Rocevica 62/13/23 PRINTED: 01/25/2023

VIVISIUII UI MUBIIN SONICO KOQUISIION STATEMENT OF DEFICIENCIES (X1) PROVIDEIVEUPPLICR/CLM (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND FLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL081052 B. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 (X4) 10 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE 10 OX5) COMPLETE OXY6 (EACH DEFICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Ucensure Section and the Rutherford County Department of Social Services completed an annual and follow-up surveys and a complaint investigation on 12/28/22 to 12/30/22 and 01/03/23 with an oxit conference via telephone on 01/04/23. D 030 10A NCAC 13F .0302 (b) Design And O 030 Construction 10A NCAC 13F .0302 Ooslgn And Construction (b) Each facility shall be planned, constructed. equipped and maintained to provide the services offered in the facility. This Rule is not met as evidenced by: Based on observations and interviews, the facility falled to ensure the building was maintained to provide services for a licensed capacity of 44 recidents related to a non-residnet occupying a resident room as personal living space. The findings are: Review of the facility's current ilcense revealed a capacity of 44 residents. Review of the facility's census for 12/28/22 revealed the current census was 18 residents. Interview with a resident on 12/28/22 at 9:46am revealed: -One of the staff was living in the facility in a vacant resident room. -The staff gave her medications, so the resident assumed sho was a Medication Alde (MA), -The resident was unsure how long the MA had Olvision of Hoslih Service Regulation LABORATORY DIRECTOR'S OR PROVIDEIVSUPPLIER REPRESENTATIVE'S SIGNATURE

> 25-8-2 maren 2-3-23 Ceder Creek 1 1 2 - 3 - 2 3

Stop wall 2-11-23

Division of Health Service Regulation STATEMENT OF DEPICIENCIES (X1) PROVIDER/BUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY CENTIFICATION NUMBER: A GUILDING: COMPLETED HAL081052 D. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER àtre∈t adoress, gity, state, ≥ip code 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (14) 10 iO PREFIX PROVIDER'S PLAN OF CORRECTION PREMIX (EACH DEFICIENCY MUST OF PRECEDED BY FULL (XC) COMPLETE (EACH CORRECTIVE ACTION SHOULD GE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LEC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) D 030 Continued From page 1 D 030 e Staff responsible for ordering the book. been living at the facility. Ground checks will be interview with a MA on 01/03/23 at 9:28am retrained. They will be revealed: -She lived at the facility. trained on when to -This was her only place of residency. order and what should De reguested for the Telephone Interview with the Administrator on booksmund. I a a employee 01/04/23 at 10:14am revealed: A MA lived at the facility. has lined outslocat -Ho did not think this was an issue that the MA lived at the facility because he had open rooms. NC within the last sym -He was not aware he needed to contect DHSR if a nationwide checkwith a non-resident was living at the facility. oracred. The backsround D 139 10A NCAC 13F .0407(a)(7) Other Staff D 139 Checks will be monitored Qualifications By une cominidator 10A NCAC 13F .0407 Other Staff Qualifications to ensure whe facility (a) Each staff person at an adult care home shall: (7) have a criminal beakground check completed Brays In Compliance: In accordance with G.S. 1310-40 and results The administrator will available in the staff person's personnel file; monitor each timea backs round a neak 25 This Rule is not met as evidenced by: requested for a employed Based on record reviews and interviews, the and will confirme to facility failed to ensure 3 of 5 sampled staff (Staff D and E and the Operations Manager) completed monitor as often as a criminal background check prior to working in nezowa. Employee the facility. files will be and ited The findings are: every 3 months to 1. Review of the Operations Manager's personnel record revealed: ensoure complance. -She was hired on 01/20/20 as the Operations The last page of the application for employ. Ment 55 the Page. Where they are Manager, Thore was no signed consent for a criminal Division of Health Service Regulation

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STATE FORM

PRINTED: 01/25/2023 FORM APPROVED

MA IO AM	TOF OFFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPE	E CONSTRUCTION	[K41 V764 -	479475
	- ANALESTON	identification number:	A GUILOINO		(K3) DATE S COMPU	UKVŲY ĮTEO
		LA AGENES	4 4440		R	
AMIT OF D	ROVIDER OR SUPPLIER	HAL081052	a. WING		01/0	4/2023
			UDDREGE, 017¥. 67	%₹₫, ৠP CODE		
EDAR C	reek Living LLC		ukland road Foity, no 2804			
(X4) ID	SUMMARY S	TATUMENT OF DEFICIENCIES				
TAG	(EACH OEPICIEN	et must be preceded by full resc identifying information)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL ORFICIENCY)	WLDGE	ean BJANO3 PANO PANO3
D 139	Continued From page		D 138	Consent to 4	ne	
- 1	background check le	n her personnal record,	1	Canlly L- 0	12-01/0-4	
1	-I note was no docu	mentation a criminal	1	racinty to	01 13401	
	01/20/20.	ras completed prior to	.	facility to a	check	
, (91/93/22 at 11:50am	perations Manager on revealed:				
	-She had a criminal i	background completed prior				
	to hire but did not ge	t the results or have a copy				
	personnel record.	kground check in her		1	•	
		onsent since the was the			1	
	one obtaining the ba	ckground check.	1			
1	-She did not obtain th	he results of her own			İ	
-	background check.			,		
	Refer to Interview will	Ih the			ĺ	
	Administrator-in-Cha 2:00pm.	rge (AIC) on 12/30/22 at				
	Refer to interview wit on 01/03/22 at 11:50	h the Operations Manager am.		·		
1	Refer to interview wit 01/03/22 at 11:52am.	h the Administrator on				
-	2. Review of Staff D's Staff D was hirod on 9ide (PCA).	i personnel record revealed: 06/28/21 as a porsonal cere	,			
	There was no docum	tentation a criminal				
] [jackground check wa 18/28/21,	as completed before				
•	There was no signed	consent for a criminal				
١٤	dekground check in	her personnel record.				
1,	nterview with Staff D evenied:	on 12/30/22 at 9:30am			ļ	
	She worked at the fa	cliity as a PCA.				
1	She could not remen	abor if she signed a consent				
16	or a background chee	k before she was hired.	1			

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	of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:		(X3) DATE S COMPL	iurvey eteo
		HAL001052	0, WINO		61/0	₹ 14/2023
IVME OL b	ROVIDER OR SUPPLIER	STREET!	VDORESS, CITY, STAT	e, zip code		
CEDAR C	REEK LIVING LLC		KLAND ROAD			
			CITY, NO 28043			
(X4) IO PREFIX TAC	(Bach Dercienc	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING WFORMATION)	ID PREFIX PAG	PROVIDER'S PLAN OF GORRA (EACH CORRECTIVE ACTION SHE OROSS-REFERENCED TO THE APP ODFICIENCY)	DULD RF	DALE COMPTED (Y2)
	backgraund check in a She did not know if the check was completed Refer to interview with 2:00pm. Refer to interview with on 01/03/22 at 11:50am. Refer to interview with 01/03/22 at 11:62am. 3. Review of Staff E's a Staff E was nived on 01/03/22 at 11:62am. 3. Review of Staff E's a Staff E was nived on 01/03/22 at 11:62am. 3. Review of Staff E's a Staff E was nived on 01/03/22 at 11:62am. 3. Review of Staff E's a Staff E was nived on 01/03/22 at 11:62am. 3. Review of Staff E's a Staff E was nived on 05/25/22. There was no signed background check was no signed background check in his interview with Staff E covered at the facility of the could not rememb for a background check was completed in the check was completed in Refer to interview with Administrator-in-Charge 2:00pm.	Staff D's personnel record. The criminal background prior to her starting work. In the AiC on 12/30/22 at the Operations Manager m. Ithe Administrator on personnel record revealed: 05/25/22 as a housekeeper. In the Administrator on personnel record revealed: 05/25/22 as a housekeeper. In the Administrator on personnel record revealed: 05/25/22 as a housekeeper. In the In the school of the personnel record. It as a housekeeper. It is personnel record. It as a housekeeper. It is the signed a consent to before she was hired. It is personnel background operate he started work. Ithe e (AIC) on 12/30/22 at the Operations Manager n.		Delations or that all respectives the contractions of the contractions of the contraction	origina or how or stood ryses rowse or serve or se	

Division of Health Service Requistion STATEMENT OF DEFICIENCIES (K1) PROVIDER/SUPPLIER/CLIA (XQ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND FLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HAL001052 G. WANG 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOK 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 (X4) ID PREFIX TAG Summarly Statement of Deficiencies PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CADSS-REFERENCED TO THE APPROPRIATE TAG CATE DEFICIENCY D 139 Continued From page 4 D 139 utherher orbitrogrism Interview with the AIC on 12/30/22 at 2:00pm revealed: The Operations Manager was responsible for completing the background checks on all staff as well as herself prior to working in the facility. -She completed an audit a few months ago and notified the Operations Manager, Staff D and Staff E did not have criminal background checks completed and a signed consent in their personnal record. -If the criminal background check was not in the staff record, then it was not completed. A criminal background was completed on Staff D and E on 12/30/22. interview with the Operations Manager on 01/03/22 at 11:50am revealed: -She was responsible for completion of the criminal background check on each staff and herself prior to starting work, -She did not know Staff D and Staff E did not have a ariminal background check prior to starting work at the facility. Interview with the Administrator on 01/03/23 at 11:52am revealed: -The Operations Manager was responsible for completion of the criminal background check on each staff prior to the staff starting work. -There was not an audit completed any other -He dld not know Staff D and Staff E did not have a criminal background check prior to starting work at the facility. D 150 10A NCAC 13F .0501 (a & b) Personal Care D 150 Training And Competency 10A NCAC 13F ,0501 Personal Care Training Olvision at Health Sarvice Regulation STATE FORM

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	t of deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BURLOING:	É GÓNSTAUCTION	OCH DATE SI	
		HALOBIOS2	6. WINO		R 01/0	1/2023
AME OF F	rovider or supplier	BTREETA	DORE85, CAY, 517	NTC, ZIP GODB		
EDAR C	reek Living LLC	2270 OA	KLAND ROAD			
		FOREST	CITY, NC 2804	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of deficiencies Y must be preceded by full LSC (Dentifying information)	PREFIX TAG	PROVIDER'S PLAN OF CORU (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	(XXS) COMPLE DATE
D 139	Interview with the Aid revealed; -The Operations Man completing the backg wall as herself prior to she completed an anotified the Operation Staff E did not have a completed and a sign personnel recordIf the criminal background E win 12/00/EE. Interview with the Operation of E win 12/00/EE. Interview with the Operation of E win 12/00/EE. Interview with the Operation of E win 12/00/EE. Interview with the Aid the staff prior to starting work at the fall interview with the Aid 11:52am revealed; -The Operations Man completion of the criminal background each staff prior to the There was not an austerHe did not know Staff a criminal background at the facility.	ager was responsible for round checks on all steff as o working in the facility. Idit a few months ago and as Manager. Steff D and steminal background checks ed consent in their round check was not in the as not completed. In the case of completed on Steff D and revealed: If or completion of the check on each staff and to work. If D and Steff E did not around check prior to cillly. Ininistrator on 01/03/23 at agor was responsible for ninal background check on staff sterling work. If D and Steff E did not have a check prior to starting work. If D and Steff E did not have a check prior to starting work. If D and Steff E did not have a check prior to starting work. If D and Steff E did not have a check prior to starting work. If D and Steff E did not have a check prior to starting work. If D and Steff E did not have a check prior to starting work.	D 150	Employer app Your of hack Cernand four Also as use Forthern to a check dufor the Can be emp Aam will arrighte who where are can Form to.	Scored Contract Contr	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		HAL081082	D. WING	· · · · · · · · · · · · · · · · · · ·		₹
AMP OF P	ROVIDER OR BUPPLICE				01/04/2023	
	REEK LIVING LLC	2270 QA	odrese, giyy, st Kland Road ' City, NC 2804			
(X4) ID PREFOX TAG	(EACH DEFICIEN	TATEMENT OF OBSICIENCIES EY MUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	ID PREFIX TAG	Provident Plan of Correct Each Corrective action sho Cross-Referenced to the Appl Deficiency	ULO BE	COMPLETE COMPLETE CATE
,	or directly supervise care to residents concare training and conestablished by the D of this Rule. "directly duty in the facility to performance of staff training and compete available online at mutuality mit/80hr, at no cost. training and compete curriculum shall included the curriculum shall included the staff of the curriculum shall the staff of the curriculum shall included the staff of the curriculum shall included the staff of the curriculum shall the	assure that staff who provide staff who provide personal inplete an 80-hour personal inplete an 80-hour personal inpetency evaluation program epartment. For the purpose supervise" means being on oversee or direct the duties. A copy of the 80-hour ency evaluation program is switchthis surfaminguindex. At The 80-hour personal care incy evaluation program de: documentation exists; lills, including special riliving and personal care loral, and social care; services; end as established by G.S. essure that training specified as established by G.S. essure that training appecial for the so-hour training and on program shall be lilly and available for review atth Service Regulation and	D 150	Administrator we ensure all Tensure all the train en	ANTERIOR DE PORTO DE LA PORTO DEL PORTO DE LA PORTO DE LA PORTO DEL PORTO DE LA PORTO DEL PORTO DE LA PORTO DE LA PORTO DE LA PORTO DE LA PORTO DEL PORTO DE LA PORTO DEL PORTO DE LA PORTO DE LA PORTO DE LA PORTO DE LA PORTO DEL PORTO DE	Sa Ca

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	HAL081032	s, wing	······································	R 01/04/2	007
ME OF PROVIDER OR SU		ECT ADDRESS, CITY, ST	ATG. 210 CODB	1 0170422	2023
-040 60559 (2506	20*	0 OAKLAND ROAD	wild file Adam		
DAR CREEK LIVING		REST CITY, NC 2804	13		
REPIX (EACH	immarty statement of deficiencies defigiency must be preceded by full atory or LSC identifying information)	IO PREFIX TAG	PROVIDER'S PLAN OF (BACH GONRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD DIE (HE APPROPRIATE	(IXI) COMPLE DATE
Based on refacility failed D) who providecumentation per evaluation per evaluation per evaluation per evaluation per evaluation for the findings. Review of Sipersonnel resister D's hire-Thore was read to training. Interview with on 12/30/22 - She was read to the failed on the Nurse (RN) the Siaff D was evaluated of the second or completed. -She knew the so-hour prompletedShe knew the so-hour prompletedShe was training withing training withing training withing the second control of the second	not met as evidenced by: cord reviews and interviews, the to ensure 1 of 2 sampled staff (Staff ded personal care to residents had an of successful completion of an consi cere training and competency regram. Bre: aff D's, personal care aide (PCA), cord revealed; dete was 06/08/21, de documentation Staff D completed arsonal care and competency In the Administrator-in-Charge (AIC) at 2:00pm revealed; deponable for maintaining all the detection to staff qualifications and the facility contracted Registered a schedule the training, hired as a PCA on 06/28/21, of completed the 80-hour personal con making sure the training was a PCA's were required to complete derechal care and competency a 8 months of hire. The Staff D on 01/03/23 at 8:458m and by another PCA when she was	D 150	Employeed of Roham PCAC Finished. Living Class Mr cur Arew PCAS Class Megu Class Megu Class Megu Class Megu Chass Megu Ch	ind not the strong of the series of the seri	1/3/2

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ND PLAN	T OF DIFICIENCIES OF GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()(2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE (COMPL	
		HAL081052	6, WING			R 14/2023
ame of P	ROVIDER OR SUPPLIER	STREET	DORESS, CITY, ST	'ATE, ZIP CODE		
EDAR C	REEK LIVING LLC		Kland Road 'City, No. 2004	13		
(MA) ID · PREPIX TAG	(GACH DGFICKING	atement of deficiencies Ly must be preceded by full Leo identifying information)	PREFIX TAG	PROPORTS PLAN OF CORI (EACH CORRECTIVE ACTION S (EACH CORRECTION OF THE A OFFICIENCY)	HOULD BE	(X8) GOMPLET OATQ
O 150	-The check off consist changing a resident's care dullas. Attempted telephone contracted RN on 01. unsuccessful. Interview with the Ad 11:52em revealed: -He was not aware S 80-hour personal car-The AIC was responsite for the AIC was responsitely for Competency training competency or Competency training competency or Co	interview with the facility's /03/23 at 9:45am was /03/23 at 9:45am was /03/23 at /03/		DITE NEW Administration been appointed, Eacility with an administration Charge as well a SIC/medted Live-In staying on with-in som of Eacility, we ownership with Coming soon as addition of the	the has the or-in- or as the onsite	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	E CONSTRUCTION	(X3) DATÉ 9 COMPLI	
		HAL081052	B. WING		O1/0	4/2023
NAME OF P	ROVIDER ON SUFFLIER	STREET	LODINGES, OITY, ST	ATE, ZIP GOOE		
GEDAR C	REEK LIVING LLC		KLAND ROAD			
			CITY, NC 2804	3		
(X4) ID PREFIX TAG	ÆACH DEFICIENC	atement of deficiencies Y must be preceded by full SC identifying information)	PREFIX TAG	PROVIDER'S PLAN OF CORR (BACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AP DEPICIENCY)	HÒULD BE	(XS) COMPLETE CATE
0 176	maintained, and in su the rules and statutes related to manageme The findings are: Interview with Reside revealed; -There were several of months when the per- administered medical his medicallons, but it medicallonsHe was concerned the enough qualified staff Interview with a MA o revealed she was awi to administer medical	as evidenced by: Its and interviews, the ite ensure the overall ions, policies and lility were implemented, batantial compliance with it to meet and maintain rules int of the facility, Int #3 on 12/26/22 at 9:28em iocasions in the past few sonal care aide (PCA) ions to him, iten aide (MA) who prepared the PCA administered his ioc facility may not have to administer medications. In 12/29/22 at 10:30am are only MAs were qualified	0 176	Medication I Were all gives a medication of they have a to a manife they have certified to a was not a poent	renther cent and a rear cent and a rear she	1/2
	unauthorized/untraine	he Administrator about d staff administering Administrator was never in		win monitory asking reside who administa	ents.	

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STATEMENT	or madity service requ 1 of orrection of correction	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER;	(X2) MULTIPL A. GUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL081052	9. WNG		R 01/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETAL	DORESS, CITY, ST	ATE, ZIP CODE	
CEDARC	REEK LIVING LLC	2270 OAI	KLAND ROAD		
02000	WEEK CANAGE FEE	FOREST	CITY, NC 2804	13	
(X4) id Prefux Tag	(Each depigienc	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH COMMECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	DE COMPLETE
D 176	Continued From page	9	D 176	there meas the	hight
		ninistrator-in-Chargo (AIC) 5 untrained staff continued to		before a the a	
	administer his medica -There was no chang	ation. Is after he informed the AIC		on the week-en	10
	and he continued to r unauthorized and uni	ecolve medication from the rained staff.		when I'm not he	re .
	revealed: -She prepared and gror administration to receasionsThe PCA administer to Resident #4 most resident #6 modications to Resident #6 modications to Resident #6 modications to Resident #6 modications to Resident #6 modified by altercation between for 10/24/22Resident #1 was phy Rusident #7 was phy Rusident #7She notified the Administrator notifies services who advise complete involuntary -Local law enforcement to the local hospital fresident #1 returned at 2:30amNotice of Discharge Administrator but Administrator #1 Notice of Resident #1 Notice Resident #	ed the 8:00pm medications recently on 12/28/22. the PCA administer the ent #4 on 12/28/22, e administered the ent #6 on revealed: a MA of a physical Resident #7 exically agressive toward enhistrator who came to the ed the Department of Social ed the Administrator to Commitment peperwork, ent transported Resident #1 or evaluation, ed to the facility on 10/25/22 was discussed with the ministrator declined to give if Discharge paperwork.		Administrator usenewe that conce contents of all are reported to the post of the commistration of Abuse the administration will take the necestations of the commistration will take the necestations of the commistration will take the necestations of the commission	to the for the eto who ssary
Division of Po	-She was unaware of oith Service Regulation	I any PCA's administering			
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Division	of Health Service Red	quiation			FOR	M APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLICAGLIA	(XX) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
74451 2546	W COMMEDIUM	IDENTIFICATION NUMBER:	V GAIFGINGS		COM	PLETED
		1	- 1			R
		HAL081052	9. WWG			/04/2023
NAMIZ OF F	rovider or supplier	STACET	ADDRESS, CITY, STAT	E, 21P CODE		-
CEDAR C	REEK LIVING LLC	2270 0/	AKLAND ROAD			
		FORES	T CITY, NC 28043	- 		
(X4) ID PROPIX	SUMMARY S	SYATEMENT OF ORFICIENCIES IGY MUST BE PRESENSED BY FULL	10	PROVIDER'S PLAN OF	CORRECTION	O(5)
TAG	REGULATORY OF	R LSG IDENTIFYING INFORMATION)	PREFIX	(rach corrective ac cross-referenced to		COMPLETE COMPLETE
	,			DEFICIEN		
D 176	Continued From pay	ge 10	D 176			
	medications to residents.		1 1			1
		ysical altercations that were				
	started by Resident	#1 and included 3 other	1			
	residents on 08/16/2	22, 09/29/22, and 10/24/22.				1
	-Resident #1 had be	en sent to the hospital for				
	evaluation ofter the	altercation with the third	1			1
	resident (Rosident #	F7) on 10/24/22.				
	-Resident #1 was di	scharged from the hospital	1			
	and came back to th	e facility within 24 hours.				1
	•No discharge notific	cation had been issued to	-		4	
•	Resident#1,		1 1			1
	-She was working at	l the facility as the AIC.				
	Resident Care Coor	dinator, Activity Director,	1 1			
		dinator and would sometimes	į į			
	cook when needed.					1
	She was licensed a	s an Administrator,	1 1			
	-Start usually contact facility concerns.	ited her with any resident or				
		ame in "a few days a week"				j
	before or after his fu	listima lab	1			
۱-	-She tried to keep up					
	rosponsibilities as be	est as she could.				
	lates love with the An	Iministrator on 01/03/23 at				
	11:54am revealed:	iministrator on 07/03/23 at				
		administer medications to				j
-	residents.	Carrinasion modicalions to	1 1			
	PCA's were not qua	illiad to administer	1			
Ì	medications to reside	Ante.	1			'
ŀ		r administer a resident's				1
	medications.					
ł	-He was not aware ti	here was unqualified staff	1 1			
	administering medica	alion to the residents.	[]			
	-He did not know any	ything about the electronic	[
į	Medication Administr	ration Records.				
ĺ	•The AIC and a MA v	vere responsible for				
	medications, the me	dication cart and anything				
	related to the pharm:	acy,				
- 1	-He was notified of the	10/24/22 physical				
	attercation between	Resident #1 and Resident #7				į į
	ith Sorvice Regulation					<u> </u>
ATE FORM			^{raes} KC	IQU11	li cantinue	Una sheet 11 of 04

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLM IDENTIFICATION NUMBER:	(XZ) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL081052	S. WING		R 01/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STACET A	DORGGO, ONY, STATE	. AIP CODE	
05040 **	ARRICE BOARD 12 A		KLAND ROAD	•	
CEUAN C	reek living LLC	FOREST	CITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of Orphoiengies Y must be preceded at full LSG IDENTIFYING INPORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEPICIENCY)	GE COMPLETE
D 178	Continued From page	3 11	D 176		
,	by the AIC.	·			
		y, called the Department of completed involuntary			
	Commitment paperw				
	-Local Law Enforcem to the local hospitel fi	ont transported Resident #1			
		with the facility's discharge	1 1		
	polloy.	•	1		
	-He did not issue a N Resident #1.	otice of Discharge to	İ		
•		t #1 to return to the facility			
	efter he was released	from the hospitel.			
	-He did not know he Resident # 1 back fro	could refuse to accept			
		he Department of Social	1 1		
		se him of abandonment.	1		
	01/04/23 at 10:14am	- *			į
•	-Ha was not able to a time to the facility.	favote 100 percent of his			
		n Immense challenge over			
	The Administrator fai	led to ensure overall erations of the facility which			,
		re and safety of all residents			
	to include medication	ns being administered by			
٠.,		ical abuse of one resident ts, and fallure to discharge a			1
		ysically abusive to other	1 1		
	residents. This failur	'e resulted in substantial risk			
	of serious physicel h A2 Violation,	arm and constitutes a Type			
	The facility provided	an acceptable plan of			
	protection in accords	ance with G.S. 131 D-34 on			
	January 04, 2023, fo	r this violation.			
	THE CORRECTION	DATE FOR THE TYPE AZ			
Distalan of the	Wh Canalan Glas Jallan				

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AND PLAN	T OF CÉFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPL	
		HAL061052	B. WING		01/0	₹ 14/2023
VAME OF P	ROVICER OR SUPPLIER	STREET /	VOORESS, CITY, ST	TATE, ZIP COOE		
CEDAR C	REEK LIVING LLC	2270 OA	KLAND ROAD			
	A		GITY, NC 280	41		
(X4) IO PREFIX TAG .	(each deficient	Atement of Deficiencies Y must de preceded by full SC Identifying Information)	ID PREFIX TAC	Provider's flav of Corre (EACH Corrective action sh Cross-referenced to the adi Deficiency)	OULD DE	COMPLETE COMPLETE CATE
D 176	Continued From page	12	D 176			
	VIOLATION SHALL N 03, 2023,	IOT EXCEED FEBRUARY		D224		
O 228	10A NCAC 13F .0702(b) Discharge Of Residents		0 226	Resident was	Swen	
	(b) The discharge of a one of the following re			Olypophone a show	0.00	
	(1) the discharge is no walfare and the reside	acessary for the resident's ant's needs cannot be met in		19-89-32. Ne	اعتدد	
س،	the facility as docume physician, physician a	nted by the resident's		12-29-22. We a With his Share and told her	unat	
j	practitioner; (2) the resident's host	th has improved aufficiently		and role her	he.	
	so the resident no long	ger needs the services y as documented by the		I his Design	~~	
	resident's physician, p	physicism assistant or nurse		removed from	the	
[individuals in the facility is		Facility ASAP. T	12 mg	
- 1	endangered; (4) the health of other	individuals in the facility is		Bleardian found	Place	
- 1	endangered as docum physician assistant or	nurse practitioner;		ment and res	laent	
- 1	(5) failure to pay the caccommodations by the	ne payment due date		was discrange	d on	
İ	according to the reside written notice of warni to pay; or	ent contract after receiving ng of discharge for fallure		1-17-2023	-•	
- 1	(6) the discharge is mo 131D-2(a1),	andated under G.S.				
	This Rule is not met a TYPE A2 VIOLATION	s evidenced by;			ļ	
4	reviews, the facility fell	s, interviews, and record led to ensure the discharge				
1	of 1 of 1 samplod rock was physically aggres residents (Resident #2	dents (Resident #1) who Bive towards three other				

If continuation shart 15 of 61

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	A DUILDING:	E CONSTRUCTION	(X3) DATE S COMPU	ETED
		HAL081052	e, wing		01/0	4/2023
лме ор м	OVIDER OR SUPPLIER	STREETA	001G88, GITY, 011	nte, 2P coot		
HOAD C	rbek Living LLC	2270 OA	KLAND ROAD			
CUAK 6	CORN CIVING LLC	FOREST	CITY, NC 2804	3		
(X4) ID PREFIX TAG	(GACH DEMCKN	Tatement of depiciencies By Must be preceded by full Leg identifying information]	PREPIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEPICIENCY)	HOULD OF	(X3) COMPLET DATE
D 226	of other residents. The findings are: Roview of Resident 03/03/22 revealed: -Diagnoses included infectionHe was intermittent -He was ambulatory Review of Resident revealed he was ad 02/28/22. Review of Resident 03/03/22 revealed: -The resident was to tolloting, embulatior -The resident requir bething, dressing of Review of Resident Report dated 09/29 -He asked Resident facility living room, -He hit Resident #2 out of his wheelcha -He bent down over back like he was go -Another resident p #2Medication Aide (h guardian and lott a -MA called the Adm	which endangered the safety #1's current FL2 dated I dementia and urinary tract ily disoriented. #1's Resident Register mitted to the facility on #1's Care Plan dated ptally dependent with eating, to bothing, transfero. ed limited assistance with ad grooming. #1's incident and Accident (22 revealed: the to stop talking while in the with his flat and jerked him ir. Resident #2 and draw his ing to hit Resident #2, uited him away from Resident #A) called Resident # 1's voicemeil.	O 226	Staff has be In-Serviced Adm on how Fillout a tra Ninen to send Dissolving with For number. Disside Resident For number. Dissident Mespoke with Jordian and Let he neede be from our Asap. The G	sidently port. to the hold	
	1. Review of Resid	ent 1/2's current FL2 dated		I TOME OF C	700011W	·
alon of Ho	ath Service Regulation					

Division	of Health Service Requ	<u>lallon</u>			PORM APPROVED
SYATEMEN	r of depiciencies Of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
!		HAL081052	9. WING		R 01/04/2023
NAME OF P	ROVIDER OR SUPPLIER	OYD GGY A	200500 0000 00	77. 79. 440	1 100,2023
			DDAESS, GITY, OT KLAND ROAD	AIG, 2# CODE	
CEDAR C	REEK LIVING LLC		CITY, NC 2804	3	
(X4) ID PREFIX TAG	(GACH DEFICIENC	atement of deficiencies Y must be prededed by full LSC identifying information)	ID PREFIX TAG	PROVIDER'S PLAY OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
D 226		Alzhelmer's disoaso, chronic	O 226	For him and t	2-3-23
•	-Ho was intermittently			Was transferr	ا (
		otory with a wheelchair.		out of our Eac	: 157
	Review of Resident fi reveated an admission	2's Resident Register in date of 06/03/20,		1-17-202	-3
10	Review of Resident # revealed:	2's Care Plan dated 2/09/22		which was we the gardien E	ien.
	tolleting, bathing, dres	The resident was totally dependent for eating, olleting, bathing, dressing, grooming and		the gardion &	inally
	transfers, •The resident requires embulation.	o extensive assistance with		E- placemen	57.
		nt #3's current FL2 dated		(SOND J	
	12/02/22 revealed: -Diagnoses included			·	ľ
	venous stasis ulcers.				
		ation regarding ortentation. lory and used a wheelchair.			
	Review of Resident # revealed an admission	3's Resident Register n date of 10/26/21.	i.		
	Review of Resident # 02/07/22 revealed:				
	tollating, bathing, dres	ally independent with eating, ssing, grooming and			
	transfersThe resident was total unitualities.	ally dependent for			
	Report dated 09/29/2: -Resident #1 asked R loud while he was in t	lesident #2 to stop talking so he living room,			
ivision of Hoo	-Resident #2 told Res lih Service Regulation	ident #1 that he did not			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/GUA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTURCATION NUMBER: COMPLETED A. QUILDING: _ HAL991052 8, WIND, 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9870 DAKLAND ROAD CEOAR CREEK LIVING LLC FOREST CITY, NC 28643 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL (X4) ID PROVIDER'S PLAN OF CORRECTION MACH CORRECTIVE ACTION SHOULD DE PREFIX PREFIX REDULATORY OR LEG IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Resident 1 Was D 226 Continued From page 15 D 226 have to stop talking loud. Issued Discharge Resident #1 hit Resident #2 and jorked Resident #2 out of his wheelchair, Papers on 12-29-22 -Resident 1/1 bent down over Resident 1/2 like he was going to hit him again. we spoke with his gradin and told -Another resident prevented Resident #1 from hitting Resident #2 again. -The Administrator in Charge (AIC) called the Responsible Party of Resident #2. her he mereled to -The on-call Social Worker for the local OSS was also contacted via voice mail, her he meeded to be removed from facility asap, the Gradian found placement for him and he was Transferred out of Facility on 1-17-23 which was when the gardian finally found placement. -The AIC called the Administrator to inform him of the incident. There was no incident and Accident Report completed for Resident #3 on 09/29/22 Review of Rosident #1's Psychiatry Follow Up Note dated 11/30/22 revealed: - He had a history of schizophrenia, depression, anxioty, dementia and recent increase in behavioral disturbances. -Slaff reported Resident #1 had been having Issues recently and he hit another resident and lerked someone out of their wheelchair. Review of Resident #1's Psychiatry Follow Up Note dated 12/21/22 revealed: - He had a history of schizophrenia, adjustment disorder and behavioral disturbances. -Stell reported Rosident #1 old get upset at times, maybe anco or twice a month and he recently hit someone. Altempted telephone interview with Resident #1's Mental Health Provider on 12/29/22 at 12:18pm was unauccossful. Interview with the Department of Social Services (D\$S) Guardianship Supervisor on 12/28/22 at Division of Health Service Regulation STATE FORM

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	of Health Service Regi	pulation			FORM APPROVI
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPL/ER/CLIA IDENTIFICATION NUMBERS	(X2) MULTIPL A. GUILDING:	LE CONSTRUCTION	(X3) OATE SURVEY COMPLETED
		HAL081052	8, WING		R 01/04/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET	ODRESS, GITY, ST	TATE 71P CODE	
25040.5			WLAND ROAD	1100 di più maga	
CEDARG	reek living LLC		CITY. NG 2004	43	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	Provider's PLAN of Correct (Each Cornective action shou Crose-referenced to the Adord Depiciency)	LD BE COMPLETE
D 226	Continued From page 12:13pm revealed: -Resident #1's guard officeThe facility notified is physical altercation be Resident #2Documentation from stated involuntary Ocinot completed on 09/-Documentation from stated Notice of Disci Rosident #1's guardisfacility on 09/29/22. Interview with the AlCrovopled: -She was notified of the Admired She called the Admired S	dien was currently out of the Resident #1's guardian of a between Resident #1 and in Resident #1's guardian omnitment paperwork was #29/22. In Resident #1's guardian charge was discussed with ian but was not issued by the C on 01/03/23 at 10:00am the 09/29/22 incident by a set Resident #1 had pulled is whoolehair. Instrator who came to the ment paperwork was not sitercation. Iniministrator on 01/03/23 at no 09/29/22 incident involving sident #2, ent #3's heir was pulled by	D 228	Readent was discrange parper	Siven Siven Socian 2/3/27 Chroch
	paperwork, -He spoke with both F Individually about the	Resident #1 and Resident #7			
	-Mo acked staff to kee	ap an aya an Resident #1.		1	

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MALOSTOSS BALOSTOSS		OF DEFICIONCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	E CONSTRUCTION	(X3) OATE :	
STREET ADDICAGE, CITY, STRITE, EIF GODE 2276 OARLAND ROAD PANIO SUMMARY STATEMENT OF DEFICIENCIES 1800 DEFECTIVE, NC. 28043 PROVIDENCE OF PANIO SHAPPING INFORMATION 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SE PROCESCO OF PALL 1800 DEFECTIVE MUST SERVICE OF DEFECTIVE MUST SERVICE OF PALL 1800 DEFECTIVE MUST SHAPPEN OF PARTICIPATION 1800 DEFECTIV				e wine		1	-
EDAR CREEK LIVING LLC SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 FARCH SUMMARY STATEMENT OF OPPOSED TOTY, NC. 28643 COMMENT OF STATEMENT OF OPPOSED TOTY, N			HAL081052	o. wind		01/0	4/2023
D 228 Continued From page 17 -the did not issue a hotice of Discharge, elicy, observed and information, and translant ischarge policy, observed and included non-ST-elevation mycoardial inforction, maintrition, corebral analysm and translant ischarge to the page and included non-ST-elevation mycoardial inforction, maintrition, corebral analysm and translant ischarge to a page and included non-ST-elevation mycoardial inforction, maintrition, corebral analysm and translant ischarge to a page and included not require any assistance for all activities of daily living. Review of Resident #7*s Care Plan dated 10/27/22 revealed: -She was ambulatory. Review of Resident #7*s inclident and Asaldant Report dated #7 and hit Resident #7 and the top of her headAnother Resident #7 a not the top of her headAnother Resident #7 and the not called the Administrator complete involuntary Commitment pagamentsThe Administrator to complete involuntary Commitment pagamentsReview of Resident #7 and the OSS who advised the Administrator complete involuntary Commitment pagamentsInvoluntary Commitment PagamentsInvoluntary Commitment PagamentsInvoluntary Commitment PagamentsInterview with Resident #7 on 12/30/22 at 3:15pm fewes/sed;	YAMU OF P	POVIDER OR BUPPLIER			rate, zip gode		
IMPLIED SUMMARY STREETS OF PERCENCISE AND SUMMARY OF THE STREETS O	EDAR C	reek Living LLC			•=		
The property of the property of the process of the			·····	GITY, NG 280			
-He did not leave a Notice of Discharge policyHe was not familiar with the facility discharge policyDischarge policy was requested but not provided. 3. Review of Resident #7's current FL2 dated 10/16/22 revealed: -Disgnases included non-ST-elevation myocardial infarction, mainutrition, cerebral aneuryam and transiant ischemic stateckShe was ambulatory. Review of Resident #7's Care Plan dated 10/27/22 revealed the was independent and slid not require any assistance for all activities of daily living. Review of Resident #7's incident and called the Resident AdministratorThe Administrator notified the OSS who advised the Administrator notified the OSS who advised the Administrator of complete involuntary Commitment paperworkInvoluntary Commitment paperwork was completed and local law enforcement transported Resident #1 returned to the facility on 10/25/22 at 2:30sm. Interview with Resident #7 on 12/30/22 at 3:15pm revealed:	PREFIX	LEACH DEFICIENT	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD GE	COMPLETE CATE
-She was waiting in line to receive her medications.		-He did not Issue a Medical He was not familiar policy. -Discharge policy was provided. 3. Review of Reside 10/16/22 revealed: -Disgnoses included infarction, mainutritic transient ischemic at transient ischemic at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/27/22 revealed at 10/24/24 resident #1 had hit headAIC was notified of AdministratorThe Administrator in the AdministratorThe Administrator to Commitment papery-involuntary Commit completed and local Resident #1 to the ference in the Information with Resident 2:30am. Interview with Residervealed: -Sne was walling in medications.	Notice of Discharge, with the facility discharge as requested but not Int #7's current FL2 dated I non-ST-alevation myocardial on, cerebral aneurysm and itack. y. ##7's Care Plan dated he was independent and did stance for all activities of doily ##7's Incident and Accident 22 revealed: ad reported to a MA that Resident #7 on the top of her the incident and called the hetified the OSS who advised complete involuntary vork. Iment Paperwork was I law enforcement transported het the facility on 10/25/22 Jent #7 on 12/30/22 at 3:15pm	O 226	Readers was a consider run	iiéh Janak	a 3 27

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE :	ETEO
		HAL0010\$2	9. WING		1	R 14/2023
CEDAR C	REEK LIVING LLC	2270 O/ FORES	ADDRESS, CITY, ST AKLAND ROAD T CITY, NC 2804	13		
(X4) 10 PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIÉS LY MUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	Priefix Yag	Providers plan of Correction (Each Corrective action Should Cross-Referenced to the Appropri Ocficiency)	02	COMPLETE DATE
0 226	Resident #1 walked her, -She told Resident # lineResident #1 then hit with an open hand at mouth"She reported this to which MA she reported this to which MA she reported #1 was taken to the h-Administrator asked charges and she said she she said she	by her and got in front of I to go to the back of the ther on the top of her head ter telling her to, "Shut your B MA but was uncertain ad this to. To the facility and Resident tospital by the police, her if she wanted to press i.no. Brasked if she wanted to go or an evaluation. S Guardianship Supervisor or revealed: I the DSS on call Social I2 Incident, I the on call Social Worker mitment paperwork had he was leaving Magistrates Notice of Discharge was I call Social Worker, was discussed with in but was not leaved by the 12/29/22 at 8:30am and on revealed: he Incident by a MA on If to go to his room which nt, inistrator who came to the I the DSS who advised the	D 226	was discressed 1-17-23	oen toi toi	<u> </u>

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AND PLAN	it op deficiencies of confidencien	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:	(X2) MULTIPI A. QUILDING	LE CONSTRUCTION	(X3) DATE	
	-	HAL081052	8. WANG			R 14/2023
NAME OF	ROVIDER OR SUPPLIER	STROET	\00R ES 8, CITY, 51	rate, zip code		
CEDAR (REEK LIVING LLC	2270 0/	akiand road			
			TCITY, NC 2804	13		
(X4) IO PREFIX TAG	(EACH DEFICIENC	iatement of deficiencies by must be preceded by full LSC identifying information)	IO PREFIX TAC	PROVIDENCE PLAN OF CORRECTION OF CORRECTION OF COLUMN (EACH CORRECTION OF CROSS-REFERENCE) TO THE APPROPRIENCY)	D 0E	(AU) COMPLETE DATE
0 226	Commitment paperw -Local law enforcements the local hospital of Resident #1 returned at 2:30amMA esked Resident wanted to go to the high Resident #7 declined -Notice of Discharge Administrator but was interview with the Add 11:55am revealed: -He was notified of the AiCHo went to the facility completed involuntary -Local Law Enforcements the local hospital for the local hospital for the local hospital for the local hospital for He was not familiarly policyDischarge policy was providedHe did not issue a Ni Resident #1He allowed Resident hospital and was continued for abandonment. Facility Discharge policy was not provided prior Attempted telephone on 01/03/23 at 9:28ar	ork. ant transported Resident #1 or evaluation on 10/24/22. d to the facility on 10/25/22 #7 several times if she espital for an evaluation and buss discussed with the and issued. ministrator on 01/03/23 at the 10/24/22 incident by the ty, called the DSS and ty Commitment paperwork. ant transported Resident #1 or evaluation. with the facility discharge to requested but not the facility discharge to the discharge from the cerned DSS would accuse loy was requested however or to exit on 01/04/23. Interview with third shift MA	O 228	Resident was a a discharge not on 12-29-23. G that placement to be found A5. Resident was a charged on 1-17.	tice har- hed A P. LD <	এ ব্র <u>ু</u>

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AND PLAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HALOHIOFZ	0. WNO		01	R 04/2023
VAME OF P	ROVIDER OR SUPPLIER	STREET	VODRESS, CITY, STA	TE ZIP COOR		
TEDAR C	REEK LIVING LLC		KLAND ROAD			
- CONTRA	WEEK EIVING EEG		CITY, NC 28043	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST SE PRECECED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	Providers Plan of CD (Each Corrective action CROSS-Reference to The Deficiency)	SHOULD BE	(XII) COMPLI DATE
D 226	Continued From page	9 20	0 226	*		
·	Resident #7 on top of hand. This failure pla substantial rick for se constitutes a Type A2 The facility provided a	i/24/22 after Resident #1 hit i her health with an open lood all residents at rious physical harm and ! Violation.				
:	CORRECTION DATE VIOLATION SHALL N	FOR THE TYPE A2 OT EXCEED 02/03/22.				
	10A NCAC 13F, 0801 (b) The facility shall a cach resident is comp following admission at thereafter using an assessment to be containing at least the called on the established by the Oepa containing at least the containing at least the containing at least the containing at least the containing at least the containing at least to be contained as assessment is all indicated in the called in th	nd at least annually sessment instrument partment or an instrument or the instrument or the instrument of the same information as ished instrument. The inpleted within 30 days and annually thereafter shall amont to determine a stilloning to include ag, cognitive status and activities of daily living, are bathing, dressing, buildion or locomotion, and cating. The cate if the resident requires is physician or other refessional, provider of the mental disabilities or	D 254	^ \	Core FL2's	

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	T OF CERICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. DUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
		HAL081052	B. WING		01/0	4/2023
iame of P	ROVIDER OR SUPPLIER		CORDER CITY, STA	YTE, 21P GODE		
EDAR C	reek living LLC	*****	KLAND ROAD 'CITY, NC 2804:	3		
(X4) ID PREPIX TAG	(EACH DEFICIENC	Atement of deficiencies Y must be preceded by full LSC identifying information)	ID PREFIX TAG	Providents plan of Correcti (Each Corrective action shoul Cross-referenced to the approi Deficiency)	006	pte) COMPLET DATE
D 254	Continued From page	0 21	D 254			
	focility failed to ensure (#8) had a completed admission. The findings are: Review of Resident #12/02/22 revealed: -Diagnoses included ancephalopathy, and -Resident #6 was indicated ancephalopathy, and elly living. Review of Resident #11/08/21 revealed an admission He required assistant dreasingHe was independent ambulation, grooming. Review of Resident # was no documentation after 11/08/21. Review of Resident # was no documentation after 11/08/21.	and record reviews the re 1 of 5 sampled residents is care plan annually after refs current FL2 dated multiple sclerosis. I hepatic failure. Rependent with all activities of refs Care Plan dated ace with bathing and t with eating, toileting, g and transfers. resord revealed there an of a completed care plan refs licensed health (LHPS) evaluation dated received oxygen and		Dasy Draw Chicker Draw Chicker Draw Chicker Once Thore P This Check the Make Sure we En compliance.	STATE STATE OF THE	a 10 6

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	of deficiencies of adragotion	(X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:	1,	.e construction	(X3) DATE SURVEY COMPLETED
		HAL061052	9, WING		R 01/04/2023
MME OF P	OVIDER OR SUPPLIER	STACETA	DONESS, CITY, ST	TATE, ZIP GODE	
	755 Harre L. A		KLAND ROAD	,	
EUAK	reek living LLC		CITY, NC 2804	13	
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	Provider's Plan of Correct (each Corrective action Shou Gross-Referenced to the Appro Deficiency)	LO BE COMPLE
O 254	Interview with Reside revealed he required dressing and emptyle interview with the Adi on 01/03/23 at 10:00. She was responsible resident's care plans. She did not know Re updated care plan co-Staff relied on the de Resident #6's record, resident and family minterview with the Adi 11:52em revealed: The AIC was responsannually. He was not award the an updated care plansan updated care plansan updated care plansan the AIC was responsanted.	ant #6 on 12/29/22 at 2:50pm assistance with bathing, ag his foley catheter. Indistrator-in-Charge (AIC) am revealed: In the for completing the annually, asident #8 did not have an impleted, accumented care plan in information from staff, the lambers. Ininistrator on 01/03/23 at alield for completing the soon after admission and last Rosident #8 did not have	D 254	Administration is do an audis in to emaure face Diaux ins come with ass care LHOSI FLD. D wi Elevelopa obrea assessed in an the research need to see upon	where constant
	Sorvice 10A NCAC 13F ,0904 (a) Menus in Adult C (3) Any substitutions of equal resulting 19	made in the menu shall be lest upprepiture for documented to Indicate the	O 292	Dietary employed On the contact On the contact of contact the menua of the To outstitte outstilte	nce prove make
	This Rule is not mot	as evidenced by:		them, Adminish	A from

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. GUILDING: _ HAL081052 U. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE GATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL KEACH CORRECTIVE ACTION SHOULD BE PREFIX YAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 292 Continued From page 23 D 292 Based on observation, record review and interview the facility falled to document any substitutions made to the menu. The findings are: Observation of the dining room and kitchen during initial tour on 12/28/22 at 10:00am revealed there was not a food substitution list avallable. interview with the Cook on 12/28/22 at 10:05am revealed: -She did not maintain a substitution list for changes made to the menu. -She was never instructed to document foods that were substituted. -If she had to substitute foods, she know she had to substitute with foods with a similar food group and nutritional value. Roylow of the lunch menu dated for 12/28/22 revealed the menu consisted of beef stew, rice, okra, combread and fruit cobbler. عيامه كنه لاطط Observation of the lunch most service on 12/28/22 at 12:00pm revealed; -One baked pork chop, green beans, cornbroad, water, too and cranberry juice was served, -Beef stew and fruit cobbier was not served during the lunch meat service on 12/28/22. interview with the cook on 12/28/22 at 12:20pm revealed: -She did not have beef available, so she substituted with pork chops and green beans. -Residents were to be served the fruit cobbler for Review of lunch menu dated 12/29/22 at 12:00pm

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name of 6	ROUPER OR SUPPLIER	अस्ति देश	ACORESS, CITY, S	STATE, ZIP CODE	- 110m	LVEG
CEDAR C	reek living LLC		AKLAND ROAD			
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(XA) IO PREFIX	i (each deficten	TATEMENT OF DEFICIENCIES CY MUST DE PRECEDED BY PULL	PREFIX	PROVIDER'S PLAN OF CO	RRECTION	()(5
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D 292	Continued From pag	o 24		OUFICIENCY		
		0 24	D 292	S	•	
ľ	revealed: •Beaf steak mached	potatoes, stewed squash, a		proces w	أ دلالعاد	
	biscult, a cake squar	e, coffee, lea and water was		1.00	<u>, </u>	
	30rv@d, .			I we knew (let	
	Limo beans and a b	iscult was not served during		21.00	•	
	the lunch meal service	es on 12/29/22.		graan-n	outh	
}	Observation of lunch	moal service on 12/29/22 at		acm, mor	rivin	
	12:00pm revealed the 8leak, mashed notate	e meal consisted of beef ces, ilma beans, a slice of			anang	į.
	while broad, a cake s	iquare of vanilia pudding,		What the	sincer!	
	water, top and cranbe	Brry Julca.		ا مد د		
.	istasilaw with a social	ent on 12/28/22 at 9:10am		10 - Which	well	
-	revealed:	ent on 12/20/22 at 9:10am		11.00		
İ	·He was offered sand	wiches a jot when asked for		We moniter	ia	
ļ	something other than	what was on the menu.		1		
	the menu.	food that was not listed on		merch as	recurere	
	lataada			A mornar A	أنامطد	
	9:50am rovealed som	nd resident on 12/28/22 at etimes the food served was		4 vocard of	- Chich	
1	not what was on the r	nenu.		residen a	ccepted	
1	interview with the Adn	ninistrator on 01/03/23 at	Ì	a snack a	ıj	
[.	11:56am revealed: He expected the facil	lly to serve what was on the	1			
ļ r	nenu.			mon refere	84·	
		food substitutions on the		U		
	ποημ board. Siaff should keep roc	ord of food substitutions.				
.	He had not seen any	documentation of 1000				
1 8	ubstitutions.					
D 298 1	0A NCAC 13F .0904	d)(2) Nutrition And Food	0 298	Smake we	ا مدل دند	
įs	Sorvice	,.,	J 230	Snacks we given out	20 7	
],	0A NCAC 13E 0004	Nutrition And Food Sorvice		July out	enout	
\(\delta\)	d) Food Regulrement	Nutrition And Food Sorvice 5 In Adult Care Homes:	İ	Chu usion	raine	
	Sarvice Requisition		1	Man Cana Trus Long L		

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	t of deficiencies Of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		HAL081052	8. WING		1	04/2025
IAME OF P	カラルカーリング ADGIVON	STREETA	CORESS, CITY, 31	TATE, ZIP CODE		
EDAR C	REEK LIVING LLC		KLAND ROAD			
			CITY, NC 2804	13		•
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	(2) Foods and bevers residents' diets shall to all residents as sna a total of three snacks. This Rule is not met Based on observation failed to ensure snac delly to all of the residual to all of the residual to all of the residual to all of the residual to all of the residual to all of the residual three times a day. He was not offered a three times a day. He kept his own sna interview with a second score of the kept his own sna interview with pletery 10:10am revealed: Snacks should be principled. Snacks should be principled. The facility did not all some of the employer.	ages that are appropriate to be offered or made available acks between each meal for its per day and shown on the as evidenced by: as evidenced by: as and interviews, the facility ks were served three times dents. Tent on 12/28/22 at 9:10am anacks on a daily besis or cks in his room, and resident on 12/28/22 at it two times daily at 10:00am cks in his room. Telde on 12/28/22 at its evided to the residents at its evided to the residents at its each mean anacks at its evided to the residents at its each mean anacks at its evided to the residents at its each mean anacks.	O 298	The snack of a whock is a warren a any hard	iect ito the the who nack	2/03/
	12/30/22 at 1:45pm re -Some of the employe	onal care aide (PCA) on avealed; aes have bought snacks ne residents using their				

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	· · · · · · · · · · · · · · · · · · ·	HAL081052	8. WING			R 04/2023
YAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, 9	TATE, ZIP COOE		
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ĺ	personal monies.	month place acceler		m marr La	me ~	
	avaliable to give to the	nonth since snacks were ne residents.		the FCAS O	7 0	
	Interview with the cook on 12/28/22 at 10:05am revealed: -Snacks should be offered three times a day, -The facility did not always have snacks evallable.			leta 2 na de	o on	
ľ			1	Comments. Acces	10 - 1	
				attuity eu	m	
	interview with the Ad	ministrator in Charge on		Wals at 20th	o N.	
	12/29/22 at 10:55am	rovoaled:		- gavar	-	
	-Snacks should be offered three times a dayThe facility provides snacks when available however snacks were not always available.			residento.	new	
	-The Administrator w always evelleble.	a not always available. As aware snacks were not		runsohips	vil	21/2
		ld her snacks were too	-	We coming in	Α .	•
- 1	expensive and that in	ost residents had their own		War Control March		
	snacks in their rooms	n .		this month	(()	
.	-Several employees t	oought snecks for the				
	residents using their p	personal monles.		the all ranch	· کس	
	interview with the Adr 11:56 am revealed:	ministrator on 01/03/23 at		Cocinity coo	tonota	
		provide snacks to the		1	-	
- 1	esidents three times	dally.		NO Melow	uch	
•	He did not know the	facility did not always have		N 4		
1.6	enacks sveileble.	•	1	Ultisties		
[:	Stell should notify his	m when snacks were not	1			
	evailable, and he would be done not remeat	ild purchase snacks. Der a time when stell had				
١,	notified him that the fa	hallity did not have snacks	1			
8	vailable.	and the there on a day		·		
D 317	10A NCAC 13F .0905	(d) Activities Program	D 317			
1	0A NCAC 13F ,0905	Activities Program				
(d) There shall be at l	east 14 hours of a variety			İ	
	of planned group activ	141	1			

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AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBERS	V BAIFOING	e construction	(X3) DATE (
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O 298	personal monies. -It had been over a mavaliable to give to the available to give to the interview with the conference of the facility did not a linterview with the Additive of the facility provides however snacks were the Administrator to expensive and that manacks in their rooms residents using their interview with the Administrator to expensive and that manacks in their rooms residents using their interview with the Administrator to expensive and that manacks in their rooms residents using their interview with the Administrator to expensive at the sidents three times. He expected staff to residents three times and the world not know the snacks available. Staff should notify his available, and he world does not remem notified him that the fractional staff to the fact that the fractional staff to the shall be at 10A NCAC 13F .0905 (d) There shall be at	nonth since snacks were the residents. Ok on 12/28/22 at 10:05em Ifered three times a day, liways have snacks available. Iministrator in Charge on revested; fored three times a day, snacks when evallable and sliways available, as aware snacks were not lid her snacks were not lid her snacks were too test residents had their own included the snacks were too test residents had their own included the snacks were too test residents had their own included the snacks were not limitation on 01/03/23 at provide snacks to the delily, facility did not always have make were not lid purchase snacks. Der a time when staff had actility did not have enacke	O 317	Snocks will be given out every axiday. Lam. Will monitors to me Certain tray out Possed out. I've made a resider Onack log to w I for the PCA to Oisn. Of contain what snocks we offered and if the Novicient of form Rocepted or reference 317	2 3 4 3 2 4 2	

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This Rule is not met as evidenced by: Basad on observations and interviews the facility falled be ensure a minimum of 14 hours of a variety of group activities were provided each week for the calendar were achadused between 10:00am to 8:00am with start and end times renging from 1 hours to 2 years, playing cards, movies, bingo, crafts and a weakly in facility pracefulg service. Interviews with residents on 12/28/22 between 5:00am and 10:13am revealed: The solviews with residents on 12/28/22 between 5:00am and 10:13am revealed: The solviews with residents on 12/28/22 between 5:00am and 10:13am revealed: The solviews with residents on 12/28/22 between 5:00am and 10:13am revealed: The solviews with residents on the calendar were not being done.		TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPLIENCLIA IDENTIFICATION NUMBER:	1 '	LE CONSTRUCTION	(X3) DATE	SURVEY
ALLESTORE AREA DATES, DITY, STATE, BIT CODE STREET ADDRESS, DITY, STATE, BIT CODE 2770 GAXLAND BOAD FORESY CITY, NC 28843 PROMOBITS PLAN OF CORRECTION (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT MUST BE PRECEDED BY PLLL (ACH DEPREMENT ACTION SHOULD BE CROSS-REPREMENT OF THE APPROPRIATE COMMITTED (ACH DEPREMENT ACTION SHOULD BE CROSS-REPREMENT OF THE APPROPRIATE COMMITTED (ACH DEPREMENT ACTION SHOULD BE CROSS-REPREMENT OF THE APPROPRIATE COMMITTED (ACH DEPREMENT ACTION SHOULD BE CROSS-REPREMENT ACTION SHOULD BE CROSS-REPREMENT ACTION SHOULD BE CROSS-REPREMENT OF THE APPROPRIATE COMMITTED (ACH DEPREMENT ACTION SHOULD BE CROSS-REPREMENT			, de de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della c	·		D	
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CANIDA SUMMAY STATEMENT OF DEFICIENCES (CACH DEFICIENCE MUST DE PRECEDED OF PLUL PROMOSES PLUL OF CORRECTION MUST DE PRECEDED OF PLUL REGULATORY OR LEG DEMINIFATIVE INFORMATION) D 317 Continued Prom page 27 D civilles that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not mel as evidenced by: Basad on observations and interviews, the facility failed to ensure a minimum of 14 hours of a variety of group activities were provided each wask for the residents: The findings are: Review of the December 2022 activity calendar posted on the wall in the heliway of the facility revealed: -There were multiple activities listed on the calendar were acheduled between 10:00em to 8:00pm with start and end times ranging from 1 hour to 2 hours for each activity. -Some of the activities listed on the calendar more and minimum grants, created included snacks up to three times a day, board games, playing cards, movies, bingo, crafts and a weakly in facility revealed: -The selivities in the revealed: -The selivities in the revealed: -The selivities on the calendar were not being done. -They played bingo once a week and the pastor	name of P	ROVIDER OR SUPPLIER	STREET	DORESS, OITY, 31	Tate, zip good	-	
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activities that promote socialization. physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on observations and interviews, the facility felled to ensure a minimum of 14 hours of a variety of group activities were provided each week for the residents: The findings are: Review of the December 2022 activity extendar posted on the walf in the hallway of the facility revealed; -There were multiple activities listed on the calendar for each day from 12/01/22 to 12/31/22. -The activities listed on the calendar were each activity. -Some of the activities listed on the calendar included snacks up to throe times a day, board games, playing cards, movies, bingo, craits and a weakly in facility preaching service. Interviews with residents on 12/28/22 between 5:08am and 10:13am revealed: -The setivities on the calendar wore not being done. -They played bingo once a week and the pastor	PREFIX	(EACH DEFICIENC	ly must be preceded by full	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS:REPERENCED TO THE APPRO	LD BE	COMPLETE DATE
from a local church visited every Wednesday. -The only group policity they played was bings. -The activity calendar was posted but it was not followed. Interview with a medication aide (MA) on the solic Regulation.		activities that promote interaction, group act expression, increase new skills. This Rule is not met Basad on observation falled to ensure a min variety of group activities of the posted on the wait in revealed; The findings are: Review of the Decemposted on the wait in revealed; There were multiple estendar for each decivities illsted on the activities and end times rangin each activity. Some of the activities included snacks up to games, playing cards weakly in facility pressionally in facility pressional new interviews with reside 9:05am and 10:13am. The activities on the done. They played bingo of from a tocal church virthe only group activity. The activity calendar followed.	as evidenced by: as evidenced by: as and interviews, the facility alimum of 14 hours of a ities were provided each as: abor 2022 activity calendar the hallway of the facility activities listed on the y from 12/01/22 to 12/31/22, but the calendar were 0:00am to 8:00pm with start of three times a day, board is, movies, bingo, crafts and a acting service. ants on 12/28/22 between a revealed; calendar were not being the a week and the pastor listed every Wednesday, ity they pleyed was binge. "was posted but it was not	D 317	Durich Ran the RCAs on 1 and 2nd Ohi Deylown a ac which the R lach day. The currenchip which the month a the month a	St Dity Duty Due Due Due Due Due Due Due Due Due Due	Soli be

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iame of P	ROVIDER ON SUPPLIER	. STREET A	DORESS, GITY, ST	ATE, ZIP CODE		•
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D 317	was on the monthly a The residents player A preacher came on The Administrator-in Activity Director (AD) The AIC did not have with the residents. She did not ask the activities. Interview with the AIC revealed; She had her certifica She was responsible conducting activities, She was aware the week of activities was residents. She did not have the the residents becaus responsibilities. Regular activities in: a week and a presch visited Wednesday n Interview with the Ad 11:54am revealed; The residents should week for activities be The AIC was also the He was not aware to	revealed: eing done according to what activity calendar. d bingo when it was offered. ce a weekCharge (AIC) was also the define to do the activities residents to participate in can 12/30/22 at 9:30am bition as an AD. a for overseeing and calendar tisting of 14 hours a s not being provided for the eitime to do the activities with a of her other job at occurred were bingo once er from a local church that light. ministrator on 01/03/23 at d have at least 14 hours a ling offered to inom. a AD. lei activity catendar was not 4 hours of weekly activity lei residents.	D 317	Jusiel Pa The ICAS on a 2nd onight do a activit The reader This month I am thoping Thire a late Do sustant.	eto runer runer ere dra eto	3/11/2
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. QUILDING: _ HAL081052 8. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE 2270 DAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE IO Prefix OVLE CONSTILLS (K2) REGULATORY OR LAC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY Continued From page 29 D 338 An adult care home shall assure that the rights of all residents guaranteed under G.S. 1310-21, Oecialation of Residents' Rights, are maintained ResideTuas and may be exercised without hindrance. This Rule is not met as evidenced by: Dischage From TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility falled to ensure all residents were protected from physical abuse by another 1-17-23 pp resident and neglect related to three residents (Residents #2, #3, and #7) being assaulted by another resident (Resident #1) and ensuring a resident (Resident #5) received medications from a qualified medication side instead from a were done personal care alde (PCA) and housekeeper. The findings are: 12-29-22. 1.Review of Resident #1's current FL2 dated 03/03/22 revealed: Gordin pickup -Diagnoses included demontia and urinary tract infection. upresides 1 and to took He was intermittently disortented, -Ne was ambulatory. Review of Resident #1's Resident Register revealed an admission date of 02/28/22. another facility. Roview of Resident #4's Care Plan dated 03/03/22 revealed: The resident was totally dependent with oating, tolleting, ambulation, bething, transfers. The resident required limited assistence with bathing, dressing and grooming. Review of Resident #1's Incident and Accident Report dated 09/29/22 revealed: -He asked Resident #2 to stop talking while in the Division of Healin Service Regulation

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<u> Olvision of Health Service Regulation</u> STATEMENT OF CEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XJ) DATE SURVEY COMPLETED (XX) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBERS A. GUILDING: _ Ŕ O. WING. HALOS1052 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 20043 SUMMARY STATEMENT OF DEFICIENCIES
[EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD DE CAGER-REFERENCED TO THE APPROXIME (34) 10 COMPLETE PREFIX PREPIX REGULATORY OR LEG IDENTIFYING INFORMATION) TAG TAC DEFICIENCY) D 338 Continued From page 30 D 338 facility living room. -He hit Resident #2 with his fist and Jerked him out of his wheelchalr. -He bent down over Resident 1/2 and drew his back like he was going to hit Resident #2. Another resident pulled him away from Resident #2. -The Medication Aide (MA) called Resident # 1's guardian and left a voicemail. ·The MA called the Administrator and the Administrator contacted Department of Social Services (DSS). interview with a Resident on 01/03/22 at 3:25pm revealed: THE STUD PLUGGISH SERVE STUDIES FRANK MINE STUDIES AND the incident involving Resident #1 and Resident -He said Resident #1 jerked Resident #2 out of his whoolehalr onto the floor. -He told Resident #1 to stop and sit down. ·He stated Resident #2 was not hurt. Interview with MA on 12/29/22 at 10:30am revealed: -Resident #1 pulled Resident #2 out of the wheelcheir onto the floor. -Resident #2 was uninjured. -She contacted the AIC to Inform her of the incident. -The AIC contacted the Administrator, -The Administrator come to the facility to talk with Resident #1. Roview of Resident #1's Psychiatry Follow Up Note dated 11/30/22 revealed: He has a history of schizophrenia, depression. anxiety, dementia and recent increase in behavioral disturbances. -Staff reported Resident #1 has been having Division of Health Sorvice Regulation

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	i of deficiencies of correction	(X1) PROVIDER/BUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
Ì			A SUILOINO:		
			G 144140	•	R
		HAL081052	B. WING		01/04/2023
NAMEOFF	ROMDER OR SUPPLIER	OTREST!	VODREBO, ONY, SYNTE	E, 21P 000E	
CEDAR C	REEK LIVING LLC		KLAND ROAD		
		FOREST	CITY, NC 28043	·	
(X4) (0	SUMMARY ST	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	IQ	PROVIDER'S PLAN OF CORRECT	I (A-4)
PREFIX TAG		LSO IDENTIFYING INFORMATION)	PREPIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	
				OEFICIENCY	
D 338	Continued From page	e 31	D 338	· · · · · · · · · · · · · · · · · · ·	
	. •			:	
	jerked someone out o	na hit another resident and			
	Jeryan soulagua ont (or that whatchair.			
	Review of Resident #	11's Psychiatry Follow Up			
	Note dated 12/21/22				
		schizophrenia, adjustment	i i		
	disorder and behavio				
		ent #1 gets upant at times,	;		
	mayos once or twice	a month and he recently hit	1		
	Terricotto.		i		
	Attempted telephone	Interview with Mental Health			
	Provider on 12/29/22	at 12:15pm was			
	unsuccessíui,				•
	Intendew with DÉÉ G	Suardianship Supervisor on			{
	12/29/22 et 12:13pm				1
		lan was currently out of the			
	office.	-		•	
		he OSS regerding the			
	incident involving Res	sident #1 and Resident #2. Resident #1's guardian			
,		mmitment paperwork was			
	not completed,				
		Resident #1's guardian			1
		harge was discussed with			
		en but was not issued by the		1	
	facility.		1		
	Talephone Interview	with Administrator In Charge			
	(AIC) on 01/03/23 at				
		09/29/22 by a MA that	l i		
'	Resident #1 pulled R	esident #2 out of his			
	wheelchair,	AA Mbin to andian - Maataara			
	#11 before he continue	os obje to redirect Resident			
	-She called the Admir	nistrator who came to the		_	
	facility.	WAS ARE INDEADING IN NIG	1 1	•	1
-]		nent paperwork was not			
	altempted after this s		1 1		
Division of Had	Ith Service Regulation				

STATE FORM

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	of Health Bervice Requ	ilation			
	T OF DEFICIENCIES DF CORTRIGHTON	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. GUILDING:		(X3) DATE SURVEY COMPLETED
İ				· · · · · · · · · · · · · · · · · · ·	_
, HAL081052			H. WNO	R 01/04/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATI	E, ZIP CODE	
CEDAR C	REEK LIVING LLC		KLAND ROAD CITY, NC 28043	•	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	(144)
PREFIX TAG	(CACH OCHICHENS	Y MUST OF PRECEDED BY FULL LSC WENTIFYING INFORMATION)	PREFIX TAG	OR COMPLETE	
D 338	Continued From page	9 32	D 338		
	-She was not aware of the steel and steel incident.	of staff monitoring Resident		•	
	Interview with the Adi 11:56am revealed:	ministrator on 01/03/23 at			
	-He was notified of th	o 09/29/22 physical			
	altercation involving	Resident #1 and Resident			
	-He did know that Re	sident #3's hair was pulled			
ļ	by Resident #1He did not know the	t Resident #3 was hit in the			
	head by Resident #1. He came to the facili				
ļ	-He notified DSS.	ity.			
	-He did not complete	Involuntary Commitment			,
		Resident #1 and Resident #7			
	-Rosident #2 was uni				
	-He asked staff to kee -He did not issue a N	op en eye on Resident #1. olice of Discharge.			
	2. Review of Reside 12/02/22 revealed:	nt #2's current FL2 dated			
	-Diagnoses included	Alzhelmer's disease, chronic ry of stroke and depression.			
	·He was intermittenti	y oriented.			
	-Ho was semi-ambuk	story with a wheelchair.			
	Review of Resident in	t2's Resident Register on date of 06/03/20.			
	revealed;	2's Care Plan daled 2/09/22			1
	-The resident was lot tolieting, bathing, dre transfers.	tally dopondent for eating, saing, grooming and	,		
		d axiansiva assistanca with			
Division of He	nth Sorvice Regulation				

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KOQU11

If to CC. Fourth moltpunitings ti

STATE FORM

STATEMEN AND PLAN	f OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		. 0x	OMPLETED
		HAL091052	8, WNO			R 01/04/2023
INSTITUTE OF F	ROTOLICAL JUNEAULIE	JIRLLIN	UUIKL39, LEET, STREE	1, 2IP COUL		
CEDADC	REEK LIVING LLC	2270 OA	KLANO ROAD			
GEORK C	WEEK FIAMA CTC	FOREST	CITY, NC 20043			
(X4) ID PREFIX TAG	(CACH DEFICIEN	Tatement of deficiencies By Must de Freceded by Full LLSC identifying information)	IO PREFIX TAG	(EACH CORRECT) CROSS-REFERENCI	AN OF CORRECTION VEACTION SHOULD BE ED TO THE APPROPRIAT	COMPLETE COMPLETE COYE
O 220	0.00	· · · · · · · · · · · · · · · · · · ·		DEI	FICIENCY)	
D 338	Continued From pag	g o 33	D 336			
	Report dated 09/29/	#2's incident and Accident 22 revealed: Resident #2 to stop talking so		.•		
	loud while he was in					
		sident #1 that he did not	1			j
	have to stop talking loud.					ļ
		ildent #2 and jorked Resident	1			
	#2 out of his wheeld	•				
	was going to hit him	own over Resident #2 like he				
		evented Resident #1 from	1 1			
	hitting Roeldont #2		1			
		Responsible Party of	1 1			
	Resident #2.	•				Ì
		Vorker for the local DSS was				
	also contacted via v					
*	the incident.	Administrator to inform him of	-			
į	Interview with Modic	otlan Aide (MA) #1 on				
	12/29/22 at 10:30am	revealed;		_		
		Resident #2 out of the				
	wheelchair onto the]
	-Resident #2 was un		1 1			ĺ
	Incident.	AIC to inform her of the	1			
	-The AIC contacted	the Administrator,				
,	Telophone Interview 10:00am revealed:	with AIC on 01/03/23 at				
		the 09/29/22 incident				
	between Resident #1 and Resident #2 by a MA.		1 1)
	The MA informed her that Resident #1 had hit Resident #2 and pulled him out of his wheelchair.]]			
	Another Resident was able to redirect Resident		1			
	#1 before he hit Res					
į	-She called the Adm	inistrator who came to the	1			
1	facility.	wild Adult IA IIIG		_		
		mont paperwork was not		ļ		
	allempted.	• • • • • • • • • • • • • • • • • • • •				
	ith Sarvice Regulation					
ate form			1409 KC	2011		i saallauoloo ekaat. Sa at

STATEMENT	of Officiencies	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		BTACI (CX)	SURVEY
AND PLAN (of Correction	identification number:	A BUILDING:	· · · · · · · · · · · · · · · · · · ·	UOMP	
		HAL001052	8. WING			R 104/2023
NAME OF T	ROVIDER OR BUPPLIER	BTREETA	ODRESS, OTTY, STATE,	, ≥n coos		
CEDAR C	REEK LIVING LLC		KLAND ROAD			
			CITY, NC 28043	A-14-A-14-A-14-A-14-A-14-A-14-A-14-A-14	1.444	
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of deficiencies Y must be precised by full 18C identifying information)	ID PRÉPIX TAG	MIDVIDER'S PLAN OF LEACH COMMETATE AC CROSS-REPER'ENGED TO OGFIGIEN	THE APPROPRIATE	O(S) COMPLETE CATE
O 338	Continued From page	34	D 338			
	-She did not know if F by stalf after the alter	Resident#1 was monitored cation.				,
: 	11:50am revealed:	ministrator on 01/03/23 at	į			
	-He was notified of th Resident #1 and Res -He did come to the f					
i	Interview with a reald	ent on 01/03/22 at 3:25pm				
	·He was present in th	ne living room end wilnessod on between Resident #1 end				
		jerkad Resident #2 out or he floor,				į
,		to stop and all down.				
	3. Review of Reside 12/02/22 revealed:	nt #3's current FL2 deled				
	vonous stasts uiders.					
		nation regarding orientation. Story and used a wheelchair.				
	Review of Resident a	il3's Resident Registry on date of 10/26/21.				
	02/07/22 revealed:	#3's Care Plan dated				
	tolloting, bathing, dro	itally independent with eating, assing, grooming and				
	transfersThe resident was to ambulation.	itally dependent for				
	revealed:	ent #3 on 12/29/22 at 9:23am				
	force Rasidant #2, w	ne observed Resident #1 who was in a wheelchair, into				
Division of Ho	seth Sorvice Regulation					

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, 219 COOR 2270 OAKLAND ROAD FOREST CITY, NC 28043		t of deficiencies Of correction	(X1) PROVIDENSUPPLIENDLIN IDENTIFICATION NUMBER:	A. BUILDING;			z survey Pleteo
EDAR CREEK LIVING LLC 2270 OAKLAND ROAD POREST CITY, NC. 28043 SUMMARY STATEMENT OF DESCIPACIDES (IRACH DESCIBENCY WIRT 15 GRADGOOD OF YOU, 18AP OF CREEKTION) (IRACH DESCIBENCY WIRT 15 GRADGOOD OF YOU, 18AP OF CREEKTION) SAND CONTINUED FOR PAGE 35 Resident #2's roomI-Pe exked Resident #1 would not allow Resident #2's room and would not let him outResident #2's to come out of his roomI-Pe exked Resident #1 to "get his hands out of his hair and "anetched" his heir anet anet and "anetched" his heir anet anet anet anet anet anet anet anet			HAL081052	0. WING		01	R /04/2023
POREST CITY, NC 28043 Summy statement of desicionicies Porest City, NC 28043	AME OF P	NOVIDER OR SUPPLIER	STREET A	ADDRESS. CITY, STATE	1, ZIP COOP		
Interview with the MA on 12/29/22 at 10:30am revealed: -Several menulist state of the head with the Man on 12/29/22 at 10:30am revealed: -Several Resident #1 sharpShe observed Resident #1 and Resident the head with the MA on 12/29/22 at 10:30am revealed: -Several menulist state of the head obstrate reportShe observed Resident #1 and Resident the head with the MA on 12/29/22 at 10:30am revealed: -Several menulist state and revealed: -She observed Resident #1 and Resident #3 head on the personal revealed: -Several menulist state and revealed: -She observed Resident #1 and Resident #3 head on the complete an incident/accident reportShe did not complete an incident/accident reportShe did not complete an incident/accident reportShe did not complete an incident/accident reportShe did not contact D88Review of a Care Note dated 08/16/22 for Resident #3 occurred on 08/16/22Resident #3 proceaded to walk up behind Resident #4 proceaded to walk up behind Resident #4 proceaded to walk up behind Resident #4 proceaded to walk up behind Resident #4 proceaded to walk up behind Resident #4 proceaded to walk up behind Resident #4 proceaded to walk up behind Resident #4 proceaded to walk up behind	EDAR C	reek living LLC					
Resident #2's room. -He observed Resident #1 would not allow Resident #2 to come out of his room. -He exked Resident #1 why he pushed Resident #2 Into his room and would not let him out. -Resident #1 told him he would do whetever he wantot to do. -Resident #1 then lunged forward and grabbed his hair and "snotched" his head backward. -He lote Resident #1 to "got his hands out of his hair. -Resident #1 proceeded to hit him in the back of the head with his fist. -The MA Intervened and removed Resident #1 from the room. -The MA saked if he was alk but did not ask him what happened. Interview with the MA on 12/29/22 at 10:30am revested: -Several months ago, Resident #1 and Resident #3 had a physical altercation. -She observed Resident #1 charge forward and pull Resident #3's hair. -She notified the Administrator-in-Charge (AIC). -She did not complete an incident/pockdent report. -She did not complete an incident/pockdent #3 revested: -The incident between Resident #1 and Resident #3 accurred on 08/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 98/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 98/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 98/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 08/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 08/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 08/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 08/16/22. -Resident #3 told Resident #1 and Resident #3 accurred on 08/16/22. -Resident #3 and grab him by the hair. -A PCA and a MA had to make Resident #1 tel go	PREFIX	(CACH DEFIDIENC	oy must be preceeded by full	PREPIX	EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIATE	(XS) COMPLET DATE
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							1

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If continuation shoot, 36 of 61

SYNTEMENT	of Health Service Regular Connection	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, .	É GONSTRUCTION	(X3) DATE S	
			A. BUILOING;	· · · · · · · · · · · · · · · · · · ·		,
		HAL081852	D, WING		01/0	4/2023
NAME OF P	ROVIDER OR SUPPLIER	ETREETA	DONESO, OITY, ST	ATE, ZIP CODE		
SERVE CI	REEK LIVING LLC	2270 OA	KLAND ROAD			
			CITY, NC 2804	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	(Atement of Depiciencies by Must be preceded by Full LSC (Dentifying Information)	IO PREFIX TAG	Provider's Plan of Co (Gach Corrective action Cross-referenced to the Ogficiency)	SHOULD BE	COMPLETE COMPLETE CATE
O 338	Continued From page	e 36	D 338	0338		
		C on 12/30/22 at 10:28am	l.	Resident 1	14145	1
		care note that had been		1 .		
		altercation occurred between oldent #3 on 08/16/22.	-	issued Disch	and the same	
	Interview with the Ad 11:54am revealed:	ministrator on 01/03/23 at	·	Papers on la	2-29-22	
		f the incident between		we spoke wit	th 435	│
,	Resident #1 and Res	sident #3 when it occurred.		200 364 201		10
	-Me found out about			gredian and	1610	17/1,04
		ident #3 about a month later		1	a) .	O' _{\P\}
		her Incident with Resident #1		her he need	ed 10	m' 1
	and two more reside	nts.			• \	P mil
	4. Raylew of Regide	nt #7's current FL2 dated		be removed &	101	. M
	10/16/22 revealed:	MAN G GOTTON LEE GELOG		15 000	. The	C ,
	-Diagnoses Included	non-ST-elevation myocardial		Eacility asaf Gridien four	1 1	27
	transfent ischemic at	tack.	ļ	Gadier four	d placeto	
	-Sha was oriented.		İ	Gran	1. 1145	ľ
	-She was ambulaton	<i>l</i> .	ļ	C-him and	he was]
	Review of Resident /	77's Resident Register	1	()	and after	i :
	revealed an admission	on date of 11/04/21,		tensferred a facility on which was w	, , , , , , , , , , , , , , , , , , ,	
	Review of Resident	17's Care Plan dated	1	Gastity on	ノーノブーブン	! <u> </u>
		ne was independent and ald		1000	4 134	1
		itance for all activities of daily	ļ	which wish w	hon the	ļ .
•	living.		1		2463	
	Review of Resident	77's Incident and Accident		Goldin Final	ily take	[]
	Report dated 10/24/2		j	1 21] }
		ported to a MA that Resident		placement		
		n the top of her head,	1	Ţ		
		d of the incident and called	1			
	the Administrator,		1			[]
	1 =	otified the DSS who advised	-	ļ		
	the Administrator to		Ì	•]
	Commitment papers		1			
	 Involuntary Commits Ith Savice Regulation 	ment Paperwork was				

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Il continuation sheet 37 of 51

	or Health Service Regi				
	t of deficiencies of correction	(X1) PROVIDER/BÚPPUER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A QUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL081052	9, WING		R 01/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	DORESO, GITY, STAT	TE ZIP CODE	
			KLAND ROAD		
CEDARC	rbek living LLC		CITY, NC 20043		
pa) io . Prefix Tag	(EACH DEFICIENC	atenent of deficiencies y must be preceded by full USC identifying inpormationi	PREFIX YAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROPORACION (Y)	OE COMPLETE
D 338	Continued From page	e 37	D 338		
	Resident #1 to the to 10/24/22.	law enforcement transported cal hospital for evaluation on the facility on 10/25/22			
	at 2:30am.	to the deliny of the delication of the delicatio			
	interview with a resid revealed:	ent on 01/03/22 at 3:25pm			
	physical altercation to #1 and Resident #7.	olve his medications when a ook place between Resident			
	arguing when Reside	ent#1 and Resident#7 Int#1 hit Resident#7 on the			
•	lop of her head with a -He reported the incid	en open hand. Jent to the MA.			
	Interviow with Reside	int #7 on 12/30/22 at 3:15pm			
	-She was walting in it modications.				
	her.	by her and got in front of			
1	line,	to go to the back of the			
i	with an open hand af mouth,	her on the top of her head ter tolling her to shut her			
	MA she reported this - I NO Administrator ca	me to the facility and			
	palice.	in to the hospital by the iked hor if she wanted to			
-	press charges and sh	e said no.			
	local hospital for an e	valuation.			
	12/29/22 at 12:13pm			•	
	-She was uncertain if	Notice of Discharge was			

Division of Health Service Regulation

STATE FORM

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PRINTED: 01/25/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF ORPICIENCIES (X1) PROVIDER/GUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XJ) OATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. DUILDING: _ HAL081052 6. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOF 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NG 28043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX HIZERX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE TAO REGULATORY OR LCC IDENTIFYING INFORMATIONS TAG DEFICIENCY) D 338 Continued From page 38 D 338 discussed with the on call Social Worker. -Notice of Discharge was discussed with Resident #1's guardian on 10/25/22 but was not issued by the facility, Interview with AIC on 12/29/22 at 8:30am and on 01/03/23 at 10:00am revealed: -She was notified of the incident by a MA on 10/24/22. -She notified the Administrator who came to the facility. -Administrator notified the 088 who advised the Administrator to complete involuntary Commitment paperwork, -Local law enforcement transported Resident #1 to the tocal hospital for evaluation on 10/24/22, -Resident #1 returned to the facility on 10/25/22 at 2:30am, -The MA asked Resident #7 several limes if she wented to go to the hospital for an evaluation and Resident #7 declined. -Notice of Discharge was discussed with the Administrator but Administrator declined to give Resident #7 Notice of Discharge paperwork. Interview with the Administrator on 01/03/23 at 11:50am revesied: -He was notified of the 10/24/22 incident by the AIC. -He came to the facility, called the DSS and completed involuntary Commitment paperwork. -Local Law Enforcement transported Resident #1 to the local hospital for evaluation on 10/24/22. -He did not issue a Notice of Discharge to Rosident #1, -He allowed Resident #11 to return to the facility. -He didn't believe he could refuse to accept Resident # 1 back and was concerned the Department of Social Services would accuse him of abandonmoni. Division of Health Service Regulation STATE FORM

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If continuation sheet 30 of 61

STATEMENT OF BETWEENDERS (KI) PRODUCES ON SUPPLIER MALOFISCE MA		OI MARKIN SARVICA KAOU		···			
MAIL 09 1992 MAIL 0992 MAIL 099			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION		
MAIL OF PROVIDER OR SUPPLIER 2770 CARLLAND ROAD FOREST CITY, No. 234445 PREFX TAG TAG TAG 1.338 CECHAR CREEK LIVING LLC 2270 CARLLAND ROAD FOREST CITY, No. 234445 PREFX TAG TAG TAG TAG TAG TAG LOANING OF PROVIDER OR SUPPLIED TO DEPLICATION OF THE COMPATTY OF THE COMPATT		** ************************************	Printed (Military Hamper)	A. BUILOING:		COM	PLEIED
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STREET ADDRESS, CITY, STATE, 2P CODE 2270 CARLAND ROAD FOREST CITY, NO 28493 PRIPER THE PROPRIETE TYPE OF THE PROPRIETE STREET CITY, NO 28493 PREFIX THE PROPRIETE TYPE OF THE PROPRIETE STREET CITY, NO 28493 U.338 LOARINUE FORM 568-39 LOARINUE FORM 568-39 LOARINUE FOR FOREST CITY, NO 2849 Alternated telephone Interview with Ihird shift MA on 01/03/23 at 9:28am was unsuccessful. S. Review of Resident #6's current F1.2 dated 12/02/22 revealed dispenses Included multiple sclerosis, encaphologathy, and hepatic failure. Review of Resident #6's Care Pion dated 11/09/21 revealed: -1-le required sasistance with bathing end droasing, -1-le was independent with eating, calleting, ambutuled, grooming and transfers. IIIUNINW WILLI RUSSUBIN IN 018 12/26/22 tt \$1900MII ond 12/26/22 at 2:60pm revealed: -1-le required sasistance with bathing end droasing. -1-le Max were preparing medication and allowing the PCA's or the housekeeper administer the medication, -This happened during 1st (7:00am - 3:00pm) and Znd (3:00pm - 1100pm) shifts. -This most recently happened to him isst week. -PCA's have brough his medication te was basing given and salked ine housekeeper what it was. -This housekeeper replied he did not know but would ask the Max. -When the housekeeper returned, he replied it was medication for insument of his severe depression. -He was upset tocouse a housekeeper was not trained to administer medication or discouse.			HAL081652	e, wing		01	
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The insequence or the previous incompanion and cities appropriate control of the process of the							(Std)
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5. Review of Recident #8's current FL2 dated 12/02/22 revealed diagnoses included multiple sclerosis, encaphelopathy, and hepatic failure. Review of Recident #8's Recident Register revealed an admission date of 11/04/21. Review of Resident #6's Cere Plan dated 11/08/21 revealed: -Ho required assistance with bathing end drossingHo was independent with eating, tolleting, ambutetion, grooming and transfers. Illutivist Witti Russitutini #6 Ull 12/26/22 at 9/458/11 ond 12/26/22 at 2:65pm revealed: -The MAs ware properting medication and allowing the PGA's or the housekeeper administer the medication, -This happened during 1st (7:00am - 3:00pm) and 2nd (3:00pm - 11:00pm) shiftsThis most recently happened to him lest weekPCA's have brought his medication to him several times beforeLast week the housekeeper brought his medication to himHa did not recognize a certain medication he was being given and asked line housekesper what it wasThe housekeeper replied he did not know but would ask the MAWhen the housekeeper returned, he replied it was medication for treatment of his severe depressionHe was upsot bocause a housekeeper was not trained to administer modications.		Attempted telephone	Interview with third shift MA				
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12/02/22 revealed diagnoses included multiple sclerasis, encaphelopathy, and hepatile failure. Review of Resident #6's Realdent Register revealed an admission date of 11/04/21. Review of Resident #6's Cere Plan dated 11/04/21 revealed: -Ho required assistance with bathing and dreasing. -He was independent with eating, tolleting, ambuletion, grooming and trensfors. Illutiview with reusilutint #6 till 12/26/22 at 9:858/11 and 12/26/22 at 2:858/11 and 12/26/22 at 2:858/11 and 12/26/22 at 3:858/11						1	
Scierosis, encaphelopathy, and hepatile failure. Review of Resident #8's Resident Register revealed an admission date of 11/04/21. Review of Resident #6's Care Plan dated 11/08/21 revealed: -Ho required assistance with bathing and dressing. -Ho was independent with eating, tolleting, ambutetion, grooming and transfers. Illetiview with resident #6 till 12/26/22 at 9:4558111 and 12/26/22 at 3:55pm revealed: -The MAs were preparing medication and allowing the PCA's or the housekeeper administer the medication. -This happened during 1st (7:00am - 3:00pm) and 2nd (3:00pm - 11:00pm) shifts. -This most recently happened to him last week. -PCA's have brought his medication to him serveral times before. -Last week the housekeeper brought his modication to him. -Ho did not recognize a certain medication he was being given and asked line housekeeper what it was. -The housekeeper replied he did not know but would ask the MA. -Whan the housekeeper returned, he replied it was medication for treatment of his severe depression. -He was upsot bocques a housekeeper was not trained to administer modications.							
Review of Resident #8's Resident Register revealed an admission date of 11/04/21. Review of Resident #6's Cere Plan dated 11/04/21 revealed: -No required assistance with bathing end drassingNo required assistance with bathing end drassingNo was independent with eating, tolleting, ambutetion, grooming and transfors. Illittivitie with with Resident #6 0it 12/20/22 at 9:40-bitt ond 12/29/22 at 2:50pm revealed: -The MAs were preparing medication and allowing the PCA's or the housekeeper administer the medicationThis happened during 1st (7:00pm > 3:00pm) and 2nd (3:00pm - 11:00pm) shiftsThis most recently happened to him last weekPCA's have brought his medication to him several times beforeLast week the housekeeper brought his modication to himNo did not recognize a certain medication he was being given and asked the housekeeper what it wasThe housekeeper replied he did not know but would ask the MAWhan the housekeeper returned, he replied it was medication for treatment of his severe depressionNo was upsot bocques a housekeeper was not trained to administer modications.		12/02/22 revealed dis	gnoses included multiple				
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Review of Resident #5's Care Plan dated 11/08/21 revealed:Ho required assistance with bathing and drassingHe was independent with eating, tolleting, ambutetion, grooming and transfers. III.EUNEW WILL RUSIDIETH #0 UIT 12/20/22 St 5'.1558/11 ond 12/20/22 at 2:50pm revealed:The MAS were preparing medication and allowing the PCA's or the housekeeper administer the medicationThis happened during 1st (7:00am - 3:00pm) and 2nd (3:00pm - 11:00pm) shiftsThis most recently happened to him last weekPCA's have brought his medication to him several times beforeLast week the housekeeper brought his medication to himHe did not recognize a certain medication he was being given and asked the housekeeper what it wasThe housekeeper returned, he repited it was medication for treatment of his severe depressionHe was upsot bocause a housekeeper was not trained to administor modications.							
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	luision of Nov	sh Soulce Servicies	redications.				

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If continuation shoot 40 of 81

	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION	COMP	ETED		
		HAL081082	a, wing		L	R 1/04/2023		
NAME OF D	ROVIDER OR SUPPLISE	GTREET/	NOOREGS, CITY, STATE	E ZIP CODE				
CEDAR C	reek living LLC		KLAND ROAD					
			CITY, NC 28043					
(X4) ID PREFIX TAG	(BACH DEMCKEN)	(BACH DEFICIENCY MUST OF PRECEDED BY FULL PREFIX (BACH CORRECTIVE ACTION SHO		(BACH DUMCHNCY MUST ON PRECEDED BY FULL PREFIX (BACH CORRECTN REGULATORY OR LEC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XB) COMPLETE DATE
O 338	Continued From pag	e 40	D 338					
•	access to his private -He thought this was -He was prescribed i	a violation of his rights. narcotics three times a day d was concerned if he						
	-He is not sure the P gave him ell of his m -He informed the Adi	CA or housekeeper really						
		receive all of the medications sekeeper, then he would not						
	12/30/22 st 9:30sm	minister modications to			·			
	medication, the MA vector on the	was to document the amar.						
	to the PCA's to admi	were not to give medications inister to the residents. If any PCA's administering ents.						
	11:54am revealed:	Iministrator on 01/03/23 et						
٠	residentsPCA's are not quality medications to reside	fied to administer						
	-No PCA should eve modications.	ry administer a resident's						
l		ere was unqualified staff ation to the residents.						
		illity to ensure residents are related to an incident that						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERBUPPLIERIOLIA IDENTIFICATION NUMBERI	(X2) MULTIPLE CI A, GUILDING:	ONSTRUCTION		SURVEY PLETCO
		HALDU1052	e, wing		01	R 104/202
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	, ZIP C00G		
CEDAR CF	reek living LLC		KLAND ROAD I CITY, NC 28043			
(X4) IO PREFIX TAG	(Each Deficienc	Atement of Deficiencies Y must be preceded by Full , sc identifying information)	ID PREFIX TAG	providents Plan di (Each Corrective ac Oross.Referenced to Deficien	TION SHOULD DE	GOM O
O 359	Resident #3. an incid 09/29/22 Involving Re incident that occurred Resident #1 and Res residents (Residents physically assaulted, a resident (Resident is from a trained MA, Tr residents in the facilit serious physical harm a Type A2 Violation. The facility provided a accordance with G.S. this violation, CORRECTION DATE VIOLATION SHALL N 3, 2023. 10A NCAC 13F .1004 Administration 10A NCAC 13F .1004 (b) The facility shall a meeting the requirem Subchapter shall adm	Involving Resident #1 and ent that occurred on sident #1 and #2 and an it on 10/24/22 Involving Ident #7 resulting In #2, #3 and #7) being The facility falled to ensure I/8) received medications his fallure placed all y at substantial risk of a and abuse and constitutes a plan of protection in 1310-21 on 12/29/22 for IFOR THE TYPE A2 NOT EXCEED FEBRUARY If (b) Medication Medication Administration easure that only staffments in Rule ,0403 of this	D 338			
	This Rule is not met Based on record revi	as evidenced by: ew and interviews, the				

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STATEMEN	of Deficiencies Of Correction	(X1) PROVIDERSUPPLIENCEN IDENTIFICATION NUMBER:	(X2) MULTIPLE A, BUILDING:	E CONSTRUCTION	(X3) DATE SI COMPLE	
		HAL081052	D, WING		01/0	1/2023
CÉDAR C		STREET A 2270 OA	COPREGE, GITY, GT. KLAND ROAD GITY, NC 2804			(X5) COMPLETE
Prefix Tag		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE AF DEFICIENCY)		DATE
D 359	facility falled to ensure (PCA) was qualified residents. The findings are: Review of the facility Policies and Procedy. Staff who have demaccording to state ruadminister medication with administer medicatifacility Medicallon Adstaff will provide do after observing the medications. 1. Interview with a resident with a resident when a personal months when a personal months when a personal medications. He was concerned this medications. He was concerned enough qualified state interview with a MA revealed; She spoke with a Personal medications the every medications the every medications to resident medications medications to resident medications medications to resident medications to resident medications medications	re Staff B, personal care aide to administer medications to administer medications to administer medications to a service competency ales may prepare and ans. The provided by staff who ales may prepare and ans. The provided by staff who administration Record (MAR), cumentation on the MAR esidents taking the seldents taking the seldents on 12/28/22 at a secasions in the past few conal care aide (PCA) attents to him. The properties of the facility may not have aff to administer medications. On 12/29/22 at 10:30am are CA on the telephone the did he had administered aning on 12/28/22. Allfled to administer.	D 359	All employed luding house to and dietary house to what it was a word of the modern themselves to meds	eeping Live Chly a d to ITs whiten raicwing raran	

Division of Health Service Regulation

STATE FORM

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If continuation shoot, 43 of 01

STATEMAN	of Mealth Service Requ TOP DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A DUILDING	CONSTRUCT	ION	(RS) DATE SURVEY COMPLETED
		HAL081052	5, WING			01/04/2023
NAME OF	rovider or supplier		Dorasa, City, 81 Kland Road	ATE, ZIP GODE		
CEDAR C	REBK LIVING LLC		CITY, NC 2804	13		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Atement of deficiencies Y must be preceded by pull LSC (dentipying information)	IO PREFIX TAG	(8)	Providen's Plan of Correction ACH Corrective action Should SS-Referenced to the appropr Deficiency)	OE COMPLETE
	resident, •Ohe was not aware administering medical interview with a house 8:02am revealed:	ared medications to a of any numiqualified staff ations to residents. sekeeper on 12/30/22 at ered medications to any				
-	residentsHe was not aware of modications to reside	f any PCA's administering				
	01/03/23 at 11:54am 2. Review of Reside 10/10/22 reveeled: -Diagnoses included	nt #4's current FL2 dated dementia and chronic pain,				
	revealed; -He had given medic time, two days agoThe MA did not ober 1/4's medicationsResident 1/4 took for medications because one at a time.	on 12/30/22 at 1:43pm attons to Resident #4 one pro him administer Resident ager to administer ashe could only take them if any other non-trained staff any medications.				
Ibialos of bis	revealed: -She had propered m	n 12/30/22 at 3:45pm redications for a PCA to is on 4 or 5 occasions.				
STATE FORM			4tr	KDQU11		if continuation argon 44 of 0

	OF OEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	···-	(X3) DATE BURVEY COMPLETED
		İ		. -	R
		HAL081052	: 8, WING		01/04/2023
NAME OF PE	REIJARUS RO REGIVOS	STRECT	concss, cary, state,	zir coot	
CEDAR C	REEK LIVING LLC		KLAND ROAD		
Ola 10	SI SALADY CT		CITY, NC 28043	2004850(50) 44 05 00005854	N
(X4) ID PRIEFIX TAG	(EACH OUFICHING	Atement of Deficiencies Y must be preceded by full LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION [EACH CORRECTIVE ACTION SMOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 359	Continued From page	9 44	O 359		
	took medications beti -The PCA administer to Resident it4 most of -She did not observe medications to Resid -She documented shi medications to Resid Review of resident #	ed the 8:00pm medications recently on 12/26/22. the PCA administer the ent 1/4 on 12/28/22, e administered the			
	revealed: -The MA documented litching) 25mg capsule 8:00pm, -The MA documented blood clots) 2,5mg ta 8:00pm,	d Hydroxyzine (used to treat e was administered at d Eliquis (used to prevent blot was administered at			
•	used to treat mood di administered at 8:00; -The MA documenter pain) 100mg - 2 caps administered at 8:00; -The MA documenter to treat moderate to security was administration	d Gabapentin (used to treat sules (200mg total) was pm. d Oxycodone (an opioid used sovere pain) 10mg/325mg total at 6:00pm.			
	admnistered at 8:00p -The MA documented panic disorder and se				
	Refer to the interview 9:30am,	with the AIC on 12/30/22 et			1
:	Refer to the interview 01/03/23 at 11:54am	with the Administrator on .			

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If continuation among 45 of 61

CEDAR CREEK LIVING LLC 2270 OAKLAND ROAD FOREST CITY, NC 28843 CALID PREMIATORY OR LSC IDENTIFYING INFORMATION D 368 Continued From page 45 3. Review of Resident /16's current FL2 dated 12/02/22 revealed: -Diagnoses included multiple scierosts, encephalopathy, and hepatia failureAn order for Klonopin (a medication used to reat to provent salzures) 0.8mg. ½ a tablet two times a dayAn order for KlorCon (a medication used to treat low potassium) 10mEq, two times a dayAn order for Coreg (a medication used to treat high blood proceure) 5.25mg, two times a dayAn order for Coreg (a medication used to relax the muscles pasticity) 10mg, two times a dayAn order for Coreg (a medication used to treat high blood proceure) 6.25mg, two times a dayAn order for Coreg (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for Coreg (a medication used to treat the muscles in the bladder) 5mg, three times a dayAn order for gabapentin (a medication used to treat nerve pain) 100mg, 2 capsules, three times	CEDAR C (X4) ID PREFIX YAG	· · · · · · · · · · · · · · · · · · ·	HAL081052	6, WING		COMPLEYED R 01/04/2023	
CEDAR CREEK LIVING LLC CAN ID SUMMANY STATEMENT OF DEFICIENCIES (RACH OPPRIGNET ON THE PROGRESS OF PULL REGULATION OF CORRECTION SHOULD BE PRESENT TAG (RACH OPPRIGNET MUST BE PREGRESS OF PULL REGULATION OF CORRECTION SHOULD BE PRESENT TAG (RACH OPPRIGNET ON THE APPROPRIATE OF THE PROGRESS OF PULL TAG (RACH OPPRIGNET) D 369 Continued From page 45 3. Review of Resident #6's current FL2 dated 12/02/22 revealed: - Diagnoses Included multiple scierosis, encephelopathy, and hepsito fellure An order for backofen (a medication used to treat muscle spasticity) 10mg, two times a day An order for Klonopin (a medication used to reduce activity in the central nervous system) 25mg, two times a day An order for KlorCon (a medication used to treat low potassium) 10mEq, two times a day An order for Coreg (a medication used to reat low potassium) 10mEq, two times a day An order for Coreg (a medication used to relax thigh blood proceure) 6.25mg, two times a day An order for Ditropan (a medication used to relax the muscles in the bladder) 5mg, three times a day An order for gebapentin (a medication used to relax the muscles in the bladder) 5mg, three times a day.	CEDAR C (X4) ID PREFIX YAG	E BOOKEDED AS SUBSUICE				01/04/2023	<u> </u>
CAN ID SUMMANY STATEMENT OF DEFICIENCIES (RACH OPERIORNO WAST OF PROCESS OF PULL REFUX (RACH OPERIORNO HOULD OF CREEKY TAG) CONTINUED FROM page 45 3. Review of Resident #6's current FL2 dated 12/02/22 revealed: -Diagnoses included multiple scierosis, encephalopathy, and hepatia failureAn order for backofen (a medication used to treat muscle spasticity) 10mg, two times a dayAn order for Visiaril (a medication used to reduce activity in the central nervous system) 25mg, two times a boyAn order for KlorCon (a medication used to treat low potassium) 10mEq, two times a dayAn order for Coreg (a medication used to treat low potassium) 10mEq, two times a dayAn order for Coreg (a medication used to treat high blood proceure) 6.25mg, two times a dayAn order for Coreg (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for Coreg (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for Coreg (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for Coreg (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for Coreg (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for Coreg (a medication used to relax the muscles in the bladder) 5mg, three times a day.	(X4) ID PREFIX YAG	•			, ZIP GODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 359 Continued From page 45 3. Review of Resident #/6's current FL2 dated 12/02/22 revealed: -Diagnoses included multiple scierosis, encephelapathy, and hepatia failureAn order for backofen (a medication used to treat muscle spasticity) 10mg, two times a dayAn order for Visterii (a medication used to reduce activity in the central nervous system) 25mg, two times a dayAn order for KlonCon (a medication used to treat low potassium) 10mEq, two times a dayAn order for Coreg (a medication used to treat high blood proceure) 6,25mg, two times a dayAn order for Ditropan (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for gebapentin (a medication used to liest lifest nerve pain) 100mg, 2 capsules, three times	PREFIX YAG	R CREEK LIVING LLC				···	
3. Review of Resident #6's current FL2 dated 12/02/22 revealed: -Diagnoses included multiple scienosis, encephelopathy, and hepatic failureAn order for backeten (a medication used to treat muscle spasticity) 10mg, two times a dayAn order for klonopin (a medication used to provent selzures) 0.8mg, ½ a tablet two times a dayAn order for Visteril (a medication used to reduce activity in the central nervous system) 25mg, two times a dayAn order for KlorCon (a medication used to treat low potassium) 10mEq, two times a dayAn order for Coreg (a medication used to treat high blood proceure) 5.25mg, two times a dayAn order for Ditropan (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for gebapentin (a medication used to treat nerve pain) 100mg, 2 capsules, three times	D 369	X (BACH DEFICIENC	Y MUST BE PRECEDED OF FULL	PREFIX	(EACH GURRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPRO	.D 0€ 30 C.	(S) PLETE VTG
12/02/22 revealed: -Diagnoses included multiple scierosis, encephelopathy, and hepatic failureAn order for baclofen (a medication used to treat muscle spasticity) 10mg, two times a dayAn order for klonopin (a medication used to provent selzures) 0.8mg, ½ a tablet two times a dayAn order for Vistarii (a medication used to reduce activity in the central nervous system) 25mg, two times a dayAn order for KlorCon (a mediation used to treat low potassium) 10mEq, two times a dayAn order for Coreg (a medication used to treat high blood proceure) 6.25mg, two times a dayAn order for Ditropan (a medication used to relax the muscles in the bladder) 5mg, three times a dayAn order for gabapentin (a medication used to treat the muscles in the bladder) 5mg, three times		69 Continued From page	Continued From page 45				
the muscles in the bladder) 5mg, three times e dayAn order for gebapentin (a medication used to treat nerve pain) 100mg, 2 capsules, three times		3. Review of Resident 12/02/22 revealed: -Diagnoses included encephelopathy, and -An order for backeler muscle spasticity) 10: -An order for klonoping provent selzures) 0.8 dayAn order for Visterii (activity in the central times a dayAn order for KlorConlow potassium) 10m8-An order for Coreg (high blood proscure)	nultiple scierosis, hepatic failure. It (a medication used to treating, two times a day. It (a medication used to medication used to mg. % a tablet two times a (a medication used to reduce nervous system) 25mg, two It (a mediation used to treating, two times a day. It medication used to treating, two times a day. It medication used to treating two times a day. It medication used to treating two times a day. It is medication used to treating two times a day.				
-An order for Mobic (a medication used to treat pain and inflammation), 15mg every day with food. -An order for Cymbalta (a medication used to treat depression), 30mg, 3 capsules every day. -An order for Tylenol (a medication used for poin), 325mg, 2 tablets every day. -An order for Zocor (a medication used to treat high cholesterol), every hight. -An order for Lasix (a medication used to treat fluid build up around the heart), 40mg every day. -An order for Norvasc (a medication used to treat high blood pressure), 10mg every day. -An order for aspirin (a medication used to thin the blood), 81mg every day. -An order for Coreg (a medication used to treat		day. An order for gebaper treat nerve pain) 100/2 a day. An order for Mobic (a pain and inflammation food. An order for Cymbal treat depression), 30/4 an order for Tylanol 325mg, 2 tablets every An order for Zocor (a high cholesterol), every An order for Lasix (a fluid build up around An order for Norvasonigh blood pressure), An order for aspirin (the blood), 81mg every high choles), 81mg every high choles), 81mg every high choles), 81mg every high choles), 81mg every high choles and choles are shirted.	nlin (a medication used to mg, 2 capsules, three times a medication used to treat n), 15mg every day with to (a medication used to mg, 3 capsules every day. (a medication used for poin), by day. It is a medication used to treat ery night. It medication used to treat the heart), 40mg every day. It is medication used to treat the heart), 40mg every day. It is medication used to treat 10mg every day. It is medication used to thin ry day.				

Division of Health Service Regulation

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If continuation shoot 46 of 01

STATEMEN	or mealin, <u>Service Requ</u> TOF DEFIGIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA	(XZ) MULTIPLE C	ONSTRUCTION	ō	(3) DATE 51	
ANDPON	PL CRANGE HOW	DENTIFICATION NUMBER:	A. QUILDING		İ	COMPLE	TE0
						R	
	<u> </u>	HAL081052	0, WINQ				/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	DORESS, ONY, STATE	F. 210 COOF			
			KLAND ROAD				
GEDAR C	reek living LLC		CITY, NC 28043				
(264) 10	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN Ó	E CORRECTION		450
PREPIX TAG	SHEIGREO HOAD)	and identifying megawation)	PREFIX TAG	(Each Corrective ac Cross-Referenced to Deficien	TION SHOULD BE THE APPROPRIAT		(HS) COMPLETE CATE
O 359	Continued From page	3 46	D 358		_		
	epliepsy), 200mg two	times a day.					
•		(a modication used to treat					
		Omg two times a day as				1	
	needed.	•				İ	
	·An order for oxycode	one (a medication used to					
	troot pain), three time	s a day.				ŀ	
						1	
		int #6 on 12/28/22 at 9:46am				1	
	and 12/29/22 at 2:50					1	
	-The MAs were prepa]				
•	allowing the PCA's or		İ]	
	administer the medical		1			1	
	and 2nd (3:00pm - 11	g 1st (7:00am - 3:00pm)				ĺ	
		appened to him last week.					
		his medication to him				ļ	
	several times before.					ľ	
	-Last week the house		1				
	medication to him.	o open over graves			-		
	-He did not racognize	a cortain medication ha				ł	'
,	was being given and	asked the housekeeper				ļ	
	what it was.	•	1 1				
		plied he did not know but				- 1	
	would ask the MA.						
	-When the housekee	por returned, he replied it					
		satment of his severe				1	
	depression,						
	trained to administer	so a housekeeper was not				ļ	
	-He did not want non-		1 1			1	
	access to his private					1	
	•	proplics three times a day				- 1	
		ind was concerned if he				-	
	actually received the	pain medications.					
		PCA or housekeeper really					
	gave him all of his me						
	-He Informed the Adn	ninistrator-in-Charge (AIC)				İ	
		or 2022 but the PCA still				[
	gave him his medical						
		eceive all of the medications				1	
ision of Hor	ilh Service Regulation						

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If continuation shoot 47 of 61

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLM (X2) MULTIPLE CONSTRUCTION DIS) OATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLEYED A. BUILDING: B. WING HAL061052 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, GITY, STATE, ZIP CODE 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) (D PREFIX IO PREFIX DUS) COMPLETE (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAC REGULATORY OR LCC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY D 359 Continued From page 47 D 359 from the PCA or housekeeper, then he would not receive his medications. Review of Resident #6's December 2022 electronic Medication Administration Record (cMAR) revealed: -There was an entry for baclofen 10mg, two times a day documented as administered by a MA from 12/01/22 to 12/29/22. -There was an entry for kionopin 0.5mg, 1/2 a tablet, two times a day documented as administered by e MA from 12/01/22 to 12/29/22, -There was an entry for Vistarii 25mg, two times a day documented as administered by a MA from 12/01/22 to 12/29/22. -There was an entry for KlorCon 10mEq, Iwo limes a day documented as administered by a MA from 12/01/22 to 12/29/22. •There was an entry for Coreg 5,25mg, two times a day documented administered by a MA from 12/01/22 to 12/29/22. ·Thore was en entry for Ditropan 5mg, two times a day documented administered by a MA from 12/01/22 to 12/29/22. -There was an entry for gabapentin 100mg, 2 capsules, three times a day documented as administered by a MA from 12/01/22 to 12/29/22. -There was an entry for Mobile 18mg every day with food documented as administered by a MA from 12/01/22 to 12/29/22. -There was an entry for Cymballa 30mg, 3 capsules every day documented as administered by a MA from 12/01/22 to 12/29/22. -There was an entry for Tylenol 325mg, 2 tablets overy day documented as administered by a MA from 12/01/22 to 12/29/22. -There was an entry for Zocor every night documented as administered by a MA from 12/01/22 to 12/29/22. There was an entry for Lesix 40mg every day

Division of Hoalth Service Regulation STATE FORM

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If continuation shoot 48 at Q1

STATEMENT	of Health Service Regi of DEFiciencies of Correction	(X1) PROVIDERSUPPLIERGLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CNSTRUCTION	(IC) DATE SURVEY COMPLETED	
		HAL0810 5 2	HALOB1052 B. WING		R 01/04/2023	
NAME OF PI	TOMBÉR OR EUPPLIER	STREETA	DDRQGG, CITY, STATE	. ZIP 000E		
~ED40 C	REEK LIVING LLC	2270 QA	KLAND ROAD			
PEDAN GI	NEEN CIVING CCC	FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	tatement of deficiencies By must be preceded by full LSC identifying information)	PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETI DATE
D 359	Continued From pag	e 48	D 359			
	documented as admi 12/01/22 to 12/29/22	inistered by a MA from				
		for Norvasc 10mg every day inistered by a MA from				
ı	-There was an entry for aspirin 81rng every day documented as administered by a MA from 12/01/22 to 12/29/22.					
	-There was an entry	for Tegretol 200mg two times sadministered by a MA from				
	•There was an onlry	for Pepcid 20mg at bedtime inlatered by a MA from				
		for norco 7.5/325mg three				
	administered by a M. 12/29/22.	ed documented as		4		
."	Refer to the Interview 9:30am.	w with the AIC on 12/30/22 at				
	Refer to the interview 01/03/23 at 11:54am	v with the Administrator on				
	12/30/22 at 9:30am					
	residents, -After the MA observ	minister medications to				ļ
	medication, the MA of administration on the	was to document the aman.				
ļ		were not to give medications for unquelified staff to dents.				
		if any PCA's administering		i		
	Interview with the Ad 11:54am revealed:	iministrator on 01/03/23 at				

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If continuation shoot 49 of 61

Division of	of Health Service Requ	بمالعان			FORM APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
<u> </u>		HALOB1052	8. WING		R 01/04/2023
NAME OF S	TOVIDER OR SUPPLIER				01/00/2023
]			NOORE98, CITY, STAYE	i, 2ip 000E	
CEDAR C	reek living LLC		KLAND ROAD CITY, NC 28043		
(X4) IO . PREFIX TAG	Summary statement of deficiencies (each derciency must be preceded by pull regulatory or LSC identifying information)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOW CROSS-REPERÊNCED TO THE APPR DEPICIENCY)	JLD 8E CONFLETE
D 359	Continued From page	9 49	D 359		
	residentsPCA's were not qual medications to reside -No PCA or other und administer a resident	nts. qualified staff should ever 's medications. I'd were unqualified staff			
O 367	10A NCAC 13F ,1004 Administration	S()) Medication	O 367		
	(j) The resident's me record (MAR) shall be record (MAR) shall be following: (1) resident's name; (2) name of the medical administered; (3) strength and dose administered; (4) instructions for ad or treatment; (5) reason or justificate medications or treatmenting the result of additional and time of a commentation of medications or treatmentiation or treatmentiation; including record the medication or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation or treatmentiation record	any omission of nents and the reason for the studie; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR).			
	facility falled to ensur	as evidenced by: swc and Interviews the e the efectronic medication s (eMAR) were accurate for			

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If continuation shoot. 50 of 01

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF OPPICIFACIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBERS A. BUILDING: _ B. WING 01/04/2023 HAL001052 NAME OF PROVIDER OR SUPPLIER STREET'ADORESS, CITY, STATE, ZIP GODE 2270 OAKLAND ROAD **CEDAR CREEK LIVING LLC** POREST CITY, NC 28043 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD DE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX IO PREFIX (CACH OFFICIENCY MUST BE PROCEDED BY FULL STAD REGULATORY OR USC IDENTIFYING INFORMATION! TAG TAO D 367 Continued From page 50 7 of 7 sampled residents (#1, #2, #3, #4, #5, #6 and #7), The findings are: Review of the facility's undated Modication Administration Policy revealed: The name/Initials of the person preparing/administering the medications would be on the eMAR. -There would be no blank spaces on the eMAR. 1. Review of Resident #1's current FL2 dated 03/03/22 revealed: -Diagnoses included dementia and urinary tract infaction. -An order for simvestatin (to treat high cholesterot) 40mg by mouth dally. -An order for Symbicort (to treat chronic obstructive pulmonery disease) 160/4.5mg one pulf by mouth twice daily. oney alter -An order for Kionopin (to troat panic disorder) 4mg by mouth at bedtime. -An order for metformin (to treat high blood suger is to re-Ir levels) 1000mg by mouth at bedtime. -An order for paroxetine (to treat depression, panic attacks and anxiety) 40mg by mouth daily. -An order for aspirin (to reduce the rick of having a heart attack or stroke) 81mg by mouth dally. An order for glipizide (to treat high blood, sugar. levels) 5mg, 1/2 tab (2.5mg) by mouth twice daily. -An order for lorezepsm (to treet enxiety) 1mg by mouth three times daily. Review of a subsequent physician order dated 07/26/22 revealed on order for Volteren (to treat symptoms of pain) 1%, apply to head areas twice daily. Review of a subsequent physician order dated Olvision of Health Service Regulation

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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 COMPLETED IDENTIFICATION NUMBER A, GUILDING;_ R HAL081052 B. WIND 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, DITY, STATE, ZIP CODE 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE {X4} ID (CACH CORRECTIVE ACTION SHOULD BE KEACH DEFICIENCY MUST BE PRECEDED BY FULL PARPIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY D 367 Continued From page 51 D 367 07/29/22 revealed an order for Mobic (to treat arthritis and moderate to severe pain) 7.5mg by mouth daily. Review of a subsequent physician order dated 09/30/22 revealed an order to discontinue klonopin 4mg by mouth at bedtime. Review of a subsequent physician order dated 10/17/22 revealed an order for hydrocortisone (to roduce pain, itching and swelling) 1%, apply to ieft albow three times daily. Review of a subsequent physician order dated 11/29/22 revealed an order for Depakete (to treat manic symptoms) 250mg by mouth at bedtime. Review of a subsequent physician order dated 12/20/22 revealed an order for Depakote 500mg by mouth at badtime. Review of Resident #1's November 2022 electronic Medication Administration Record (eMAR) revealed: There was an entry for simvastatin 40mg by mouth daily documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for Symbleort 160/4.5mg one pull by mouth twice daily documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for melformin 1000mg by mouth at bedtime documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for glipizide 5mg, 1/2 tab (2.5mg) by mouth twice daily documented as not recorded as being administered on 11/29/22 and

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If continuation shoot 52 of 61

STATEMENT	of Habith Service Ragu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPURIELLA DENTIFICATION NUMBER:	1	e Construction	(X3) DATE S GOMPLI F 01/0	TEO
	(EACH OUFICIENT	STREETA 2270 OA	DURESS, CITY, ST AKLAND ROAD CITY, NC 2804 D PREFIX TAG		RRECTION SHOULD BE	(XS) COMPLATE OATE
D 367	Continued From page -There was an entry three times delly do being administered 11/29/22 and 11/30// -There ware no commedications were no Review of Resident electronic Medicatio (eMAR) revealed: -There was an entry pull by mouth twice recorded as being a 12/25/22 at 8:00amThere was an entry delity documented a seministered on 12/ 8:00amThere was an entry (2.5mg) by mouth to recorded as being a 12/26/22 at 8:00amThere was an entry delity documented a seministered on 12/ 8:00amThere was an entry three times delity do being administered 8:00am and 12/24// -There was an entry administered on 12 9:00amThere was an entry administered on 12 9:00amThere were no cor medications were re administered.	for lorazepam 1mg by mouth sumanted as not recorded as an 11/27/22 at 1:00pm and on 22 at 8:00pm. menta related to why the old recorded, for Symbleort 160/4.5mg one daily documented as not diministered on 12/24 and for paroxetine 40mg by inted as not recorded as on 12/24/22 at 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/24/22 and 12/25/22 at 12/25/25/25/25/25/25/25/25/25/25/25/25/25	D 367	and AM culature on a con prince on a con 13-36-61 con 13-36-61 con 13-61 con 13-61	Sued surther surther sure us sure us sure ureric	

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	or Health Selvice Regu		Iller a sur Time	5 50 10 TO 1	(X3) DATE S	18HOV
	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE/VCLIA IDENTIFICATION NUMBER:		e Construction	COMPLE	
					R]
		HAL081052	B. WING		01/0	1/2023
NAME OF P	KOVIDER OR SUPPLIER	OTRECTA	708586, 0174, ST	ate, zip gode		ļ
CEDARC	REEK LIVING LLC		KLAND ROAD			
			CITY, NC 2804	· γ · · · · · · · · · · · · · · · · · ·		
(XA) IO PREFIX TAG	(EACH DEFICIENC	atement of deficiencies A must be preceded by full Lec identifying information)	PREFUX TAG	Provider's Plan of Corre (Each Corrective Action Shi Cross-Referenced to the Apr Deficiency)	OULD 8E	COMPLETE DATE
D 367		e 53 h the Administrator in	D 367	MAWas Ver	•	
	Charge (AIC) on 12/3			Warned abbr	it how	
	Refer to Interview with at 9:28am.	h a second MA on 01/03/23		Lewist grows	où t	
	Refer to interview wit 01/03/23 at 11:54am.	h the Administrator on		to wish the		
,	10/16/22 revealed:	it #7's current FL2 dated		She has read		
		non-ST-elevation myocardial n, cerebral eneurysm and lack,		quienon 12		
	mouth daily.	(to troat heartburn) 20mg by		and 1-23-2	B. O	
		to prevent blood clots blood vessels) 75mg by		will page	. 1	Lahre
,	-An order for Effexor anxiety) 150mg by m			The Capir al		3/300
	vitamin delialenoles)	-		orgining for a	•	2/12/1
	by mouth twice delly.	x (to reliave heartburn) 40mg lol (to trest high blood		mucucatino.	_ \	
	1	t angina) 3.126mg by mouth		is occursor	sour	
,	-An order for Entrest failure) 24/26mg by r	o (to treat chronic health nouth twice daily,		Dusel rem	o hoog	
	by mouth three times			Mel Frem To	su for	
	400mg by mouth thre	•		Lent march of services of sucher of	pinng	
	-An order for Ipratrop symptoms of lung dis in each nostril three!	soasos) 0.06% , two sprays		Yeulal war	rung	
	An order for exybuty	rnin (to treat symptoms of an image by mouth at bedtime.		ゆいうコ		

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STATEMENT OF OUR	Ciencies	(X1) PROVIDER/SUPPLIER/CLIA	1		X3) DATE SURVEY COMPLETED
			A. GUILDING		
		HAL081052	6. WING		R 01/04/2023
NAME OF PROVIDER	or supplier	STREETA	DORESS, CITY, ST	ATE, ZIP COGE	
CEDAR CREEK LI	VING LLC		KLAND ROAD	-	
		FOREST	CITY, NC 280		
(X4) ID PREFIX TAG	(GACH DEFICIENC	Atement of deficiencies Y must be preceded by full BC identifying information)	PREFIX TAG	Provider's Plan of Correction (Pach Corrective action skould of Cross-Referenced to the appropris Officiency)	
Review 12/01/ fungal Review 12/01/ fungal Review 12/01/ fungal Review 12/01/ fungal Review 12/01/ fungal Review 12/09/ dearer mauth Review admin 8:00pThere mauth being 8:00pThere mouth being 8:00p-	at bedtime. der for mirtaza; te stimulant) 15 der for Voltarer oply to knee thr w of a subsequ 22 revealed an eson's disease) w of a subsequ 22 revealed an eve pain) 10mg w of a subsequ il infection) 5mi w or a subsequ il infection) 5mi w or a subsequ il infection) 5mi w or a subsequ il infection) 5mi w or a subsequ il infection) 5mi w or a subsequ il infection 5mi w or a subsequ il infection 5mi w or a subsequ il infection 5mi w or a subsequ il infection 5mi w or a subsequ il infection 5mi w or a subsequ il infection 11/2 m, a was an entry il wice daily do administered or m, il wice daily do administered or m, il wice daily do administered or m,	continuity of the state of the	D 367	White warning also geven 2 White warning and the daily for the white warning the warning to more than the the the the the the the the the the	3. 3330 3. 2/13/2 13/2 13/2 13/2 100

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: **HALQ81052** D, WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 2270 DAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECEDED BY PULL (X4) ID PROVIDER'S PLAN OF CORRECTION ID (25) GTBJAMOD PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION! CROSS-REFERENCED TO THE APPROPRIATE TAC DEFICIENCY D 367 Continued From page 55 D 367 mouth three times daily documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for gebapenun 400mg by mouth three times daily documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for ipratroplum 0.06%, two sprays in each nosidi three times daily documented as not recorded as being administered on 11/29/22 and 11/30/22 at -There was an entry for exybutynin 5mg by mouth at bedtime documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for senna-clus by mouth at bedilme documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. There was an entry for mirtazapine 15 mg by mouth at bodilmo documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for Voltaren (to treat symptoms of pain) 1%, apply to knee three times daily documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for Requip 0.5mg by mouth at badtime documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There was an entry for trazodone 100mg via 2 lablets (200mg) by mouth at bedtime documented as not recorded as being administered on 11/29/22 and 11/30/22 at 8:00pm. -There were no comments related to why the madications were not recorded as being Division of Hostin Service Regulation STATE FORM

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If continuation shoes 50 of 61

STATEMENT	of Health Service Requires OF Correction	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL081052	B. WING		01/04/2023
	návidén on supplién REEK LIVING LLC	2270 OA	CORCES, CITY, STA KLANO ROAD CITY, NC 2804		
(X4) ID PRGFIX TAG	(Each Demcienc	NTEMENT OF OLFICIENCIES A MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFUX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	BE COMPLUTE
D 367	10:00am. Refer to interview with 9:30am. Refer to interview with 9:28am. Refer to interview with of 9:28am. Refer to interview with 01/03/23 at 11:54am. 3. Review of Resident 12/02/22 revealed: -Diagnoses included encephalopathy, and -An order for backofer musclo spastiolly) 10-An order for kionoping prevent selzures) 0.5 dayAn order for Vistaril activity in the centerativity in th	in the MA on 12/29/22 at the hite AIC on 12/30/22 at the Association of the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator on the Administrator of the Administrator on the Administrator of	D 367	MA had bee Verlally Warr and written up ax due to rest viewing MA Adm. will mon MARS douby for monun a 84 w For another au Yeulal warner 12-1-22	120 2/3/23 2/3/23 2/3/23
	orders dated 11/04/2				

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	T OF OGFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTR A. BUILDING:	UCTION	(X3) DATE	SURVEY LETED
					1	R
		HAL061052	B. WING		1	04/2023
AME OF P	rovider or supplier	STREET	DORESS, CITY, STATE, ZIP CO	DOE:		
EDAR C	reek living LLC		KLAND ROAD CITY, NC 28843			
(X4) HD PREFIX TAG	(Each deachei	STATEMENT OF OERCIENCIES ICY MUST BE PRECEDED BY FULL IL AG IDENTIFYING INFORMATION)	ro PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCE TO THE	SHOULD BE	(MS) COMPLET DATE
O 367	Continued From pa An order for kitonor, times a day. An order for Vistani-An order for Vistani-An order for Coreg -An order for Ditrop-An order for Ditrop-An order for gabap three times a day. Review of Resident revealed: -There was an entry a day documented at 11/30/22 at 8:00pm. -There was an entry day documented as 11/29/22 and 11/30/42 at 8:00pm. -There was an entry day documented as 11/30/22 at 8:00pm. -There was an entry a day documented at 11/30/22 at 8:00pm. -There was an entry a day documented at 11/30/22 at 8:00pm. -There was an entry a day documented at 11/30/22 at 8:00pm. -There was an entry a day documented at 11/30/22 at 8:00pm. -There was an entry a day documented at 11/30/22 at 8:00pm. -There was an entry capsules, three time on 11/29/22 and 11/	ge 57 sin 0.5mg, ½ a tablet, two I 25mg, two times a day, on 10mEq, two times a day, 6.25mg, two times a day, en 5mg, two times a day, entin 100mg, 2 capsules, #6's November 2022 eMAR I for baclefen 10mg, two times as blank on 11/29/22 and I for kionopin 0.5mg, ½ a ay documented as blank on 22 at 8:00pm, I for Visiarii 25mg, two times a blank on 11/27/22 and I for KiorCon 10mEq, two ented as blank on 11/29/22 i)pm, I for Coreg 6.25mg, two times as blank on 11/29/22 and for Ditropan 5mg, two times as blank on 11/29/22 and for gabspentin 100mg, 2 s a day documented as blank 30/22 at 2:00pm and 8:00pm, ments rolpted to why the	D 367 M. K. C. C. C. C. C. C. C. C. C. C. C. C. C.	A had be color wo color with Acres MA months MA elect for elect fo	on cities of cities of continuity of could be so that cou	2/13/2
	revealed: -There was an only	#6's December 2022 eMAR for baciofen 10mg, two limes s blank on 12/29/22 al				

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	of Health Service Requ		Takes to the second		1,000 0.000 -	100
	f of Deficiencies Of Correction	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE S	
			A. QUILDING:	·		
		HAL081052	8. WING		01/0	4/2023
					VIIV	116454
NAME OF P	novidea or eupplica		DOREGE, 01TV, 91	FATE, ZIP GODE		
CEDAR C	reex living LLC		CITY, NC 2804	43		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST DE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP OEFICIENCY)	OULD GE	(XS) COMPLETE DATE
D 367	-Thore was an entry tablet, two times a de 12/29/22 at 8:00pmThere was an entry day documented as 1-There was an entry times a day documented as 8:00pmThere was an entry a day documented as 8:00pmThere was an entry a day documented as 8:00pmThere was an entry a day documented as 8:00pmThere was an entry oapsules, three times on 12/29/22 at 2:000There was an entry oapsules, three times on 12/29/22 at 2:000There was an entry oapsules, three times on 12/29/22 at 2:000There was an entry oapsules, three times on 12/29/22 at 2:000There was an entry oapsules, three times will 10:00am. Refer to interview will 10:00am. Refer to interview will 9:30am. Refer to interview will 9:30am. Refer to interview will 01/03/23 at 11:54am 4. Review of Reside 12/02/22 revealed: -Diagnosas included blood preasure, daps onlarged prostate, us chronic kidney disease.	for klonopin 0.5mg. 1/2 a by documented as blank on 12/29/22 at 8:00pm. For KlorCon 10mEq, two hed as blank on 12/29/22 at for Coreg 6.25mg, two times a blank on 12/29/22 at for Ditropan 8mg, two times as blank on 12/29/22 at for gabapentin 100mg, 2 as day documented as blank on 12/29/22 at for gabapentin 100mg, 2 as day documented as blank on and 8:00pm, ments related to why the it recorded. In MA on 12/29/22 at the AIC on 12/30/2	D 387	MA has been Verbly war and written of a due to for to ligh MARS will monitor acity & Imone	up ilure i. Harn MARS n and Duko	2/13/23
1	20mg daily.	rain (in a not achi accion)				
Division of He	paith Service Regulation					<u> </u>

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Olvision of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLM (X2) MULTIPLE CONSTRUCTION YEVIUE STAC (CX) AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A, GURDING; _ HAL081052 O. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 DAKLAND ROAD CEDAR GREEK LIVING LLC FOREST CITY, NC 28043 (X1) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG YAG DATE DEFICIENCY) D 367 Continued From page 59 D 367 MA was o estally -An order for Flomax (to treat uringry incontinence) 0,4mg dally, -An order for Lipitor (to treat high cholesterol) 80mg deily, -An order for Protonix (to treat gastric reflux) 40mg dally. -An order for Aspirin (to reduce the risk of a heart ettack or stroke) 81mg deliy. -An order for Magnesium Oxide (to treat low magnesium) 400mg two times daily. -An order for Letral (to treat high blood pressure) 5/20mg two times daily. -An order for Coreg (to treat high blood pressure) 3.125mg two times daily. -An order for Vitamin B-12 (supplemental B Vitamin) 1,000mag daily. -An order for Metaproiol (to treat high blood prossure and heart failure) 25mg two times deliv. -An order for Glucotrol (used to treat elevated blood eugar) 5mg dally, Review of Rosidant #2's December 2022 eMAR MA vertal warring ravebled: There was an entry for Magnesium Oxide 400mg two times daily documented as not recorded as being administered on 12/24/22 and 12/25/22 at 12-1-2022 8:00am. -There was an entry for Lotrel 5/20mg two times daily documented as not recorded as being administered on 12/24/22 and 12/25/22 at 8:00am. -There was an entry for Metoproiol 25mg two times daily documented as not recorded as being administered on 12/24/22 and 12/25/22 at 8:00am. -There was an entry for Citaloprem 20mg delly documented as not recorded as being administered on 12/24/22 and 12/25/22 at 8:00am. -There was an entry for Flomax 0.4mg dailly Olvision of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDENSUPPLIENCLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLÉTED A BUILDING: _ S. WING . HAL081052 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2270 DAKLAND ROAD CEDAR GREEK LIVING LLC FOREST CITY, NC 28043 Summary Statement of Deficiencies (Each Deficiency must be preceded by full Regulatory or LSC identifying information) PROVIDER'S PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (xd) COMPLETE DATE (X4) ID PREFIX PREPIX TAG DEFICIENCY) D 367 D 367 Continued From page 60 dacumented as not recorded as being administered on 12/24/22 and 12/25/22 at 8:00am. -There was an entry for Lipitor 60mg daily documented as not recorded as being administered on 12/24/22 and 12/25/22 at m. 1-23-23 and 8:00am. -There was an entry for Glucetrol 5mg daily documented as not recorded as being administered on 12/24/22 and 12/25/22 at 8:00am. to ourn MARS. -There was an entry for Aspirin 81mg daily Acen will mouted alighan documented as not recorded as being administered on 12/24/22 and 12/25/22 at MARS daily & Irronth 8:00am. -There was an entry for Vitamin B-12 1,000mcg daily documented as not recorded as being and 34 with \$ 2 who. administered on 12/24/22 and 12/25/22 at 8:00am. -There were no comments related to why the medications were not recorded as being administered. Refer to interview with Medication Aide (MA) on 12/29/22 at 10:00am. Refer to interview with the AIC on 12/30/22 at 9:**30am**. Refer to Interview with a second MA on 01/03/23 at 9:28am. Refer to interview with the Administrator on 01/03/23 at 11:54am. 5. Review of Resident #3's current FL2 dated 12/02/22 rovealed: Blogue - - to desire at all the contract of the party of An order for Prozac (to troat depression) 20mg dality. Division of Health Sorvice Regulation

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PANISION	of Health Service Read	lallon				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Q(2) MULTIPL A. QUILDING:	E CONSTRUCTION	(X3) DATE 5 COMPLE	
		HAL081952	B, WING		01/0	4/2023
NAME OF	ROVIDER OR SUPPLIER	STREET A	DONESS, CITY, ST	ATE, ZIP GOOE	·	
CERAP	REEK LIVING LLC		KLAND ROAD			
00000	WCCV CIAIGO FFC	FOREST	CITY, NC 2804	13		_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES A MUST OF DESCEDED BY FULL FOR INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	GE	(X6) COMPLETE DATE
O 367	-An order for Flomax incontinence) 0,4mg -Att 0f08F for 28Stril (40mg dallyAn order for Flan Oil 1,200mg dallyAn order for Buspar times dailyAn order for Metform 1,000mg two times dailyAn order for Novolog silding scale three times dailyAn order for Oxycod moderate to severe a dailyAn order for Gabape 600mg three times dailyAn order for Xaretto 20mg dailyAn order for Truicity injection weekly. Review of Resident times day of the commented as not readministered on 12/2 8:00amThere was an entry of documented as not readministered on 12/2 8:00am.	(to treat urinary daily. (to treat high blood pressure) (to treat anxiety) 7.5mg two hin (to treat diabetes) ality. (to treat diabetes) given per has daily. (to treat diabetes) given per has daily. one/Acetaminophen (to treat hain) 10/325mg four times whitin (to treat nerve pain) ality. (to help prevent blood clots) or docroase fluid in the body) (to treat diabetes) 1.5mg by (to treat diabetes) 1.5mg by (to treat diabetes) 1.5mg by (to treat diabetes) 1.5mg daily accorded as being 4/22 and 12/25/22 at for Prozac 20mg daily accorded as being 4/22 and 12/25/22 at for Prozac 20mg daily accorded as being 4/22 and 12/25/22 at for Prozac 20mg daily accorded as being 4/20 and 12/25/22 at for Prozac 20mg daily accorded as being 4/20 and 12/25/22 at for Prozac 20mg daily accorded as being	D 367	MA was very warred on 12-1 for facture to was written i on 1-23-23 an 2-2-3 due facture to orign MARS. Nam. W monitor MARS VI morth and Weekly Lawk	SEE BOLS &	2/13/23

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STATEMENT	of Dafficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Q(2) MULTIPLE A DUILDING:	E CONSTRUCTION	(X3) DAYE SURVEY COMPLETED
		HAL081052	B, WING		R 01/04/2023
CEDAR C	ROVIDER OR SUPPLIER	2270 OA	CORESS, CITY, ST. KLAND ROAD CITY, NC 2804		IN .
(X4) ID PREFIX TAG	(BACH DEPICIEN	CY MUST DE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREPIX TAG	(RACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	OF COMPLETE
D 367	-An order for Flormax Incontinence) 0,4mg -An order for Zestril 40mg deliyAn order for Fish Oil 1,200mg deliyAn order for Buspar times deliyAn order for Metford 1,000mg two times delighter for Novado silding scale three times delighter for Novado silding scale three times delighter for Oxycommoderate to severe delighter for Gabap 600mg three times of the commoderate for Service 20mg delighter for Lasix (20mg delighter for	(to treat urinary daily. (to treat high blood pressure) I (to treat high triglycerides) I (to treat anxiety) 7.5mg two min (to treat diabetes) daily. (to treat high blood pressure) y. (to treat diabetes) given per mes daily. done/Acetaminophen (to treat pain) 10/325mg four times entin (to treat nerve pain) delly. (to help prevent blood clots) to docrease fluid in the body) I (to treat diabetes) 1.5mg by #3's December 2022 eMAR for Zestril 40mg daily recorded as being 24/22 and 12/25/22 at for Lasix 20mg daily recorded as being 24/22 and 12/25/22 at	D 367	MA was very warred on 12- for forture to was written on 1-23-23 are a-2-23 dre Rouling to orign MARS. Adm. in monitor MARS VI morth and weekly 12 w	1-22 MA Lep 200 2/13/23 2/13/23 200 84

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(XX) DATE ST	
,			A BOILDING		"""	
			D, WINO		R	
·		HAL051052	5, WAQ		01/0	4/2023
יויטאוכ פרף	מטיים בח סטררנוכה	#TNGGTA	OPPIGEO, GITY, GT	'ATC, ZIP 000C		
GEDAR C	REEK LIVING LLC	2270 OA	KLAND ROAD			
V4 0~(V	THE CLU	POREST	CITY, NC 2804	13		
(X4) ID		TATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTIO)N	(XS)
řréfix Tag		LSC IDENTIFYING INFORMATION)	PREFIX	EACH CORRECTIVE ACTION SHOULD		COMPLETE
,,,,	(1220011211) (11	COS INCIAIN LINES NA CHARAITEM	TAG	CROSS-REMEMOED TO THE APPROP DEFICIENCY)	NIATE	DATE
O 367	Continued Con-	- 00				
Q 307	Continued From pag	0 62	D 367	I NAN		
	-There was an entry	for Flomax 0.4mg daily		MA was reste	المبالد	
	documented as not r	acorded as being			1	
		24/22 and 12/25/22 at		Warred and	•	
	8:00am,			1		
		for Xarelto 20mg daily		Written war	marc 1	
	documented as not r	ecorded as being		C.		
	90ministereg on 12/4 8:00am.	24/22 and 12/25/22 at		Leves on 1-98.	20	١
		for Fish Oil 1,200mg daily			9-2	CHOIL
	documented as not re			and a a a a 3 for	、	BACILL
	administered on 12/2	14/22 and 12/25/22 at	. !	1	<i>ነ</i>	_,
	6:00am.	- PART COLOR SERVICE		Tally ota Dia	·	alista9
	-There was an entry	for Buspar 7.5mg two times		faviroto aus	,**	J11111
	daily documented as	not recorded as being		MASS. Aam will		
	administered on 12/2	14/22 and 12/25/22 at	- }	1		
	8:00am,	•		monitor baily	4	
	-There was an entry	for Melformin 1,000mg two	-			
1	umos gally document	led as not recorded as being 14/22 and 12/25/22 at		monumand By	. !	
	8:00em.	14/22 and 12/25/22 at	1			
		for Taprol 25mg two times		with ya wto.		
	dally documented as	not recorded as being				
	administered on 12/2	4/22 and 12/25/22 at		Versas warni		
	8:00am,				O	
	-There was an entry:	for Gabapentin 600mg three	1	12-1-22	' [
	times daily document	ted as not recorded as being	-	10 1-0 0		
		14/22 and 12/25/22 at			- 1	
•	8:00em and 2:00pm.					
		for Novolog per sliding scale				
		umented as not recorded as in 12/24/22 and 12/25/22 at	'			
	7:00em, 11:00em, an			}		
	-There was an entry		i			
		hophen 10/325mg four times			ŀ	
	dally documented as	not recorded as being				
	administered on 12/2	4/22 and 12/25/22 ut				
	7:00am and 1:00pm.		1	1		
1	-There was no comm	ents related to why the	1		Į	
[medications were not	recorded as being	1			
	administered .	<u> </u>				
ivision of Hoo	ith Service Regulation					

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STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN,OF CORRECTION DENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN,D	P CORRECTION	Manti-tenten ununni:	A, BUILDING;			
		HAL081052	8, WING		01/0/	1/2023
NAME OF P	TÓVIDER OA EUPPLIER	STREET A	DORGBS, CITY, ST	ate, zip codé		
CEDAR CI	REEK LIVING LLC		KLANO ROAD	_		
			CITY, NC 2804	PROVIDER'S PLAN OF CORREC	7100	ore)
(X4) 10 PREFIX TAG	(BACH DEFICIENC	atement of deficiencies Thustog proceded of full SC (Deathfying Information)	PREFIX TAG	(RAGH GORRESTIVE ASTION AND CROSS-REFERENCED TO THE APPR DEFICIENCY)	ענס פע	(XS) COMPLETE OAYE
D 367	Cantinued From page Refer to interview with 12/29/22 at 10:00am.	h Medication Alde (MA) on	D 367	MA was verue	~~~~	
	9:30am.	h the AIC on 12/30/22 at		Oue to foulur	- I	
	Refer to Interview wit at 9:28am.	h a second MA on 01/03/23		Willemouse	wigo	1 700
	Refer to interview wit 01/03/23 et 11:54em	n the Administrator on		1	3-23	मुक्ताम
	10/10/22 reveated: -Diagnoses included neuropalityAn order for Norvas pressure) 10mg dailyAn order for Leeix (to 10mg daily)An order for Gabapt 100mg - 2 tablets (to daily)An order for Toprol 150mg dailyAn order for Toprol 250mg dailyAn order for Ambier overy nightAn order for Ellquis 2.5mg two times dailyAn order for Seroque 25mg 1/2 tab (total own order for Klonop 0.5mg 1/2 tab (total own 1/2 tab (tota	o decreese fluid in the body) entin (to treat nerve pain) stat of 200mg) three times (to treat high blood pressure) done (to treat moderate to mg three times daily. In (to treat insomnia) 10mg (to help prevent blood clots) ly. Let (to treat mood disorders) of 12.5mg) two times daily. In (to treat panic attacks) of 0.25mg) every night.		Rowling ord AM orthorom Weekly win Cond Spuse	ید سطا 25	
		1/4's November 2022 n Administration Record			<u> </u>	

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Division of Hooth Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/SUM (X1) PROVIDER/SUPPLIER/SUPPLIER/SUM (X1) PROVIDER/SUPPLIER/SUM IDER/SUM (X1) PROVIDER/		(X1) PROVIDER/BUPPLIER/CLW	(X2) MULTIPLE CONSTRUCTION A DUILDING			(X3) DATE SURVEY COMPLETED	
		9. WING			R 01/04/2023		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	FATE, ZIP CODE	<u> </u>		
			KLAND ROAD				
CEUAR C	REEK LIVING LLC		CITY, NC 280/	43			
(X4) ID PREFIX TAG	(Each deficient	Tatement of deficiencies By Must 08 preceded by Full LSC identifying information)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORNECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI OFFICIENCY)	10 GE	(XE) COMPLETE CATE	
D 367	Ilmes daily document 11/29/22 and 11/30/2 and 11/30/2 et 8:00 There was an entry daily documented as and 11/30/22 at 7:00 There was an entry hight documented as and 11/30/22 at 7:00 There was an entry three times daily documented as an entry ilmes daily document 11/29/22 and 11/30/2 There was an entry ilmes daily document as an entry documented as not revealed: There was an entry documented as not readministered on 12/2 8:00am. There was an entry documented as not readministered on 12/2 8:00am. There was an entry documented as not readministered on 12/2 8:00am. There was an entry documented as not readministered on 12/2 8:00am. There was an entry documented as not readministered on 12/2 8:00am. There was an entry documented as not readministered on 12/2 8:00am.	for Seroquel 12.5mg Iwo ted as not recorded on 22 at 8:00pm. for Eliquis 2.5mg two times on trocorded on 11/29/22 pm. for Klonopin 0.25mg overy on the recorded on 11/29/22 pm. for Oxycodone 10/325mg sumented as not recorded on 122 et 8:00pm. for Gabapeniin 200mg three sited as not recorded on 122 at 8:00pm. The related to why the sit recorded. If a December 2022 eMAR for Lasix 10mg daily recorded as being 24/22 and 12/25/22 at for Toprol 50mg daily recorded as being 24/22 and 12/25/22 at	O 367	MA was vertal worked on 12 telested up for ma where acommon MA tras her to mail east on 1-23-2303 Aom will east weetly v I more 34 weeks a will as weeks a wee	Mices wed. wices wonth	2/13/2	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIV NAD PLAN OF CORRECTION (CENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. GUILOINO;		(X3) DATE SURVEY COMPLETED		
		HAL081052	B, WING	· · · · · · · · · · · · · · · · · · ·	01/0	1/2023
	rovider or Bupplier Reek Living LLC	2270 QA	DORESS, CITY, ST KLAND ROAD CITY, NC 2804		•	•
(X4) ID , PREFIX TAĞ	(CACH DEFICIENC	atement of Deficiencies y must be preceded by full .3C identifying information)	ID POLEPIX TAG	Providens Plan of Correction (Cach Gornedtive Action Should Cross-Rreferenced to the Appropri Deficiency)	0E	(MS) COMPLETS DATE
O 367	-There was an entry times dally document administered on 12/2 8:00am and 2:00pmThere was an entry three times dally doct being administered o 8:00am and 2:00pmThere was no comm medications were not administered. Refer to interview wit 12/29/22 at 10:00am. Refer to interview wit 12/29/22 at 10:00am. Refer to interview wit 9:30am. Refer to interview wit 01/03/23 at 11:54am. 7. Review of Reside 12/02/22 revealed: -Diagnoses included cholesterol, high bloc swelling and obesityAn order for Lasix (t 60mg dallyAn order for Klor-Co 20meq dallyAn order for Lisinop pressure and fluid reAn order for Norvas pressure) 5mg every -An order for Vistarit two times dally.	for Gabapentin 200mg three ed as not recorded as being 4/22 and 12/25/22 at for Oxycodone 10mg/325 amented as not recorded as in 12/24/22 and 12/25/22 at lents related to why the trecorded as being the Medication Aide (MA) on the high blood pressure, high and plucose, panic disorder, to decrease fluid in the body) and (to replace Potessium) crit/HCTZ (to treat blood tention) 20/12.5mg daily.	O 367	A Yeld warring and EG-E-El and water war about about the communities were given the colon water warring a colon and the colon an	to to eakly	2/13/23

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DIVISION OF MERITH SERVICE REGUL STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER CEDAR CREEK LIVING LLC	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: HALGRIGS2 STREET	(X2) MULTIPLE A. DURLDING: B. WING ADDRESS. OITY, STA AKLAND ROAD T CITY, NG 2884	ATE, ZIP COOS	(X3) OATE SURVEY COMPLETEO R 01/04/2023
CHERK GEVEN OBLICIENC	ntement of deficiencies T must de preseded dy full SC (Dentifying Information)	PREFIX TAG	Provider's plan of correction (each corrective action should cross-referenced to the appropri deficiency)	BE COMPLETE
revealed: -There was an entry of documented as not readministered on 12/2 8:00am. -There was an entry of documented as not readministered on 12/2 8:00am. -There was an entry of 20/12/5mg daily documented as administered on 8:00am. -There was an entry of daily documented as administered on 12/2 8:00am. -There was no comministered on 12/2 8:00am.	5's December 2022 aMAR for Lasix 60mp daily scorded as being A/22 and 12/25/22 at for Klor-Con 20meq daily scorded as being 4/22 and 12/25/22 at for Lisinopril/HCTZ mainted as not recorded as in 12/24/22 and 12/25/22 at for Vistaril 25mp two times not recorded as being 4/22 and 12/25/22 at ents related to why the irecorded as being h Medication Aide (MA) on the Administrator on	D 367	MA was quien of yeval eval eval eval eval eval eval eval	PRINTENS PRINTENS PRINTENS PARS PARS PARS

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<u>Division e</u>	<u>í Health Service Regu</u>			·		
	OF DEFICIENCIES	(X1) PROVICER/SUPPLIER/CLIA	(X2) MULTIPU	E CONSTRUCTION	(X3) DATE SU COMPLE	
ANU PLAN 0	F CORRECTION	IDENTIFICATION NUMBER	A BUILDING:		1	
					R	
		HALDRIOS2	B. WING		01/04	/2023
NAME OF FR	lovider on supplier		ODRESS, CITY, 27	MC, 21F CODE		
CEDAR CE	RECK LIVING LLC		KLANO ROAD	_		
		FOREST	CITY, NC 2804			
(X4) tD		ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION SHOWN		COMPLETE
PROFIX TAG		y must be preceded by full Lag identifying information)	PREFIX	CROSS-REPERENCED TO THE APPR	DPRIATE	DATE
inus	NCOPP NO.		"	OEFICIENCY)		
2.000	<u> </u>	. 42	D 387			
D 367	Continued From pag	9 67	10 301	1111		!
	documentation was t	ecorded, she reported to the		MA was give	76 US	
	AIC.		1	1.	ļ	}
	-She was aware then	e were blanks where		Varior Louis	5 CM	
	medications were no	t documented as				
	administered in the n	nonths of November and		12-1-23 and 2		
	December and she r	eported this to the AIC.				
	-Medication Cart audits were completed on		1	writer writer		,
	Wodnesdaye by her	and the AIC.		-2.2000		
				warings on	1	
	Interview with the Air	C on 12/30/22 at 9:30am	Ì	1 -		_<
	revezied;	<u></u>		1-23-23 - 2-2	1-23	~125/2=
	-MA was responsible for checking eMAR's and reports any issues to herShe was notified of the blanks where no documentation was recorded in the months of November and December, and she did address					2/13/23
·			ļ	Administrator	vil	
				o ku iun wan wood		
,				mondou MA	weeth	
				11101000	4	1
ļ	this with the MA responsible. - Medication Cart audits are completed on		ļ	1 7 wands) Y	
]	Wednesdays by her		1	7 25 11 20 11 20	vo >−₹	
	The state of the s			why & a we	ا تحات	
İ	Interview with a sec	ond MA on 01/03/23 at	\	7		
	9:28em revealed:					
	-She worked as a M	A on 12/24/22 and 12/25/22.				
•	-9oth days were ver	y busy.				
		nedications to all residents.	1	1		
	but forgot to docume	ent she had administered			:	
	lhom,			1		
	· ·	by the AIC on 12/26/22 that	1			
1		ment, but she had not gotten				
]	around to documen	ling it yet.	1			
1	Internal accordate store A	durintenden en 64/00/00 es	l l			
1		dministrator on 01/03/23 at	1			
!	11:54pm revealed: -One of the MAs and the AIC were responsible for checking the eMAR's for accuracy.					
			1			1
		there had been missing				[
		he November 2022 eMAR for	1]
1	residents.	IN INCIDENT TASE DIMENT IN		1		
		there had been missing	l l			
1		he December 2022 eMAR for	1			Ì
Olylphon of the	palth Sorvice Requisition	ing Moderation wast distract in				<u> </u>

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Division of Health Service Regulation STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIENCE/A IDENTIFICATION NUMBER: HALOS1052		(X2) MULTIPL A. DUILDING: B. WIND	E CONSTRUCTION	(X3) DATE SURVEY ***********************************		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADORESS, CITY, ST	ATE, ZIP G008)	***************************************
CEDAR C	reek Living LLC		KLAND ROAD CCTY, NC 2804			
(XA) IO PREFIX TAG	(EACH DEFICIENT	Tatement of Deficiencies By Must be preceded by full LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDEA'S FLAN OF CORR (EACH CORRECTIVE ACTION S. GROGS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(MP) COMPLETE GATE
D 367	Continued From pag	e 68	D 367	Administration	tas	
D 375	10A NCAC 13F,1005(a) Self-Administration Of Medications 10A NOAC 13F,1005 Self-Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.		D 375	these 2 reads that or are a through mail delivery are a by the doctor order has be writened as by the doctor	ento ettino en sen en ined	
	Interviews, the facility campied realdents (in physician's order to related to treat pain, deficiencies (Reside aye irrigation, wart in pain relief (Resident). The findings are: Review of the facility Policies and Proceduself-administration of the facility policies and Proceduself-administration of the facil	ons, record reviews, and y failed to ensure 2 of 7 Residente #5 and #7) had a solf-administer medications vitamin and mineral of #5) and ear wax removal, emoval and an olntment for		MAIL		

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If continuation shoot 00 of 61

STATEMEN	of Health Service Regu TOF OBFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. GVILDING:	.e construction	(X3) DATE S	TEO
		HAL081052	B, WING		01/0	4/2023
CEDAR C	REEK LIVING LLC	2270 OA	ICORESS, CITY, ST IKLAND ROAD I CITY, NC 2604		Div	
(X4) IO PREFIX TAG	(EVCH DEMCHENE	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.0 0E	COMPLETE COMPLETE
D 375	12/02/22 revealed: -Diagnoses included hyperlipidemiaThere was no informorientation. Observation of Resident 12/28/22 at 9:17am re-A bottle of Vitamin C vitamin C vitamin C vitamin C vitamin C deficiency) dresserA bottle of Vitamin C vitamin D deficiency) on his dresserA bottle of Vitamin C vitamin D deficiency) on his dresserA bottle of Vitamin C vitamin D deficiency) on his dresserA bottle of Tumerio pain) 200mg capsule interview with Resider revealed: -He self-administered tablet dailyHe self-administered tablet dailyHe self-administered tablet dailyReview of Resident for the capsule daily. Review of Resident for the capsule daily. Review of Resident for the capsule daily.	hypertension and hypertension and hation listed regarding his lent #5's bedroom on evealed: (a medication to treat 5,000 international units (IU) (a medication used to treat is on his dresser. Int #5 on12/28/22 at 9:17am d one Vitamin C 500mg d one Vitamin D 5,000 IU d one Tumeric 200mg #5's current FL2 dated ere was no order for Vitamin eric. #5's Medication rd (MAR) for November 2022 revealed there were no Vitamin D or Tumeric, lication aide (MA) on evealed: have an order to	D 378	medications residents that their room to them checked be them checked be the para & orde thave been in and placed in the placed in the moit is are the moit is are the moit is are the been with can be approx and a vide up duy the wa	of the row the red	

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	of Health Service Requ	ilation			
	of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	1 '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL081052	a, wing		01/04/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, ST	ATE. ZIP GODÉ	
CEDAR C	REEK LIVING LLC	2270 OA	KLAND ROAD		
		FOREST	CITY, NC 2804	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of deficiencies Y must be preceded by full LSC identifying information)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (BACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OG COMPLETE
O 375	Continued From page	3 70	D 375		
	-She was unaware of	any medications he kept in		OTC medication	4-
	his room.			1	i i
	Telephone Interview	with the		INTERTIBILITY INTO C	ן טע
	•	rge (AIC) on 01/03/23 at	1	Manual Na	
	10:00am revealed:			Have been Il	
	-She was not aware			ather un wa	
	self-administering me			an and allower.	-
	 -Resident #5 did not have a physicien's order to self-administer any medications. 			Ot by the NP.	em
				while and	
1	Référ to intérview with the Administrator on 01/03/23 at 11:54am.			and and	Place
				Who who who	-4
	2. Review of Resider	nt #7's current FL2 dated	1	- wome	
	10/16/22 revealed:				
		non-ST-elevation myocardial			
	transient ischemic at	n, cerebral anaurysm and tack.			}
İ	Sha was oriented.	NAME OF THE PERSON OF THE PERS			
! !	-She was embulatory	1.			
	Observation of Resid	lent #7's bedroom on			į
	12/30/22 at 3:15pm r				
	·	200mg tablets (to ease mild			
	pain) on the badaida				
	relieving ointment on	n (lo alleviate pain) pain		•	
	مینی د آنا جما	bottle of ear wax removal		•	
	drops from her bedsi				
		bottle of eye lich relief drops		•	
	from her bedside tab		·	\	
	her bedside table dra	bottle of wart remover from swer,			
	Interview with Reside	ent #7 revealed at 3:15pm			
	revealed:				
	-She self-administer	ed Ibuprofen 200mg			
	occasionally.				
	-She self-administer	ed tiger baim occasionally.	l_		

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MALBRIDGE MALBRIDGE	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
MALGET ADDRESS, CITY, STATE, 2P GOOD SUMMARY STATEMENT OF DEFICENCES ONLID PRIERY TAG ONLID ONS SUMMARY STATEMENT OF DEFICENCES (PACH DEFICIENCY MUST BE PRECISED BY PLUI. TAG ONLID ONS SUMMARY STATEMENT OF DEFICENCES (PACH DEFICIENCY MUST BE PRECISED BY PLUI. TAG ONLID ONE TAG ONS SHERT ADDRESS, CITY, NO 28843 PROVIDERS PLAN OF CORRECTION (SCH-CORRECTION) PRIERY TAG ONLID ONE TAG ONLID ONE TAG ONLID ONE TAG ONLID ONE TAG ONLID ONE TAG ONLID ONE TAG PROVIDERS PLAN OF CORRECTION (SCH-CORRECTION) ONLID ONE TAG ONLID ONE TAG ONLID ONE TAG ONLID ONLI ONLID ONLI ONLI ONLI ONLI ONLI ONLI ONLI ONLI	,,,,,			A. BUILDING:			
CBDAR CREEK LIVING LLC AMID SUMMARY STATEMENT OF DEFICIENCIES PREPIX REGULATORY OR LOC GENTIFYING INFORMATION) D RICH CORRECTION SHOULD BE CHARGED BY FULL REGULATORY OR LOC GENTIFYING INFORMATION) D 375 Conlinued From page 70 She was unaware of any medications he kept in his room. Telephone interview with the Administrator-in-Charge (AIC) on 01/03/23 at 10:00em revealed: She was not aware Resident #5 was self-administrator-in-Charge (AIC) on 01/03/23 at 10:00em revealed: Refer to interview with the Administrator on 01/03/23 at 11:54am. 2. Review of Resident #7's current FL2 doted 10/16/22 revealed: Olagnesse included non-ST-elevation myocardial infarction, majnutrition, cerebral aneurysm and transfer is aleasment. She was ambutatory. Observation of Resident #7's bedroom on 11/30/22 at 3:15pm revealed: -A bottle of flourofen 200mg tablets (to ease milid pain) on the bedside tableA bottle of flourofen 200mg tablets, to ease milid pain) not the bedside table.			HAL081052	D, WING		- 1	
AND SUMMARY STATEMENT OF DEFICIENCIES (PART OF PRICE CONTROL OF PRICE (PART OF CORRECTION MATTER AND CORRECTION MATTER AND CORRECTION MATTER AND CORRECTION MATTER AND CORRECTION MATTER AND CONTROL OF PRICE CONTROL OF THE APPROPRIATE CONT	NAME OF F	tovioch or supplich	STREET AS	ORSSA, GITY, AT	nte, zip good		
MAID PREPT RECHARD SUMMARY STATEMENT OF DEFICIENCES (RACH DEFICIENCY MUST BE PRECEDED BY FULL PREPT RECULATORY OR LOC DESTRIPTING INFORMATION) DIFFICIENCY CONSTRUCTORY OR LOC DESTRIPTING INFORMATION DIFFICIENCY CROSS-REPERSUED TO THE APPROPRIATE ONTE CROSS-REPERSUED TO THE AP	CEDAR C	REEK LIVING LLC	- -				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PROBAT TAG CROSS-REFERRINGED TO THIS APPROPRIATE CONSTITUTE APPROPRIATE OWNER REGULATORY OR LSC IDENTIFYING INFORMATION PROBATION TAG CROSS-REFERRINGED TO THIS APPROPRIATE OWNER REGULATORY OR LSC IDENTIFYING INFORMATION PROBATION OWNER REGULATORY OR LSC IDENTIFYING INFORMATION PROBATION OWNER REGULATORY OR LSC IDENTIFYING INFORMATION PROBATION OWNER REGULATORY OF THE APPROPRIATE OWNER REGULATORY OF THE APPROPRIATE OWNER REGULATORY OWNER REGULATORY OWNER IN THE APPROPRIATE OWNER REGULATORY OWN				CITY, NC 2804			
She was unaware of any medications he kept in his room. Telephone interview with the Administrator-in-Charge (AIC) on 01/03/23 at 10:00em revealed: She was not aware Resident #5 was self-administrator gradient with the Administrator on self-administrator any medications. Refer to interview with the Administrator on 01/03/23 at 11:54am. 2. Review of Resident #7's current FL2 dated 10/16/22 revealed: Diagnosae included non-SY-elevation myocardial infarction, mainutition, carebral anaurysm and transiant ischemic attack. She was ambulatory. Observation of Resident #7's bedroom on 12/30/22 at 3:15pm revealed: A bottle of liburofen 200mg tablets (to ease mild pale) on the bedside table. A bottle of Tiger balm (to alleviate paln) pain rolieving eintment on the bedside table.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	GE COMPLETÉ	
drops from her bedside table drawer. -Resident provided a bottle of eye ltch rollef drops from her bedside table drawer. -Resident provided a bottle of wart remover from her bedside table drawer. Interview with Resident #7 revealed at 3:15pm revealed: -She self-administered ibuprofen 200mg occasionally, -She self-administered tiger balm occasionally.	D 376	-She was unaware of his room. Telephone Interview of Administrator-In-Chail 10:00em revealed: -She was not aware it self-administering me. Resident #5 did not self-administer any me for to interview with 01/03/23 at 11:54 am. 2. Review of Resider 10/16/22 revealed: -Diagnosas included infarction, mainutitio transient ischemic at -8ne was erientedShe was ambulatoryShe was ambulatoryA bottle of burprofer pain) on the bedside. A bottle of Tiger ball rolieving ointment on -Resident provided a drops from her bedside teles. Resident provided a from her bedside table drivesled: -She self-administer occasionally.	with the rigo (AIC) on 01/03/23 at Resident #5 was redications. have a physician's order to nedications, in the Administrator on It #7's current FL2 dated non-SY-elevation myocardial in, carebral aneurysm and tack. It is the Administrator on .	0 376	trave hum de at his up a no. NO.	er Oko or	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (XXX) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER! COMPLETED A. BUILDING: ... HALQ81052 D. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STHEET NUUNGSS, CITY, STATE, 28 TOUR 2270 OAKLAND ROAD CEDAR CREEK LIVING LLC FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREPIX ID PRŒFIX (X(6) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 375 0 375 Continued From page 71 She self-administered ear wax remover rerely. -She salf-administored wart remover occasionally. -She self-administered eye itch relief drops occasionally, Review of Resident #7's current FL2 dated 10/16/22 revealed there were no orders for Ibuprofen, Tiger balm, ear wax removal drops. eye lich rollef drops or wart removal drops, Review of Resident #7's Medication Administration Record (MAR) for November and December of 2022 revealed there were no orders for lbuprofen, Tiger balm, ear wax removal drops, eye lich relief drops or wart removal drops. Telephone interview with the AIC on 12/30/22 at 4:00pm revealed: -She was aware that Resident #7 had over the counter medications in her room. -Resident #7 did not have a physician's order to solf-administer any medications. Refer to interview with Administrator on 01/03/23 at 11:54am. Interview with the Administrator on 01/03/23 at 11:54am revealed: -The facility had a policy for self-administration of medications that should be followed. -He was not aware of any residents solf-administering medications in the facility. -The AIC would be aware of any residents who self-administered medications in the facility. 0 400 10A NCAC 13F ,1009(a)(1) Pharmacoutical Caro D 400 10A NCAC 13F ,1009 Pharmaceutical Care

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•	or odficiencies	(X1) PROVIDERISUPPLIENCLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	ļ
AND PLANO	F CORRECTION	IDENTIFICATION NUMBER:	A. OUILDINO:				
						R	
		HAL081052	D, WING	<u></u>		01/04/2023	
		والمستون والمستون والمتارين والمتار والمتار والمتار والمتار والمتار والمتار والمتار والمتار والمتار					
name of P	rovioer or supplier		DDRE65, CITY, 5T	ATE, ZIP GOOD			
CEDAR CI	REEK LIVING LLC		KLAND ROAD	_		•	
	(45), 41VIIIO 44V	FOREST	CITY, NC 2804				
(X4) IO	SUMMARY 51	PATEMENT OF DEFICIENCIES	LO.		VIDER'S PLAN OF CORRECTIC CORRECTIVE ACTION SHOULS	N (X	(S) (
PREFIX		LSC (DENTIFYING INFORMATION)	PREFIX	CROSS-R	EFERONCED TO THE APPROP		NTE
YAG	110000110111011		}		ODFICIENCY)		
		. #A	D 400	5 045			
D 400	Continued From pag	6 72	0 400	Option	i with		
	(a) An adult care ho	me shall obtain the services			· · · · · ·		
,	of a licensed pherma	icist or a prescribing			out Omi	tho	
	practitioner for the pr	rovision of pharmacoulical			•	· (1, -)	
	care at least quarter	y, The Department may	Í	1 Olrus	tearly . Co	to with	
	require more frequer	nt visits if it documents during	1	A .	• • •		
	monitoring visits of d	ther investigations that there	ŀ	1 Whan	unoter wa	euse.	
		ilems in which the safety of	1			ļ	
	residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following: (1) an on-site medication review for each resident which includes the following: (A) the review of information in the resident's record such as diagnoses, history and physical.			Unon	ette assu	real	
			1	1	_		100
					by occurs rul		
				TT E	section her	* '}	
			ļ	•• •		•	1.0
İ				- Carle	rccn. Unat	mc 27	כעוול
					a almama	10 1 m	r * 1
		, vital signs, physician's			a Phonon		
ļ		les, laboratory values and ration records, including		-A 0.11	in ennis	. १	
		administration records, to	1	1 viene	mm acar 8		
		ications are administered as	ŀ	in the	mornound y	to on F∣	
		ure that any undesired side		1 1 2 20 4 1	11102000	0	
	offects, potential an	d actual medication reactions		COLLOR	a prooph	p.	
		medication errors are					
1		ted to the appropriate				ŀ	
	prescribing practitio	ner; and	ļ				•
	(B) making recomm	endations for change, if				1	
		in desired medication	1	l l			
	prescribing practitioner is so informed; and (C) documenting the results of the medication raviow in the resident's record.						
			1		•		
			1	1			
			1				
			ļ			ļ	
1	1						
						}	
}	This Rule is not a	et as evidenced by:				ĺ	
Olulaion of b	lesth Sevice Regulation	GE BU ONIGENOUS DY.		1	<u>. </u>		
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SUA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SUN COMPLETO	
		HAL081052	6. WNG		01/04/	2023
NAUE OF	JEONIDEU OU EMBANIEU	ETAGET.	ODRECE, OITY, ST	ATE. ZIP BODE		·
CEDAR C	REEK LIVING LLC		KLANO ROAD FCITY, NC 2804	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES IY MUST DE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PROPIX TAG	PROVIDERS PLAN OF CORRECTION (PLACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIESES)	906	(X5) COMPLETE DATE
0 400	facility failed to ensur reviews were comple residents (Residents The findings are: Review of the undate Procedures revealed A licensed Pharmaci to perform an on-site medicali residents every 90 de 1. Review of Residents every 90 de 1. Review of Resident discher dische	ews and Interviews, the re quarterly pharmacy led for 6 of 7 sampled #11, #2, #3, #5, #6, and #7). In Medication Policies and its or Registered Nurse was medication review. On review was for all eye. In #2's current FL2 dated agnoses included depression and chronic #2's Resident Register in date of 06/03/20. Its pharmacy reviews was were completed in 2022. December of 2022, accy review completed in 1992. In the pharmacy reviews was were completed in 2022. December of 2022, accy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992. Its pharmacy review completed in 1992.	O 400	Spoke with Pharmat Or mitter Dun Con our phorma Per do the dit with For a phormacy For a phormacy Consessed Monday	round round round moons moons	•

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Division d	of Health Service Regi	Jation			PORWIAP ROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	e Construction	YEVRUZ BIAD (CK) CETELONO
			A. BUILDING:		R
		HAL081052	8. WNG		01/04/2023
NAME OF F	POLICE RO REGIVER	STREET	DDRESS, OTV, ST	MYE, 20 0006	
CEDAR	reek living LLC	2270 OA	KLANO ROAD		
CEDARO			CITY, NC 2804		
(X4) ID PREFIX TAG	(EACH OBFICIENI	tatement of deficiencies Cy must de preceded by full Lec identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT LEACH COMRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY]	LO BE COMPLETE
D 400	Continued From pag	0 74	D 400	Spoke with	
	01/03/23 pt 11:54am),			fum
•	2. Review of Reside	ent #3's current FL2 dated	Ì	C i i D	1,001
		lagnoses included diabotes		Smitho Wing	· One
	and cognitive impair	ment.		0	
	Review of Resident	#3's Resident Register		Go sured mo 4 LEG	ا الحديث
		on date of 10/26/21.	!	Smixho Dung Companson as Usis we preto	x 4re
i		#3's pharmacy reviews		Calendor for a p	ושרתים
ŀ	revealed:	ews were completed in 2022.		1-	1 1. 146
	-Two pharmacy reviews were completed in 2022The first was in June of 2022.			Cy review en	and male
1	-The second was in			2 mounths	
	-There was no phere March of 2022.	macy review completed in		C Moissia	
	•There was no phare September of 2022.	macy review completed in	!		
	,	nterview with the feolilty's dist on 12/28/22 at 3:42pm.			
	Refer to telephone i 01/03/23 et 10:00er	nterview with the AIC on .			
	Refer to interview w 01/03/23 at 11:54ar	ilh the Administrator on n,			
	12/02/22 revoaled (ent #5's current FL2 dated dagnoses included high blood cholosterol and elevated blood			
	0	HEIA DANIHAAR DANIHAA			
		#5's Resident Regisler ion date of 11/08/21.			
	Review of Resident	1/16's pharmacy reviews			
	•The first was in Ma	iews were completed in 2022. By of 2022.			
Oivision of H	oofth Sarvice Regulation				

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SYNYEMEN	of Marin Service Requ T of Deficiencies OF Correction	(X1) PROVIDENSUPPLIENCUM IDENTIFICATION NUMBER:	(X2) MULTIME:	É GONBYRUCTION	COMPLETED	
		HAL081052	5. WING		01/0	4/2023
NAME OF P	ROVIDER OR SUPPLIER		.00ACSS. CITY, 2T	ATE, ZIP COBE		
CEDAR C	reek living LLC		KLAND ROAD CITY, NC 2804	3		
(X4) ID PTIEPTX TAG	(BACH GEFICIENC	Nement of deficiencies Y must be preceded by full SC identifying wiformation)	ID PREPIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SMOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETE DATE
D 400	The second was in Name of 2022. There was no pharm March of 2022. There was no pharm September of 2022. Refer to telephone intentracted Pharmacket Phar	lovember of 2022, acy review completed in acy review completed in acy review completed in acy review with the facility's at on 12/28/22 at 3:42pm. Across with the AIC on the Administrator on the Administrator on the Administrator on a discriminate and urinary tract or discriminate and urinary tract or discriminate. 1's Resident Register of the facility's pharmacy reviews at on 12/06/22, are completed or provided for across with the facility's at on 12/28/22 at 3:42pm. Across with the AIC on the Administrator on the Administrator on	D 400	Spoke which of Elica and cant of the and is and is the struct of the structure of the struc	ed bunde bendo ber ver	4

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Division o	i Health Service Requ	lation			<u> </u>	
	of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SU COMPLE	
AND POWE	POWECTION	- IOGN TIPLETATION NO NO MODELLE	V BAILBING!			1
		İ	1		R	1
· · · · · · · · · · · · · · · · · · ·		HAL081052	e, WING		01/0/	1/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	NTE, ZIP COOE		
		2270 O A	KLAND ROAD			l
CEDAR C	REEK LIVING LLC	FOREST	GITY, NG 2804	3		
(34) (0	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTH		(XS)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES		COMPLETE
TAG	REGUÇATORY OR	LSC IDENTIFYING INFORMATION)	TAG	OEFICIENCY)		
			1			
D 400	Continued From pag	g 76	D 400	Expoke		1
			1	Spoke wich		l l
:	5. Review of Resider	nt #7's current FL2 dated		.0	1	
	10/16/22 revealed:		•	9	מסת	Ī
		non-ST-elevation myocardial			1	
		n, corebral aneurysm and		Smeto Drug.	she	1
	transignt ischamic at -She was oriented.	NOCK.				. 1
•	-She was embulation			Carried me Um.	4(4).	· 1
	Review of Resident #7's Resident Register			Osaved me Una. Dhormacy reu Unid he comp Herom & your	1 4CC	
			ļ	Dronwain Com	احت ريزاد	
	revealed an admission date of 11/04/21.			por o tri many recon	am.	
				DANS OF PROPER	راه حلوا	
	Review of Resident #7's pharmacy reviews			10 tale 201 4011.p	متنائب	أحداظها
	revealed;			Janua 2 money	<u>ــــــــــــــــــــــــــــــــــــ</u>	26125
		pleted on 11/29/21 and a	ļ	00003	, y~.	1111
	review was complete	ere completed or provided for	l			
	2022.	or a semple to a pro-	İ	į		
				· ·		
	1 '	nterview with the facility's				
	contracted Pharmac	ist on 12/28/22 at 3;42pm.				
,	Pefecto telephone	nterview with the AIC on				
	01/03/23 at 10:00an		ļ			
				1		
	Refer to interview with the Administrator on 01/03/23 at 11:54am,					
•	6. Review of Resident #6's current FL2 dated					
	12/02/22 revealed:	ddabadala ca ala	i			ĺ
	-Diagnoses Included					
	encephalopathy, an -He was semi-embu	•				
	-He was oriented.	none- j i				1
						1
	Review of Resident	#6's Resident Register				
		lon date of 11/04/21,				
	1 .	#6's pharmacy reviews				
<u></u>	revealed:					<u> </u>

Division of Health Service Regulation

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If continuation shoot 77 of 61

STATEMEN	of Meanth Service Requ 1 of Deficiencies Of Correction	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:	A. OUILDING:	E CONSTRUCTION	(X3) DATE :	E TCO
	HAL081652		O. WING		01/0	14/2023
NAME OF P	rovider or supplier	STREET	DORESO, 017Y, 577	ATE, ZIP GODE		
CEDAR C	reek Living LLC	·	KLAND ROAD CITY, NC 2004	3		
(X4) IO PREFIX YAG	(EACH DEFICIENC	atement of deficiencies Y Must de proceded by Full LSC identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACYTON SMOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8G	(XS) COMPLETE OATE
D 400	review was complete -There were no other provided for 2022. Refer to telephone in contracted Pharmacis Refer to telephone in Administrator-in-Char 10:00am. Refer to interview wit 01/03/23 at 11:54am. Telephone interview wit Pharmacist on 12/28 -According to the pharmacist who had the facility had only b monthsShe was aware the purposed to occur ex living facilitiesShe was unsure why had not been providin facility every 3 month Telephone interview wit 10:00am revealed: -The pharmacist cam of residents in the fac -She was not aware for pharmacy reviews Interview with the Ad 11:54am revealed: -Pharmacy reviews w contracted pharmacy	ated on 06/25/22 and a d on 12/05/22. Tevlews were completed or serview with the facility's at an 12/28/22 at 3:42pm. Iterview with the rige (AIC) on 01/03/23 at a standard ron with the facility's contracted right and revealed: The Administrator on a standard records, the bean providing reviews for een reviewing them every 6 contracted records and reviews for the same required. The previous Pharmacist regions are required. With the AIC on 01/03/22 at the to review the medications stilly every 6 months. The regulation requirement is every 3 months. The regulation requirement is every 3 months.	D 400	Spoke with Out 8m Ht Drug & She ass the unat phane reviews were the be put on the Co Noar to review every 8months.	yer Lacri Mecs	eripe

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If Continuation sheet 70 of Q1

Division of Hogith Service Regulation statement of Deficiencies (X1) PROVIDER/SUPPLIER/CLIA			DOM MINTER E	CONSTRUCTION	(X3) DATE BURVEY
	of deficiencies f correction	IDENTIFICATION NUMBER:	(A) MULTIPLE CONSTRUCTION		COMPLETED
					l R l
		HAL081052	0, WING		01/04/2023
NAME OF PE	HOVIDER OR SUPPLIER		DRESS, CITY, STAT	re, zip codé	
CEDAR CE	REEK LIVING LLC		LAND ROAD		
			CITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of deficiencies y must be preceded by full LSC identifying information)	PREPIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD (ACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROP DEFICIENCY)	DE COMPLETE
O 400	pharmacy reviews.	was not sure. the regulation timeframe for	D 400	Employees has been re-traine on how to comi	olete William
O 453	and Incidents 10A NCAC 13F .121: Incidents (d) The facility shall department of social G.S. 108A-102 and tauthority as required physical abuse, negligesident. This Rule is not mei Based on interviews facility falled to notify of Social Services (C.1 of 1 sampled residental assaulted by another The findings are: Review of Resident 12/02/22 revealed dand obesity.	and record reviews, the the local county Department SS) for an incident involving lent (Resident #3) who was	D 453	report I even ! One out to give Something to go evaluation the In Of Filling out the Otent accident re They can't fort for hunses station It Is sertous e to be sent to I Can Glide I ture Clos rand I will I the next in	then by I portercy e their portercy end the porter port on the por
	rorce Resident #2. V Resident #2's room. His observed Resid Resident #2 to com	lent #1 would not allow		Blank report to the In a green rate That he muses of the party of Mills of	<i>ther</i>

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If continuation shoot 70 of 01

PRINTED: 01/25/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES AND FLANOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA EXEMPTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1	(XI) DATE SURVEY COMPLETED	
		HAL081032	0. WING			01/0	4/2023
NAME OF P	ROVIDER OR SUPPLIER		DORESS, CITY, ST	FATE, ZIP CODE			
CEDAR C	REEK LIVING LLC		KLAND ROAD CITY, NO 280	(3			!
(3(4) ID PREFIX TAO	(EACH DEFICIENC	ntement of difficiencies Y must of precédéd by full Leg identifying information)	PREFIX TAG	(EACH)	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIA		OMPLETE OMFE
D 453	#2 into his room and Resident #1 respond "explotive" I want." Resident #1 then lun his hair and "snatched He lold Resident #1 out of his hair." Rosident #1 proceed the head with his fist. A Medication Aide (Mesident #1 from the The MA asked If he what happened. Interview with a MA or revealed: Soveral months ago, #3 had an altercation of the observed Resident #1 she did not hear the between Resident #1 she did not contact I the AIC would do it, Interview with the Add for the local DSS on revealed: She was not notified Resident #1 and Resident #1 and Resident #1 and Resident #1 and Resident #1 staff knew they wincident/accident reprint the facility.	would not let him out. led "I'll do whatever the lyed forward and grabbed d" his head backward. lo "get his "expletive" hands ling to hit him in the back of AA) intervened and removed room. was ok but did not ask him In 12/29/22 at 10:30am Resident #1 and Resident conversation that occurred and Resident #3. hinistrator-in-Charge (AIC). a an incident/accident report the AIC would do it. DSS because she thought of the incident between ident #3 when it occurred. an incident/accident report can 12/30/22 at 10:26am lere supposed to fill out an	D 453	bases ups	trained and the how to the acaltoit be acaltoit	on	1713.93
Division of Ho STATE FORM	sith Service Regulation		1969	KDQU11		if conjuncti	ion sheet 80 of 61

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE GATE OFFICIENCY) D 453 Continued From page 80	Olvislan o	f Health Service Regu				
INAME OF FROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIF OODS SERVING LLC STREET ADDRESS, CITY, STATE, ZIF OODS SERVING CALLAND ROAD FOREST CITY, NC ZBOAS PROVIDERS PLAN OF CORRECTION FOR CORRECTION FOR CORRE				1		COMPLETED
CEDAR CREEK LIVING LLC PREPT CITY, NC 28043 PROVIDENT PLAN OF CONTRECTION PORTICIONS PREPT (PACK CORRECTION AND ADDRESS PROCESS OF PULL PREPT (PACK CORRECTION AND ADDRESS PRECEDED OF PULL PROCESS OF PULL PROPERTY OF A PROVIDENT PLAN OF CONTRECTION AND ADDRESS PREPERTY OF THE APPROPRIATE CONTRECTION AND ADDRESS PREPT OF THE APPROPRIATE CONTRECTION AND ADDRESS PREPT OF THE APPROPRIATE CONTRECTION AND ADDRESS PACK CORRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED TO THE APPROPRIATE CONTRECTION AND ADDRESS PLAN OF CROSS-REFERENCED T			HAL081052	9. WING		
CEDAR CREEK LIVING LLC SUMMAY STATEMENT OF OFFICIENCIES PREFEX REQUATORY OR LSC IDENTIFYING INFORMATION) D 453 Confinued From page 80 altercations occur between residentsShe had a written example svallable for staff on how to write an incident/seclident report, immediately after the incident/seclident report immediately after the incident/seclident report immediately after the incident/seclident report would have been the incident/seclident report would have been the incident/seclident report would have been the incident/seclident report would have been the incident/seclident report would have been the incident/seclident report would have been the incident/seclident report would have been the incident/seclident report would have been the incident/seclident report would have been the incident and an incident/seclident report would have been the incident and an incident/seclident report would have been the incident and an incident/seclident report would have been resident and an incident/seclident report would have been resident and Re	NAME OF PE	ROVIDER OR SUPPLIER	STREETA	DORESS, CITY, ST	ATE, ZIP CODE	!
CACH OCERCENCY MUST BE PRICEDIDED OF FULL REQUIRED MATTER RE	CEDAR C	reek Living LLC			3	
altercations occur between residents. She had a written example available for staff on how to write an incident/accident report. Staff was supposed to complete an incident/accident report incident/accident report immediately after the altercation between residents occurred. She was supposed to receive the incident/accident report as an accourt noily the incident/accident report would have been the incident/accident report would have been the incident/accident report would have been completed. There was not an incident/accident report completed on the altercation that had occurred between Resident #1 and Resident #3. DSS was not notified of the other other incident occurred. Interview with the Administrator on 01/03/23 at 11:54em revealed: When a physical altercation occurred between residents it should always be reported to D93. He was unsure why notification to DSS of the altercation between Resident #1 and Resident #3 and Resident #3.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(FACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D DE COMPLETE
	D 453	altercations occur be She had a written exhaus to write an incident seem and incident seem altercation between the seem altercation between the seem altercation between the seem and the s	tween residents. cample svaliable for staff on anti-accident report. to complete an ort immediately after the residents occurred. to receive the art so sne could notify the DSS or the local Police d. g that day, but if she had cident report would have accident/accident report ercation that had occurred in and Resident #3, d of the attercation between sident #3 when the incident sident #3 when the incident dereation occurred between the reported to DSS. In notification to DSS of the	D 453	been retrained of the Emponderce Completing a Irch Accident report, Boumple has be In the Incident Book. I made a Forthern to go be Livin make sure accident a Incident	A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 A -12:30 Barraphe 1. Europhe 1.

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