there was no penetration. Review of Resident #10's local emergency medical services (EMS) reports for 04/21/22 to 05/04/22 revealed: -There were three EMS reports involving Resident #10 for 04/21/22 to 04/26/22. -There were not entries related to a reported allegation of rape or sexual assault involving Resident #10. Refer to telephone interview with the RLC on 08/03/22 at 1:14pm. Refer to interview with the OM on 07/28/22 at		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLER CEDARBROOK RESIDENTIAL CENTER 1267 PINNACLE CHURCH ROAD NEBO, NC 28761 Maj D					71. 501251110.		,	С		
CEDARBROOK RESIDENTIAL CENTER 1267 PINNACLE CHURCH ROAD NEBO, NC 28761			HAL0590	021	B. WING					
CALIFIED SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREPER TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 456 Continued From page 56 Occurred. Resident #10 told him a male resident came to her room and laid on her on her bed. The male resident started kissing and touching her and it took him some time to leave. There was no written policy on resident who had guardian's and their sexual involvement with other residents. The male resident supposedly touched her breast and crotoh area and "it scared" Resident #10 and she withdrew her consent. Interview with the OM on 08/03/22 at 4:40pm revealed: Resident #10 was not taken for an emergency medical evaluation due to an allegation of rape. It was her understanding during the encounter with the male resident on 04/26/22, there was no penetration. Review of Resident #10's local emergency medical services (EMS) reports for 04/21/22 to 05/04/22 revealed: There were three EMS reports involving Resident #10 for 04/21/22 to 04/26/22. There were no entries related to a reported allegation of rape or sexual assault involving Resident #10. Refer to telephone interview with the RLC on 08/03/22 at 1:14pm. Refer to interview with the OM on 07/28/22 at	NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
PRÉFIX TAG CADALTORY OR LSC IDENTIFYING INFORMATION PRÉFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	CEDARE	BROOK RESIDENTIAI	CENTER			RCH ROAD				
occurredResident #10 told him a male resident came to her room and laid on her on her bedThe male resident started kissing and touching her and it took him some time to leaveThere was no written policy on resident who had guardian's and their sexual involvement with other residentsThe male resident supposedly touched her breast and crotch area and "it scared" Resident #10 and she withdrew her consent. Interview with the OM on 08/03/22 at 4:40pm revealed: -Resident #10 was not taken for an emergency medical evaluation due to an allegation of rapeIt was her understanding during the encounter with the male resident on 04/26/22, there was no penetration. Review of Resident #10's local emergency medical services (EMS) reports for 04/21/22 to 05/04/22 revealed: -There were three EMS reports involving Resident #10 for 04/21/22 to 04/26/22There were no entries related to a reported allegation of rape or sexual assault involving Resident #10. Refer to telephone interview with the RLC on 08/03/22 at 1:14pm. Refer to interview with the OM on 07/28/22 at	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECE	DED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETE		
Refer to interview with the OM on 08/02/22 at 10:11am. Refer to interview with the OM on 8/11/22 at 11:00am, 11:08am and 11:30am.	D 456	occurredResident #10 told her room and laid of The male resident her and it took him There was no writt guardian's and thei other residentsThe male resident breast and crotch af #10 and she withdrest and crotch af #10 and she withdrest and crotch af #10 and she withdrest with the Crevealed: -Resident #10 was medical evaluation -It was her underst with the male resid penetration. Review of Residen medical services (E 05/04/22 revealed: -There were three Resident #10 for 04 There were no entallegation of rape of Resident #10. Refer to telephone 08/03/22 at 1:14pm Refer to interview with the Creve was the control of the con	him a male reson her on her on her on her on her be started kissing some time to I ten policy on reir sexual involved supposedly to area and "it scarew her consend DM on 08/03/22 not taken for a due to an alleganding during the ent on 04/26/2. It #10's local ent EMS) reports for EMS reports in 4/21/22 to 04/2 tries related to or sexual assaudinterview with the OM on with the OM	g and touching leave. esident who had ement with suched her ared" Resident at. 2 at 4:40pm an emergency gation of rape. the encounter 2, there was no energency or 04/21/22 to evolving 16/22. a reported alt involving the RLC on 07/28/22 at 08/02/22 at	D 456					

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
	HAL059021						C 12/2022
NAME OF I					STATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			NACLE CHUI	STATE, ZIP CODE		
CEDARE	BROOK RESIDENTIAL	CENTER	NEBO, NO	_	KUAD		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICI		ID	PROVIDER'S PLAN OF CO	DRRECTION	(X5)
PREFIX TAG		MUST BE PRECED	ED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
D 456	Continued From pa	ge 57		D 456			
	2. Review of Reside 02/17/22 revealed of head trauma, traum schizoaffective disc	diagnoses includatic brain injury	ded a history of				
	Review of Resident 03/28/22 revealed a schizophrenia.						
	Review of Resident 02/03/22 revealed: -Resident #9 had a was receiving medi illness/behavior.	history of ment	al illness and				
	-There was no doct issuesResident #9 was o memory and ambul	riented with an	adequate				
	Review of Resident dated 04/26/22 reve-The RLC and OM discuss an incident (alleged victim)Resident #9 and a boyfriend and girlfri-The female resider away from herResident #9 agree female residentThere was no documents.	#9's Accident/lealed: met with Reside reported by a formale resident end. nt wanted Resident d to stay away to	njury Report ent #9 to emale resident t were dent #9 to stay from the				
	rape allegation mad -There was no docu law enforcement ha	le against Residumentation on to ad been notified	dent #9. he report that				
	Telephone interview on 08/03/22 at 2:06 -A female resident I -She did not remem	pm revealed: nad come to the	e MA to talk.				

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	NT OF DEFICIENCIES		(V2) MI II TIDI	E CONSTRUCTION	(X3) DATE	QLIDVEV
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			LETED
			A. BUILDING:			
					C	
		HAL059021	B. WING		08/1	2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			NACLE CHU			
CEDARE	ROOK RESIDENTIAL	CENTER NEBO, NO	_	Kon Koab		
	OLIMA AN ENVIORA			DROVIDEDIO DI ANI OF CODDECTIO		
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF		DATE
				DEFICIENCY)		
D 456	Continued From pa	ae 58	D 456			
	-	3				
	occurred.					
		nt alleged Resident #9 raped				
	her.	nt told the MA, she and				
		eir clothes on when it				
	occurred.	ell clothes on when it				
		nt told the MA, Resident #9				
		then pointed to her navel				
	area.	p				
	-The MA texted the	Operations Manager (OM)				
		what the female resident said				
	about being raped.					
		y 911 call report from 03/01/22				
		d a sexual assault allegation				
	against Resident #9	9 had not been reported.				
	Tolonhono interviou	wwith the MA supervisor on				
		n revealed she had been very				
		rape allegation assisting with				
	the female resident					
	and remain rectacing					
	Telephone interview	v with the Resident Care				
		on 08/08/22 at 10:40am				
	revealed:					
		involved in the incident and				
	did not know anythi					
		y care notes in the record for				
	the alleged assault.					
		Coordinator (RLC) and OM				
	were involved in Inv	estigating the incident.				
	Telenhone interview	w with the RLC on 08/08/22 at				
	11:45am revealed:	With the INEO OH 00/00/22 at				
		Resident #9 and the female				
	resident about the r					
		onsible for informing staff of				
		or Resident #9 as he was not				
	involved in that.					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			<u></u>	
		HAL0590	21	B. WING	<u> </u>		C 12/2022	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CEDARE	BROOK RESIDENTIAI	CENTER	1267 PINI NEBO, NO	NACLE CHUI C 28761	RCH ROAD			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
D 456	Continued From pa	ige 59		D 456				
	Telephone interview at 1:00pm revealed allegation that Resresident. Interview with the Common control of the control of the common control of the common control of the common control of the c	I she knew thei ident #9 had ra	e had been an ped a female					
	08/08/22 at 3:10pm -She became awar allegation of rape v	n revealed: re of a female r when the reside	esident's					
	speak with the RLC on 04/26/22. -The RLC called her into the meeting with the female resident. -The female resident told them Resident #9 was							
	her boyfriend and her boyfriend and her boyfriend and her she did not want hite. The facility did not	ne started touch m to.	ning her and					
	concerning what a allegation of rape. -Their employees h	ctions to take a	fter an					
	on sexual assault v -Their normal proceincluded obtaining	ess after an alle						
	by interviewing the -Then they would o -Law enforcement recommendations.	residents invol ontact law enfo	ved. prcement.					
	-Staff who were ma rape were respons using an Employee and submit it using	ible to report it Responsibility the chain of co	to management to Report form ommand.					
	-She did not receiv incident.-She had spoken to resident and had d	Resident #9 a	and the female					
	to contact law enfo rape had not occur -She had instructed from each other.	rcement as she red.	e believed the					
	Attempted telephor	ne interview wit	h Resident #9's					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BUILDING.			,	
		HAL05902	1	B. WING			2/2022	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CEDARE	BROOK RESIDENTIAL	CENTER	1267 PINI NEBO, NO	NACLE CHUI C 28761	RCH ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
D 456	Continued From pa	nge 60		D 456				
	mental health provi 9:34am was unsuc		/11/22 at					
	Refer to telephone interview with the RLC on 08/03/22 at 1:14pm.							
	Refer to interview with the OM on 07/28/22 at 4:20pm, 6:03pm, and 6:28pm.							
	Refer to interview with the OM on 08/02/22 at 10:11am.							
	Refer to interview v 11:00am, 11:08am		3/11/22 at					
	3. Review of Resident #2's current FL2 dated 12/02/21 revealed diagnoses included							
	Review of Resident #2's Mental Health Nurse Practitioner's (NP) orders dated 04/12/22 revealed and additional diagnosis of							
	Review of Resident (PCP) progress not additional diagnosis	te dated 04/21/22						
	Review of Resident revealed an admiss							
	Review of Residen 05/19/22 revealed:	t #2's Care Plan	dated					

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<u>Divisio</u> n	of Health Service Re	<u>egulation</u>					
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDE	ER/SUPPLIER/CLIA CATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL0	59021	B. WING		08/1) 2/2022
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARE	ROOK RESIDENTIAL	CENTED	1267 PINN	IACLE CHU	RCH ROAD		
CEDARE	ROOK RESIDENTIAL	CENTER	NEBO, NO	28761			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	MUST BE PRE	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 456	Continued From pa	ge 61		D 456			
		J					
			•				
	Review of local law	enforcemer	nt 911 call log				
	dated 03/31/22 reve	ealed:	· ·				
	-There was a call re	eceived at 6:	49pm in reference				
	to disturbanceResident #2 was li	sted as verv	combative				
	-The incident involv						
	-Documented facilit	y staff were	trying to keep all				
	other patients and s	staff away fr	om Resident #2.				
	Review of Resident						
	07/09/22 revealed t	he resident					
		_					
	Review of local law 07/10/22 revealed:	enforcemer	nt 911 call log for				
	-A call was received	at 2:19pm	in reference to an				
	assault.						
	-The incident happe						
	-Suspect listed in th	ie report wa	s Resident #2.				
	Telephone interview	with a pers	onal care aide				
	(PCA) on 08/05/22	at 1:05pm re	evealed on				
	07/05/22 he was in						
	medication aide (M. Mental Health Regi	,,	•				
	Resident #2 stated		,				
	someone to get out						
	to jail".						
	Telephone interviev	, with a MΔ ,	on 08/05/22 at				
	1:49pm revealed:	v vviti a iviA	011 00/00/22 at				
	-She was in the me						
	MA Supervisor and	the MHRN	on 07/05/22 when				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BUILDING.		,	C	
		HAL059021		B. WING			12/2022	
NAME OF I	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
CEDARE	ROOK RESIDENTIAL	CENTER	1267 PINN NEBO, NO	IACLE CHUI 28761	RCH ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 456	Continued From pa	nge 62		D 456				
	someone to get out back to jail. -She stated the MH Resident #2 regard harm to others.	he was going to have t of there so he could IRN did not respond to ling his statement for particles.	go get o ootential					
	a. Telephone interview with a MA on 08/05/22 at 1:49pm revealed: -She or the MA Supervisor should have initiated 15-minute checks on Resident #2She or the MA Supervisor should have reported this to the Operations Manager (OM) or the Resident Care Coordinator (RCC).							
	Telephone interview with MA Supervisor on 08/05/22 at 10:52am revealed: -She should have initiated 15-minute checks on Resident #2 but did not when Resident #2 made statement regarding potentially harming others on 07/05/22She should have reported this to the OM or RCC.							
	revealed: -She was notified b 07/11/22, when she out on leave, of Re related to potentiall	oy the MA Supervisor of returned to work after sident #2's statement y harming others. initiated 15-minute characters.	on er being made					
	revealed: -She was not award statement regarding 07/05/22.	OM on 08/03/22 at 3:2 e that Resident #2 ma g potential harm to oth initiated 15-minute ch	de a ners on					

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL059021	B. WING		08/1		
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE 08/12/2022				
		1267 PINN	IACLE CHUI				
CEDARE	BROOK RESIDENTIAL	. CENTER NEBO, NO	28761				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
D 456	Continued From page 63		D 456				
	3:10pm revealed: -If staff overheard a resident or if a resident expected staff resident until menta their evaluation and statement regarding people on 07/05/22 b. Telephone intervit (PCA) on 08/05/22 report Resident #2's potential harm to so Telephone interview 1:49pm revealed: -She or the MA Supmental health crisis Provider (MHP)She did not report	w with the OM on 08/08/22 at a verbal threat made by a dent had a change in behavior, to increase supervision of that al health crisis had completed I made recommendations. It is that Resident #2 had made a grotential harm to other it is with a personal care aide at 1:05pm revealed he did not a statement regarding omeone to any additional staff. It is with a MA on 08/05/22 at it is ervisor should have called and notified his Mental Health Resident #2's statement harm to others to any					
	08/05/22 at 10:52ar -She did not report after the RCC retur leave.	with MA Supervisor on m revealed: Resident #2's statement until ned to work after being out on alled mental health crisis and					
	revealed: -She was notified b 07/11/22, when she	y the MA Supervisor on returned to work after being sident #2's statement made wharming others.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
				A. BUILDING:				
		HAL05	9021	B. WING			C 12/2022	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CEDARE	BROOK RESIDENTIAL	CENTER		NACLE CHU	RCH ROAD			
OLDANI	TOOK REGIDENTIAL	CENTER	NEBO, NO	28761				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 456	Continued From pa	ige 64		D 456				
D 430	-The MA Supervisor mental health crisis -She did not know for MHPStaff should have MHPShe did not notify statement of potent reported to her by the statement regarding 07/05/22Staff should have and mental health constant of the statement regarding Researching potential Review of Resident	or should have in the family of anyone when tially hurting in the MA Super OM on 08/03/2 The that Reside g potential had immediately in the trisis. Inotified Reside in the trisis in the	I notified the PCP dent #2's PCP or Resident #2's someone was visor. 22 at 3:28pm nt #2 made a arm to others on notified the MHP dent #2's PCP or atement rs on 07/05/22. revealed there	D 450				
	was no documental mental health crisis on 07/05/22. Telephone interview 3:10pm revealed: -If staff overheard a resident or if a resident or if a resident crisisShe was not awards statement regarding people on 07/05/22-If she had been not threat made by Resident of the people on called would have instructive.	w with the OM a verbal threa dent had a ch MA Superviso e that Reside g potential ha bified by staff sident #2 on 0 mental healt ded them to d	of of the incident of on 08/08/22 at at made by a pange in behavior, or to call mental arm to a made a arm to other of the verbal or/05/22, and of crisis, she of so.					

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STATE FORM 6899 GTDF11 If continuation sheet 65 of 71

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING HAL059021 08/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD **CEDARBROOK RESIDENTIAL CENTER** NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 456 D 456 Continued From page 65 her if they called mental health crisis. Telephone interview with Resident #2's Mental Health NP on 08/05/22 at 2:24pm revealed: Interview with Resident #2's PCP on 08/04/22 at 3:14pm and on 08/09/22 at 1:23pm revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		HAL059	024	B. WING			C 12/2022
NAME OF	PROVIDER OR SUPPLIER	HALUSS			STATE, ZIP CODE	00/	12/2022
		OFNITED		NACLE CHU			
CEDARBROOK RESIDENTIAL CENTER NEBO, NO			28761				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 456	Continued From pa	age 66		D 456			
	Refer to telephone 08/03/22 at 1:14pm		the RLC on				
	Refer to interview with the OM on 07/28/22 at 4:20pm, 6:03pm, and 6:28pm. Refer to interview with the OM on 08/02/22 at 10:11am. Refer to interview with the OM on 8/11/22 at 11:00am, 11:08am and 11:30am.						
			08/02/22 at				
			8/11/22 at				
	[Refer to Tag 0270 Personal Care and		BF .0901(b)				
	[Refer to Tag 0273 Health Care]	, 10A NCAC 13	BF .0902(b)				
	Telephone interview with the RLC on 08/03/22 at 1:14pm.revealed his job duties included keeping the residents happy, retention of residents, keep down unacceptable resident behaviors, keep staff happy, and to help keep residents safe.						
	Interview with the 0 6:03pm, and 6:28p -She was responsit of the facilityThe Administrator vacation and she was personShe had worked in	m revealed: ble for the over and the Owne vould be our pr	rall management r were both on imary contact				
	Interview with the C revealed the Admir remained on vacati continue to be our	nistrator and the	e owner and she would				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL059021		B. WING		08/1) 2/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI		STATE, ZIP CODE		-	
CEDARE	BROOK RESIDENTIAL	. CENTER 1267 PINN NEBO, NO	IACLE CHUI 28761	RCH ROAD			
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D 456	Continued From pa	ge 67	D 456				
	11:08am and 11:30 -The RLC would be her absence from the Administrator. The facility failed to enforcement, make services, obtain any treatment, and prove of 7 sampled reside there was a risk of occur due to the acresidents. The facility assistance of law enhealth services and medical treatment from alleged that Reside Subsequently, Reside Subsequently, Reside Subsequently, Reside Subsequently, Resides and ultimately Reside committed for psychological danger to herself and supervision was not mental health service health treatment we after Resident #2 versomeone so that he go to jail. Subsequently attacked another reside admitted to the I hospital and then be nursing facility due result of the beating resulted in substant	left in charge during any of					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL0590	021	B. WING			C 12/2022
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CEDARB	ROOK RESIDENTIAL	. CENTER	1267 PINN NEBO, NO	NACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 456	Continued From pa	ge 68		D 456			
	The facility provided protection in accord August 12, 2022.						
	THE CORRECTION DATE FOR THE TYPE A2 VIOLATION WILL NOT EXCEED SEPTEMBER 11, 2022.						
D912	G.S. 131D-21(2) Declaration of Residents' Rights			D912			
	G.S. 131D-21 Deci Every resident shall 2. To receive care a adequate, appropria relevant federal and regulations.	l have the follo and services w ate, and in con	wing rights: hich are ppliance with				
	This Rule is not me Based on interviews facility failed to ensu and services which and in compliance v laws and rules and care and supervision and incidents.	s and record re ure residents r were adequate with relevant fe regulations rel	eviews, the eceived care e, appropriate, ederal and state ated to personal				
	The findings are:						
	1. Based on intervier facility failed to provisampled residents of residents of resident, who had a behavior, exhibited was known to be us threat to harm some facility and go to jail NCAC 13F .0901(b) Supervision (Type A	vide supervisio (Resident #2) a history of agg an escalation sing illicit drugs eone so he cou l. [Refer to Tag) Personal Car	n for 1 of 9 after the ressive in behavior, and s, verbalized a uld leave the 0270, 10A				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL0590	21	B. WING			2/2022
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CEDARB	ROOK RESIDENTIAL	CENTER	1267 PINN NEBO, NO	IACLE CHUI 28761	RCH ROAD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D912	Continued From page 69			D912			
	2. Based on intervier facility failed to contreferral to mental he additional supervision and seek emergency sampled residents (following an allegating risk of a physical as enforcement author who alleged anothe her, Resident #9 who sexually assaulted at #2 who verbalized accould leave the facility of the sexual to the sex	tact law enforce ealth services, on of the threa by medical trea (Residents #10 ion of a physical sault to the local resident sexual to the local resident sexual to harmolity and go to just a threat to harmolity and go to just a factor (Type A2)	ement, make a provide tening resident, the tening resident, the tening resident, the tening resident and #2, and #2, and #2 all assault and a cal law Resident#10 ually assaulted to have int, and Resident in others so he call. [Refer to Tag eporting of Violation)].				
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation.		D914				
	This Rule is not me Based on observation reviews, the facility were free of neglect	ons, interviews failed to ensur	s, and record e all residents				
	The findings are:						
	Based on interviews facility failed to ensumeet the acute hea sampled residents (related to the facility	ure referral and lth care needs (Residents #10	d follow-up to for 2 of 6 and #2)				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
							С		
		HAL059021		B. WING		08	/12/2022		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CEDARE	BROOK RESIDENTIAL	CENTER	267 PINN EBO, NC	IACLE CHUI : 28761	RCH ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
D914	care provider and n mental health service sexual assault (Resonotify the primary contify the provider and necessary continuous	nake a referral to approces after an allegation of sident #10), and failure are provider, mental he all health crisis provider by a resident to harmuld leave the facility and Refer to Tag 0273, 10A h Care (Type A1 Violation	of a to alth of a go to NCAC	D914					

6899