PRINTED: 03/06/2023 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL092213	B. WING		05/2	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	AT WAKE FOREST		AGE TRADE I			
			EST, NC 2758			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	The Adult Care Licens follow-up survey on 0	sure Section conducted a 5/26/22 - 05/27/22.				
{D 270}	10A NCAC 13F .0901 Supervision	(b) Personal Care and	{D 270}			
		e supervision of residents in n resident's assessed needs,				
	This Rule is not met FOLLOW-UP TO TYP Non-compliance cont severity resulting in se	PE A2 VIOLATION inues with increased erious neglect.				
	Based on observation reviews, the facility fa for 1 of 5 sampled res assisted living facility behind the facility app	ns, interviews, and record iled to ensure supervision sidents (#1) who exited the and was found in a ravine proximately 24 hours later.				
	The findings are:					
	Residents dated 06/0 -Residents in assisted on at least once each requested to not be d -Day and evening shi resident at least once -The night shift was the	d living were to be checked shift unless the resident isturbed. ft were to check on every				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
					R
		HAL092213	B. WING		05/27/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
		3218 HEI	RITAGE TRADE D	R	
CADENCE	E AT WAKE FOREST	WAKE FO	OREST, NC 27587	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
{D 270}	Continued From page	<u> </u>	{D 270}		
, ,	-				
		ent Check Waiver" form was			
	to be signed by the re				
	record.	I placed in the residents'			
	Review of Resident #	1's record revealed:			
	-There was no "Night	Shift Resident Check			
	Waiver" form signed l	-			
	resident's responsible	e party.			
	Review of Resident #	1's Resident Register dated			
	02/08/22 revealed:	· ·			
	-The resident's admis	sion date was			
	"02/13-14/22".				
	-The resident had add	equate memory.			
	Review of Resident #	1's current FL-2 dated			
	05/06/22 revealed:				
	-Diagnoses included				
		h frontotemporal dementia			
	and elevated blood s	~			
		evel of care was an assisted			
	living.  The resident was an	nbulatory, and continent of			
	bowel and bladder.	ibulatory, and continent of			
	Review of Resident #	1's current care plan dated			
	05/03/22 revealed:	F			
	-The assessment was	s dated 04/29/22.			
		ating "Resident has recent			
	instance of leaving [th	ne] assisted living and			
	_	way back to the community.			
		onitored with frequent			
	checks."				
		ented but forgetful and			
	needed reminders.	Lavoramiaiam voible leie			
	-The resident needed	-			
	toileting, ambulation,	g (ADLs) including eating,			
		pathing, dressing, /giene, and transferring.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL092213	B. WING		R <b>05/27/2022</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		3218 HERI	TAGE TRADE	DR	
CADENCE	E AT WAKE FOREST	WAKE FOR	REST, NC 2758	37	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{D 270}	Continued From page	2	{D 270}		
	02/03/22 revealed: -Diagnoses included accident with frontote elevated blood sugarThe recommended le livingThe resident was ambowel and bladderThe resident needed feeding and dressing.  Review of Resident # 03/21/22 revealed: -The assessment was -The resident was orineeded remindersThe resident needed	evel of care was an assisted abulatory, and continent of a verbal cues and reminders. I reminders for bathing, and the care plan dated as dated 03/16/22. The care plan dated as dated but forgetful and a supervision with his ADLs, ting, ambulation, bathing,			
	04/22/22 revealed: -The resident was dis building at 5:00pm.	covered to not be in the			
	business in a creek a -The resident stated h sandwich and becam	t 7:00pm. ne went to get a steak e lost on his way back.			
	sunburn to his faceEmergency medical present and evaluate not transported to the -There was documen oriented before and a	d the resident, but he was hospital. tation the resident was			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED
		HAL092213	B. WING		R <b>05/27/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CADENCE	E AT WAKE FOREST		TAGE TRADE I		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
{D 270}	living eligibility dated -The resident had eith cognitive impairment -The resident may sa living that is not secuThe resident may sa community unescorte  Review of Resident # entry created by the F (RSD) dated 04/23/22 -There was a late ent 8:12pm the resident waround 5:00pm on 04 notifiedThe resident was for business down an enThe resident did not EMS evaluated him a the hospital.	er statement of assisted 05/06/22: her a diagnosis of dementia, or intermittent confusion. fely reside in an assisted red. fely leave the assisted living ed. fely leave the assisted living except and the facility progress note revealed: for our leave the facility progress note revealed: for our leave the facility was not in the building for our leave the family was and behind a neighboring find a neighboring find hankment in a small creek. The family was an injury at the time, and did not transport him to	{D 270}		
	O2/022/22 and O4/23/ Review of Resident # entry created by the F 10:25am revealed the face from sun exposu- fine".  Review of a local poli of events revealed a received by the local O4/22/22 at 6:38pm fi  Review of an EMS in revealed:	e1's facility progress note RSD dated 04/23/22 at e resident had a reddened are but the resident "felt ce department dispatch list missing person call was police department on			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING		_	
		HAL092213	B. WING		R 05/27/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		3218 HERI'	TAGE TRADE I	DR		
CADENCE	E AT WAKE FOREST		REST, NC 2758			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE	ETE
{D 270}	Continued From page	e 4	{D 270}			
	resident was sitting in -The resident's chief of dehydration and the site sunburnPsychological impair to careThe resident's family the resident had dem facility, and had been -The resident was fou small creekThe resident was con only, and family report baselineThe resident had a n and hands and dehyd -The resident and fan transport to the hospi	rment was listed as a barrier  was present and reported entia, wandered off from the missing for 9 hours. und sitting on a rock near a enscious and alert to self rt him acting normal to his minor sunburn on his face				
	06/02/22 at 11:16am -He was one of the paragroup of the p	aramedics to answer the call ssisted living facility on ately 7:30pm. leat/cold exposure for an atelity. I member was present at the ne resident was known to aviors. lesident got lost and k bed area behind the last there all day because he				

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STATEMEN	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			-		_		
			D WING		R		
		HAL092213	B. WING		05/27/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE			
TO THIS COLUMN	NOVIDEN ON GOLT EIEN		, ,	,			
CADENCI	AT WAKE FOREST		RITAGE TRADE				
		WAKE FO	DREST, NC 275	87			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE		
				DEI IGIENGT)			
{D 270}	Continued From page	2.5	{D 270}				
,			' ' '				
	-The resident require	d 2-person assist to walk up					
	the from the creek be	d area.					
	-He did not recall wha	at the resident was wearing					
	at the time of rescue.						
	-The resident appear	ed to be dehydrated and had					
	sunburn to his face a						
	Review of weather re	ported for the area of the					
	incident between 04/2	•					
	revealed:	1722 dia 0 1722/22					
		mperature for 04/21/22 to					
	04/22/22 was 36 deg						
	_						
		mperature for 04/22/22 was					
	as high as 81 degree	s Fanrenneit.					
	Intomicus with Decide						
	Interview with Reside	nt#1 on 05/26/22 at					
	10:44am revealed:						
		acility one evening to a local					
	restaurant by himself.						
	_	andwich but did not have					
	enough money for a						
		e wilderness", sat down on a					
	rock, and waited for s						
		night, then the staff found					
	him sometime the nex	xt day and brought him back					
	to the facility.						
	-He was wearing pan	ts, a t-shirt, a jacket and					
	shoes.						
	A second interview w	ith Resident #1 on 05/26/22					
	at 3:50pm revealed:						
	-He remembered leav	ving the facility on his own a					
	while back but did no	t remember the exact day.					
		d out when he left but did not					
	, ,	e staff brought him back to					
	the facility the next da	<del>-</del>					
	,	•					
	Review of the restaur	ant's black and white					
	security footage date						
		the restaurant on 04/21/22					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		IED
		HAL092213	B. WING		05/27	//2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	AT WAVE FOREST	3218 HERI'	TAGE TRADE	DR		
CADENCE	EAT WAKE FOREST	WAKE FOR	REST, NC 275	B7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 270}	Continued From page	e 6	{D 270}			
{D 270}	at 6:29pm and spoke near the entrance doc-The resident appeared grey sweatpants and -Resident #1 walked 6:31pm and then bace 6:32pm.  -At 6:33pm a bartend resident at the front depoint at the front	with staff at the front desk ors. ed to be wearing dark or a hoodie. toward the bar area at k to the front desk at er and a waiter joined the esk. ored bag is delivered to the esk. #1 exited the restaurant rance doors, turned to his on walkway parallel to the	{D 270}			
	-He ordered a sandwimain entrance, waited	ich at the front desk at the d at the bar, and left with his ursday Night Trivia" started				
	at 7:00pm.					
		order a mixed drink at the				
	-The resident was we jacket or hoodie, snea -He did not notice wh came from prior to en	ich direction the resident				
	restaurant.	•				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL092213	B. WING		05/27/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
		3218 HEF	RITAGE TRADE	DR	
CADENCE	AT WAKE FOREST		DREST, NC 275		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 270}	Continued From page	e 7	{D 270}		
	05/26/22 at 6:00pm re-He was working as the when Resident #1 can around 6:30pm.  -The resident ordered front desk, then he workink.  -The resident did not purchase the mixed of the resident wanted order so he could pure-He went to the front cancel the order, but been prepared.  -Because the resident would not have serve even if the resident took his the restaurant down to the restaurant down to the restaurant down to the same week.  -They usually left the dinner at a local restaurant around the restaurant down to the same week.	the bartender on 04/21/22 me to the restaurant at  If a sandwich to go at the ent to the bar to order a  have enough money to brink he had requested. To cancel the sandwich chase the mixed drink. It desk with the resident to the sandwich had already  It seemed confused, he do him a drink from the bar and enough money with him. It is sandwich and left out of the right-side walkway.  With Resident #1's family at 4:20pm revealed:  Visit the resident 3 or more facility for either lunch or jurant.  It had often walked from the			
	reported he walked to -She was out of state	on the evening of 04/21/22. during the week of 04/21/22			
	case he did go outThe facility called he on 04/22/22 to ask if so or a family friend had dayAnother family members.	\$20.00 in his possession in r at approximately 5:00pm she, another family member, picked up the resident that per was present when the			
	resident was found at	approximately 7:00pm on			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION		SURVEY ETED
7.4.2.1.2.4.4.5.1.00.4.1.20.1.01.1		A. BUILDING: _			
	HAL092213 B. WING		05/2	₹ 2 <b>7/2022</b>	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-	
CADENCE AT WAKE FOREST	3218 HER	ITAGE TRADE I	DR		
CADENCE AT WARE FOREST	WAKE FO	REST, NC 2758	87		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 270} Continued From page	e 8	{D 270}			
04/22/22The resident told he restaurant because hon 04/21/22The resident told he to the facility, so he won a rock near a cree him the following day. The resident told he sandwich because he down to the rockThe facility RSD told thought the resident she went to give him 04/22/22, and she did him or to give him his -The facility RSD told (PCAs) on the morning the other PCA had of but neither had done. The facility RSD told evening shift of 04/22 had checked in on Redone soResident #1 was not facility at approximate. She spoke with Res 04/22/22 between 7:  Observation of the rehighway area on 05/27:15pm revealed: -The shopping center entrance to the restaurant main elandscaping bushes, four-lane highway with the restaurant main elandscaping bushe	r he went to a local we wanted a steak sandwich r he got lost on his way back walked down a ravine and sat ek all night until they found on 04/22/22. r he did not get to eat his e dropped it when he walked I her a medication aide (MA) was in his restroom when his 8:00am medications on d not go back to check on medications. I her the personal care aides ng shift of 04/22/22 thought necked in on Resident #1, so. I her the PCAs on the 2/22 thought the other PCA esident #1, but neither had riced to be missing from the ely 5:00pm on 04/22/22. Ident #1 on the telephone on 15pm and 7:30pm.  staurant parking and 26/22 between 6:30pm and r was L-shaped and the main urant was located at the L. mately 54 ft long) leads from				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
			D WING		R
		HAL092213	B. WING		05/27/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ITE, ZIP CODE	
CADENCE	AT WAKE FOREST	3218 HEF	RITAGE TRADE	DR	
CADENCE	AI WARE FURESI	WAKE FO	DREST, NC 275	87	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 270}	Continued From page	9	{D 270}		
	Approximately 40 ye	hicles passed the sidewalk			
		aurant within 1 minute.			
		ss located to the left of the			
		ess located to the right of			
		parallel to the highway.			
		ur-lane highway area and			
	-	rrounding the facility on			
		00am and 10:30am revealed:			
		opping center walkway to the			
	right of exiting the res	re to the busy four-lane			
	highway.	e to the busy lour-lane			
	-There was a connec	ting sidewalk access			
		left of the exit drive and			
	parallel to the four-lar				
		right of the exit drive led up			
	hill in a direction behi	nd the facility towards			
	another side entrance	e road for a separate			
	business complex.				
		l office with the same siding			
		r, and a similar stone façade			
	as the resident's facil				
	-There were two sepa positioned behind the	<u> </u>			
	•	netween the medical office			
		s that continued behind the			
	facility.	o mar commuca pomma me			
		n the medical office side of			
	the ravine was approx				
		n the brick buildings' side of			
	the ravine was approx				
		ravine was flattened rock			
	positioned in a run-of				
	approximately 3-4 inc				
		getation throughout the			
	ravine at the time of t				
	_				
	-The brick buildings fa Resident #1's assiste	aced the same road d living facility was located.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
			A. BUILDING	A. BUILDING.		
		HAL092213	B. WING		I	⋜ 27/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
		3218 HEF	RITAGE TRADE DI	२		
CADENCE	E AT WAKE FOREST	WAKE FO	OREST, NC 27587	•		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLETE DATE
{D 270}	Continued From page	e 10	{D 270}			
	Interview with the Dire	ector of the Culinary				
		22 at 3:56pm revealed the				
	· ·	eted the dietary tracker at				
	each meal for each re	esident eating in the dining				
	room, their room or b	eing out of the facility.				
	Interview with a MA o	n 05/27/22 at 4:40pm				
	revealed:	·				
	-The MA on duty filled	d out the dietary tracker at				
	each meal by putting	a check mark for each				
	resident in the dining	room.				
	-If a resident was not	in the dining room the MA or				
	a PCA went to check	on the resident.				
	Review of the facility's	s resident diet checker form				
	dated 04/22/22 revea	led Resident #1 was				
	documented as out o	f the facility (OOF) for				
	breakfast, lunch and	dinner meals.				
	Telephone interview v	with a former 1st shift MA on				
	05/27/22 at 10:32am					
		igned to Resident #1 on				
		:00am to 3:00pm shift.				
	shift on 04/22/22.	eing the resident during her				
	-She documented Re					
		ministered to him on the				
	morning of 04/22/22,					
		nt #1's room to administer his				
		orning of 04/22/22 but did				
	not see him in his roo					
		oom light was on and she				
	not check to see if he	ng the restroom, but she did				
		at 4:30pm and around				
		at 4.50pm and around asking where Resident #1				
	was.	asking where itesidelit#1				
		e for a missing resident was				
		strator and RSD first, then				
		y members next, and then				

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			A. BUILDING	A. BUILDING.		
		HAL092213	B. WING		05/2	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CADENCE	EAT WAKE FOREST		TAGE TRADE I			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
{D 270}	do so by the SIC, RSI Review of Resident # medication administra revealed there was do was out of the facility  Attempted telephone MA on 05/27/22 at 3:5  Telephone interview w 05/27/22 at 4:00pm re -She was the PCA on 1st and 2nd shift on 0 -She was the PCA on 1st shift on 04/22/22It was the facility's pr on all residents at the -She recalled seeing during 1st and 2nd sh -She did not recall if s #1 on 04/22/22 during on duty checked on th -Routine resident che shift were not docume facilityThe MAs/supervisors complete the resident area during mealtimes  Attempted telephone agency PCA on 05/27 unsuccessful.  Interview with a secon 4:14pm revealed: -Resident #1 was in h	cement when instructed to D, or Administrator.  1's April 2022 electronic ation record (eMAR) commentation the resident on 04/22/22.  interview with the 2nd shift 52pm was unsuccessful.  with an agency PCA on evealed: Resident #1's hallway on 4/21/22. Resident #1's hallway on tocess for PCAs to check in beginning of their shift. Resident #1 on 04/21/22 cift.  she checked in on Resident g 1st shift or if the other PCA he resident.  cks at the beginning of each ented anywhere in the series were responsible to a diet check off in the dining is.	{D 270}			

Division of Health Service Regulation

STATE FORM 6899 1G6L13 If continuation sheet 12 of 29

	r de desiciencies		(VO) MI II TIDI E	CONSTRUCTION	(V2) DATE O	LID\/EV
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI	
	•		A. BUILDING: _			
					R	
		HAL092213	B. WING	<del></del>	05/2	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE		
			RITAGE TRADE			
CADENCE	E AT WAKE FOREST		OREST, NC 275			
			JRE31, NC 2730			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
{D 270}	Continued From page	2 12	{D 270}			
(D 210)	Continued From page	5 12	[8 27 0]			
		he did not want anything				
	they were serving for					
		lown later during dinnertime,				
	peeked into the dining					
		mention anything to her				
	about leaving the faci	ility to go to a restaurant.				
	Telephone interview with another staff PCA on 05/27/22 at 6:06pm revealed: -He was the MA/supervisor for assisted living and memory care on 04/21/22 for 3rd shift 11:00pm to					
	7:00am.	.1/22 101 31d \$1111t 11.00pin to				
		have any medications				
	scheduled during 3rd					
		ring Resident #1 during 3rd				
	shift on 04/21/22.	g				
		for a missing resident for				
		first check the resident's				
		er resident rooms, facility				
	building and grounds	; then call the department				
	heads like the Admini	istrator, RSD, and RCD.				
	-The MA/supervisor v	vas expected to call 911 for				
	law enforcement whe	-				
	Administrator, RSD, o	or RCD.				
		with a concierge on 05/27/22				
	at 5:27pm revealed:	anaiarga an Thuradaya and				
	Fridays from 9:00am	oncierge on Thursdays and				
	1	er seeing Resident #1 leave				
	the facility on Thursda					
	-	at the concierge desk to see				
	everyone who came a					
		ambulatory resident and left				
	the facility regularly w					
		posed to sign out in the sign				
		entrance when leaving the				
	building.	<u> </u>				
		sible for checking the sign				
	out book when reside					

Division of Health Service Regulation

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Division	of Health Service Regu	lation			_	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL092213	B. WING		05/27/2022	
		HALU92213			05/27/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3218 HEI	RITAGE TRADE	DR		
CADENCE	AT WAKE FOREST		OREST, NC 275			
	OLUMANA DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(710)	
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE	
				DEFICIENCY)		
(D 270)	Continued From none	- 12	{D 270}			
{D 270}	Continued From page	e 13	{D 270}			
	Review of the facility's	s resident sign out log				
	_	did not sign out of the				
	facility on 04/21/22 or	•				
	•					
	Interview with the Cor	mmunity Relations Director				
	on 05/27/22 at 1:34pr					
	-	acility on 04/22/22 with the				
		Resident #1's whereabouts				
	unknown.					
	-She located the resid	dent in a ravine behind two				
	neighboring business	at approximately 7:00pm on				
	04/22/22.	7 - 1				
	-The resident was set	tting on a flat rock near a				
	creek bed.	3				
	-He was wearing pan	ts and a t-shirt.				
		n the groin area as if he had				
	been incontinent of hi	_				
	-The resident's hands	s and face were sunburned				
	but he did not compla					
		or, law enforcement officers				
	-	nily members were present				
		ssessment of the resident,				
		nember the exact time.				
	Interview with the Res	sident Care Director (RCD)				
	on 05/27/22 at 11:34a					
	-She saw Resident #	1 sitting on the couch near				
		es' station on the morning of				
		not see him the rest of that				
	day.					
		their family member asked				
	the staff of the reside	-				
	04/22/22 at around 4:	:00pm.				
		hift MA to find out when she				
		on 04/22/22 at around				
	5:00pm.					
	•	e did not see Resident #1				
	=	nim his medications because				
		d to be in his restroom at the				

Division of Health Service Regulation

STATE FORM 6899 1G6L13 If continuation sheet 14 of 29

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3218 HERITAGE TRADE DR WAKE FOREST  WAKE FOREST  WAKE FOREST  WAKE FOREST, NC 27587  PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION)  TAG  (D 270)  Continued From page 14  Itime of the morning medication pass on 04/22/22The MA reported she was told by a 1st shift PCA the resident was going out of the facility the morning of 04/22/22The resident was not at breakfast on 04/22/22 but sometimes he did not come down for breakfastThe PCAs on duty for 1st and 2nd shift on 04/22/22 but do not do the walk through to check on each residentShe called the RSD and Administrator to inform them Resident #1 was not in the building and had not been seen on 04/22/22 but did not remember the time of the callShe called Resident #1's family members to see if they may have picked him up from the facility on 04/22/22 but did not remember the time of the callsThe 2nd shift MA went to the local restaurant that Resident #1 went to frequently, but he was not there at that time on 04/22/22Law enforcement officers were called after the resident was not located at the local restaurantsThe Community Relations Director went farther up the road past the facility and located the resident down in a ravine in between two neighboring business.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3218 HERITAGE TRADE DR  WAKE FOREST, NO. 27587  (X41)0  (X51)0  (X51)0  (X52)0  (X52)0  (X53)0  (X53)0  (X54)0  (X54)0  (X55)0  (				A. BOILDING		_	
CADENCE AT WAKE FOREST  WAKE FOREST, NC 27587    CAJ ID   SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCIES   DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX   TAGE OR LSC IDENTIFY			HAL092213	B. WING		1	
(A) ID SUMMARY STATEMENT OF DEFICIENCIES IN C 27587  (A) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY NUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 270)  Continued From page 14 (D 270)  time of the morning medication pass on 04/22/22.  -The MA reported she was told by a 1st shift PCA the resident was going out of the facility the morning of 04/22/22.  -The resident was not at breakfast on 04/22/22 but sometimes he did not come down for breakfast.  -The PCAs on duty for 1st and 2nd shift on 04/22/22 did not do the walk through to check on each resident.  -She called the RSD and Administrator to inform them Resident #1 was not in the building and had not been seen on 04/22/22 but did not remember the time of the call.  -She called the sident #1's family members to see if they may have picked him up from the facility on 04/22/22 but did not remember the time of the calls.  -The 2nd shift MA went to the local restaurant that Resident #1 went to frequently, but he was not there at that time on 04/22/22.  -Law enforcement officers were called after the resident was not located at the local restaurants.  -The Community Relations Director went farther up the road past the facility and located the resident down in a ravine in between two neighboring business.	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  {D 270}  Continued From page 14 (D 270)  time of the morning medication pass on 04/22/22.  -The MA reported she was told by a 1st shift PCA the resident was going out of the facility the morning of 04/22/22.  -The resident was not at breakfast on 04/22/22 but sometimes he did not come down for breakfast.  -The PCAs on duty for 1st and 2nd shift on 04/22/22 but sometimes he did not do the walk through to check on each resident.  -She called the RSD and Administrator to inform them Resident #1 was not in the building and had not been seen on 04/22/22 but did not remember the time of the call.  -She called the RSD and had in the facility on 04/22/22 but did not remember the time of the call.  -The 2nd shift MA went to the local restaurant that Resident #1 was not tocated at the local restaurants.  -The Community Relations Director went farther up the road past the facility and located the resident down in a ravine in between two neighboring business.	3218 HER			TAGE TRADE	DR		
REGULATORY OR LSC IDENTIFYING INFORMATION)  {D 270}  Continued From page 14  time of the morning medication pass on 04/22/22The MA reported she was told by a 1st shift PCA the resident was going out of the facility the morning of 04/22/22The resident was not at breakfast on 04/22/22 but sometimes he did not come down for breakfastThe PCAs on duty for 1st and 2nd shift on 04/22/22 did not do the walk through to check on each residentShe called the RSD and Administrator to inform them Resident #1 was not in the building and had not been seen on 04/22/22 but did not remember the time of the callShe called Resident #1's family members to see if they may have picked him up from the facility on 04/22/22 but did not remember the time of the callsThe 2nd shift MA went to the local restaurant that Resident #1 was not located at the local restaurantsThe Community Relations Director went farther up the road past the facility and located the resident down in a ravine in between two neighboring business.	CADENCE	AT WAKE FOREST	WAKE FO	REST, NC 2758	37		
time of the morning medication pass on 04/22/22.  -The MA reported she was told by a 1st shift PCA the resident was going out of the facility the morning of 04/22/22.  -The resident was not at breakfast on 04/22/22 but sometimes he did not come down for breakfast.  -The PCAs on duty for 1st and 2nd shift on 04/22/22 did not do the walk through to check on each resident.  -She called the RSD and Administrator to inform them Resident #1 was not in the building and had not been seen on 04/22/22 but did not remember the time of the call.  -She called Resident #1's family members to see if they may have picked him up from the facility on 04/22/22 but did not remember the time of the calls.  -The 2nd shift MA went to the local restaurant that Resident #1 went to frequently, but he was not there at that time on 04/22/22.  -Law enforcement officers were called after the resident was not located at the local restaurants.  -The Community Relations Director went farther up the road past the facility and located the resident down in a ravine in between two neighboring business.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
-The MA reported she was told by a 1st shift PCA the resident was going out of the facility the morning of 04/22/22.  -The resident was not at breakfast on 04/22/22 but sometimes he did not come down for breakfast.  -The PCAs on duty for 1st and 2nd shift on 04/22/22 did not do the walk through to check on each resident.  -She called the RSD and Administrator to inform them Resident #1 was not in the building and had not been seen on 04/22/22 but did not remember the time of the call.  -She called Resident #1's family members to see if they may have picked him up from the facility on 04/22/22 but did not remember the time of the calls.  -The 2nd shift MA went to the local restaurant that Resident #1 went to frequently, but he was not there at that time on 04/22/22.  -Law enforcement officers were called after the resident was not located at the local restaurants.  -The Community Relations Director went farther up the road past the facility and located the resident down in a ravine in between two neighboring business.	{D 270}	Continued From page	e 14	{D 270}			
-The resident was wearing black or dark colored sweatpants, a grey or lighter colored shirt, and a grey jacket.  -The resident was wet and appeared to have been incontinent of his urine.  -The resident was normally continent of bladder.  -The facility did not call 911 for law enforcement or EMS at first because the staff were searching the building and surroundings.  -The resident was considered missing at around	(B 210)	time of the morning management of the resident was goin morning of 04/22/22.  The resident was not but sometimes he did breakfast.  The PCAs on duty for 04/22/22 did not do the each resident.  She called the RSD them Resident #1 wan to been seen on 04/21/22 but did not been seen on 04/21/22 but did not calls.  The 2nd shift MA we Resident #1 went to find the eath that time on 04/22/22 but did not calls.  The 2nd shift MA we Resident #1 went to find the eath that time on 04/22/22 but did not calls.  The 2nd shift MA we Resident #1 went to find the eath that time on 04/22/22 but did not calls.  The resident was not local the resident down in a ranneighboring business.  The resident was we sweatpants, a grey or grey jacket.  The resident was we been incontinent of hid incontinent of h	redication pass on 04/22/22. The was told by a 1st shift PCA and out of the facility the state breakfast on 04/22/22. The not come down for or 1st and 2nd shift on the walk through to check on and Administrator to inform as not in the building and had 22/22 but did not remember stated him up from the facility of remember the time of the stated at the local restaurant that frequently, but he was not 04/22/22. The stated at the local restaurants at the local restaurants. The stated at the local restaurants. The stated at the local restaurants arions Director went farther facility and located the vine in between two stated and appeared to have its urine. The stated are staff were searching bundings.	[0 210]			

times.

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL092213	B. WING		05/2	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			ITAGE TRADE			
CADENCE	E AT WAKE FOREST	WAKE FO	REST, NC 275	37		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 270}	Continued From page	: 15	{D 270}			
	-She thought the facil of discovering the res facilityResident #1 told her the restaurant on the the MA gave him his esometime around 7:00-Assisted living reside checked during each each meal, and during-MAs/supervisors were diet tracker form in the mealtime by checking present for their meal -The MAs/supervisors with any residents that for mealtimesThe facility process of thought to be missing search the building arrough the Administrator, the the possibility of a mis-The MA/supervisor with a management of the management was after the resident's family of (POA) to verify if the of themLaw enforcement was after the resident's family family in the management of the resident's family of the resident's family in the resident's fam	ity called 911 within an hour ident was missing from the  he left the facility to go to evening of 04/21/22 after evening medication;  Opm.  ent whereabouts were medication pass, during geach change of shift.  The expected to complete a edining room at each poff the residents that are are dining room at each poff the residents that are are dining at did not go to the dining hall for when a resident was from the facility grounds first and the facility grounds first and the facility grounds first are sor was expected to notify RSD and the RCD about assing resident.  It was then expected to contact the ember or power of attorney resident was or was not with the sexpected to be contacted finily or POA confirmed they tent.  The callity front door usually thile it was still day light or still walking or sitting the cated to sign out when bounds.  The cated to sign out when bounds.				

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A second interview with the RCD on 05/27/22 at

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DIVISION	n nealth Service Negu	ialion			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		R
		HAL092213	B. WING		05/27/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE	
		3218 HEE	RITAGE TRADE	DR	
CADENCE	AT WAKE FOREST		DREST, NC 275		
			JRE31, NC 273		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	( - /
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP	
IAO		,	170	DEFICIENCY)	
(5.070)			(5.070)		
{D 270}	Continued From page	<del>2</del> 16	{D 270}		
	5:52pm revealed:				
	•	e the sign out book when			
	leaving and returning	<del>-</del>			
	, ,	ise the sign out book, the			
	second layer of monit	•			
	_	shift change checks, meal			
	checks and medication administrationMAs and PCAs should have picked up on				
		g in the facility on one of			
	those checks but they				
-She reported everything she learned about what did not happen on 04/21/22 and 04/22/22					
		e of Resident #1 from the			
	facility except 3rd shift				
	change checks on ev				
	_				
		the time of the investigation			
		did not complete the checks.			
		er when she found out the			
		not done, but she did let the			
	RSD know when she	iound out.			
	Intorvious with the Adr	ministrator on 05/27/22 at			
		Till listrator on 03/21/22 at			
	12:45pm revealed:	drinking his cup of coffee on			
		- ·			
	mealtime.	22 before the breakfast			
		in the dining hall at			
	-He saw Resident #1 dinnertime on 04/21/2	<del>-</del>			
		lent #1 again until he was			
	found on the evening				
	when he wanted.	ibility to leave the facility			
		at #1 missing from the			
		nt #1 missing from the			
		om - 5:00pm on 04/22/22.			
		t signed out of the facility by			
		nember on 04/21/22 or			
	04/22/22.				
		was called first when it was			
	determined he was no	ot in the facility on 04/22/22.			

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-He went to 3 local restaurants within walking

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	IRVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLET	
			_			
		HAL092213	B. WING		R 05/27	//2022
					03/21	12022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	·		
CADENCE	AT WAKE FOREST		RITAGE TRADE I			
		WAKE FO	DREST, NC 2758	37		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
{D 270}	Continued From page	: 17	{D 270}			
	O4/22/22 but did not learned to the resident.  -Law enforcement was and the other staff ret searching local restate O4/22/22.  -The facility process of the facility and where notify the RSD, RCD, notify the missing resumble of the change of each slaw as were expected to sign out of the grounds and sign backets and the viewed 23 hours security camera startion 04/21/22.  -Resident #1 was see approximately 5:00pm -Resident #1 was wealight-colored shirt, and the security video from the did not view Resisubsequent 23 hours 6:00pm on 04/21/22 to the security of the security of the security subsequent 23 hours 6:00pm on 04/21/22 to the security of the security of the security of the security subsequent 23 hours 6:00pm on 04/21/22 to the security of t	bers went to an ice cream lility on 04/22/22 but did not as initially contacted when he urned to the facility after urants for the resident on or resident's missing from abouts unknown was to first and Administrator, then ident's POA or family. It is cred to call 911 for law in hour of recognizing a sto check on each resident at nift, during medication mes.  In mily members were when living the facility is in when they returned. For the facility's front door ng from around dinner time an exiting the facility at in - 6:00pm on 04/21/22. For a dark colored pants, a dark colored hoodie on mod/21/22. Ident #1 again during the of video from approximately on afternoon of 04/22/22.				
	04/22/22. Attempted telephone					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL092213 B. WING 04		R <b>05/27/2022</b>		
	ROVIDER OR SUPPLIER	3218 HER	DRESS, CITY, STA ITAGE TRADE I REST, NC 2758	OR .	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 270}	Resident #1, who had and was forgetful. The the resident exiting the approximately 24 hou the facility, sitting on a with sunburn to his fadehydrated and was a The failure to superviserious neglect and coviolation.  The facility provided a accordance with G.S. this violation.	rovide supervision for a diagnosis of dementia e facility's failure resulted in e facility and being found rs later in a ravine behind a flat rock in a creek bed, ce, head and hands, was wearing urine soaked pants. se Resident #1 resulted in onstitutes a Type A1	{D 270}		
D 328	and Services  10A NCAC 13F .0906 Services (f) Visiting: (4) If the whereabouts and there is reason to safety, the person in o immediately notify the person, the appropria		D 328		

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STATE FORM 6899 1G6L13 If continuation sheet 19 of 29

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		
HAL092213		HAL092213	B. WING		R 05/27/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CADENCE	AT WAKE FOREST	3218 HERI	TAGE TRADE I	DR	
CADENCE	AT WARE FOREST	WAKE FOI	REST, NC 2758	37	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 328	Continued From page	e 19	D 328		
	facility failed to notify enforcement agency a Department of Social	Service (DSS) immediately sident (Resident #1) was			
	The findings are:				
	05/06/22 revealed: -Diagnoses included I vascular accident with (a progressive, deger elevated blood sugarThe recommended Is living.	n frontotemporal dementia nerative brain disease) and			
	02/03/22 revealed: -Diagnoses included I accident with frontote elevated blood sugarThe recommended I livingThe resident was ambowel and bladderThe resident needed	evel of care was an assisted abulatory, and continent of verbal cues and reminders. reminders for bathing,			
	Review of Resident # 05/03/22 revealed: -The resident was orioneeded remindersThe resident needed	1's current care plan dated ented but forgetful and supervision with his g (ADLs) including eating,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		. ,	SURVEY PLETED	
			7.: BOILBING:			Б
		HAL092213	B. WING		05	R 5/ <b>27/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
		3218 HEF	RITAGE TRADE DE	!		
CADENCE	E AT WAKE FOREST		OREST, NC 27587	•		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 328	Continued From page	e 20	D 328			
	grooming/personal hy	giene, and transferring.				
	03/21/22 revealed: -The resident was ori needed remindersThe resident needed	ented but forgetful and supervision with his ADLs ting, ambulation, bathing, ersonal hygiene, and				
	on 05/27/22 at 11:34a -She saw Resident # the second-floor nurs 04/21/22 but she did dayAnother resident and the staff of the reside 04/22/22 at around 4:	1 sitting on the couch near es' station on the morning of not see him the rest of that If their family member asked nt's whereabouts on				
	find out when she las 04/22/22 at around 5: -The MA reported she that morning or give had the resident appeared time of the morning mathematical reported she personal care aide (P	t saw Resident #1 on 00pm. e did not see Resident #1 nim his medications because d to be in his restroom at the nedication pass on 04/22/22. e was told by a 1st shift PCA) the resident was going				
	but sometimes he did breakfastThe PCAs on duty for 04/22/22 did not do the each residentShe called the Resident Administrator to it was not in the building	t at breakfast on 04/22/22				

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STATE FORM 6899 1G6L13 If continuation sheet 21 of 29

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL092213	B. WING	<del></del>	05/27/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			ITAGE TRADE		
CADENCE	AT WAKE FOREST		REST, NC 275		
()(1) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTI	ON (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 328	Continued From page	e 21	D 328		
	aall				
	call.	#1's family members to see			
		ed him up from the facility			
		ot remember the time of the			
	calls.	ot remember the time of the			
		nt to the local restaurant that			
		requently, but he was not			
	there at that time on (				
	-Law enforcement off	icers were called after the			
	resident was not local	ted at the local restaurants			
	on 04/22/22.				
	-The Community Rela	ations Director went farther			
		acility and located the			
	resident down in a rav				
	neighboring business				
		et and appeared to have			
	been incontinent of hi				
	-	all 911 for law enforcement			
		al services (EMS) at first re searching the building and			
	surroundings.	e searching the building and			
	•	nsidered missing at around			
		rcement was present when			
	-	id but she did not the exact			
	times.				
	-She thought the facil	ity called 911 with an hour of			
	discovering the reside	ent was missing from the			
	facility.				
		he left the facility to go to			
		evening of 04/21/22 after			
	the MA gave him his				
	sometime around 7:0				
	•	ent whereabouts were			
		ked during each medication			
	pass, during each me of shift.	eal, and during each change			
		vas expected to notify the			
	·	SD and the RCD about the			
	possibility of a missin				
		vas then expected to contact			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL092213	B. WING		R 05/27/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CADENCE	AT WAKE FOREST	3218 HERIT	TAGE TRADE	DR	
		WAKE FOR	REST, NC 275	87	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 328	Continued From page	22	D 328		
D 328	the resident's family resident was sitting in The resident's care.  The resident's care.  The resident's care.  The resident's family the resident was sitting in The resident's chief of dehydration and the sunburn.  Psychological impair to care.  The resident was four small creek.  The resident was four small creek.  The resident was colonly, and family report baseline.  The resident had a mand hands and dehydration and they care.	nember or power of attorney resident was or was not with as expected to be contacted mily or POA confirmed they lent.  The department dispatch list missing person call was police department on om the facility.  The dident report dated 04/22/22  The diameter of the dident of the diameter of the diamete	D 328		
		eased against medical			
	04/22/22 revealed:	1's incident report dated covered to not be in the			

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DIVISION	n Health Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			1		_	,
			B. WING		F	
		HAL092213	D. WING		05/2	7/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		3218 HERI	TAGE TRADE	nR		
CADENCE	AT WAKE FOREST		REST, NC 275			
			TEST, NC 2750			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
IAG		,	17.0	DEFICIENCY)		
			+			
D 328	Continued From page	e 23	D 328			
	building at 5:00pm.					
		ated behind a neighboring				
	business in a creek a					
		tation the resident stated he				
		andwich and became lost on				
	•	andwich and became lost on				
	his way back.	bruising or ones akin but				
		bruising or open skin but				
sunburn to his faceEMS were present and evaluate the resident, but he was not transported to the hospital.						
	•	•				
		tation the resident was				
oriented before and after the incident.						
	-The RSD completed	and signed the form.				
	Review of Resident #	1's facility progress note				
	dated 04/23/22 revea					
		ry dated for 04/22/22 by the				
		· ·				
	RSD at 8:12pm the re					
		om on 04/22/22 and the				
	family was notified.					
		and behind a neighboring				
		nbankment in a small creek.				
		have an injury at the time,				
		nd did not transport him to				
	the hospital.					
	Interview with Reside	nt #1 on 05/26/22 of				
	10:44am revealed:	111 # 1 011 03/20/22 at				
		ecility one evening to a least				
		icility one evening to a local				
	restaurant by himself.	andwich but did not have				
	•					
	enough money for a c					
		e wilderness", sat down on a				
	rock, and waited for s					
		night, then the staff found				
		xt day and brought him back				
	to the facility.					
	<del>-</del> ·	ts, a t-shirt, a jacket and				
	shoes.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
HAL092213		B. WING	R <b>05/27/2022</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CADENCE	E AT WAKE FOREST	3218 HERI	TAGE TRADE	DR	
CADENCE	TAT WARE TOREST	WAKE FOR	REST, NC 2758	37	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 328	Continued From page	24	D 328		
D 328	Interview with a restar at 5:54pm revealed: -He was working as a 04/21/22 and rememble the restaurantResident #1 came in 6:30pm and 7:00pm.  Interview with a secon 05/26/22 at 6:00pm restaurant. Telephone interview work member on 05/26/22 at 6:00pm restaurant.  Telephone interview work member on 05/26/22 at 6:00pm restaurant.  Telephone interview work member on 05/26/22 at 6:00pm restaurant.  Telephone interview work member on 05/26/22 at 6:00pm restaurant.  Telephone interview work member on 05/26/22 at 6:00pm restaurant.  Telephone interview work member on 05/26/22 at 6:00pm restaurant had dayAnother family friend had dayAnother family member resident was found at 04/22/22Resident #1 was notificallity at approximate -She spoke with Resident 4/22/22 between 7:1  Observation of the restaurant main elandscaping bushes, if four-lane highway with -The post speed limit -Approximately 40 velocities.	waiter on the evening of pered Resident #1 coming to on 04/21/22 between and restaurant employee on evealed he was working as 11/22 when Resident #1 at around 6:30pm.  with Resident #1's family at 4:20pm revealed: r at approximately 5:00pm she, another family member, picked up the resident that the per was present when the approximately 7:00pm on 04/22/22. It is dent #1 on the telephone on 5pm and 7:30pm.  Staurant parking area on 10pm and 7:15pm revealed: nately 54 ft long) leads from	D 328		
		pping center walkway to the taurant there is an entrance usy 4-lane highway.			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	= IED
			D. WING		R	
HAL092213			B. WING		05/2	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CADENCE	AT WAKE FOREST		TAGE TRADE			
		WAKE FOI	REST, NC 275	87		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 328	Continued From page	<del>2</del> 5	D 328			ı
D 328	Observation of the ar on 05/27/22 revealed -The drop distance or the ravine was approximately 3-4 incompositioned in a run-of approximately 3-4 incompositioned	ea Resident #1 was located:  In the medical office side of eximately 25-30ft.  In the brick buildings' side of eximately 6-10ft.  In the side of eximately 6-10ft.  In the brick buildings' side of eximately 6-10ft.  In the side of eximately 6-10ft.  In the brick buildings' side of eximately 6-10ft.  In the brick	D 328			
	determined he was not also also also also also also also also	was called first when it was ot in the facility on 04/22/22. estaurants within walking or looking for Resident #1 on ocate him. bers went to an ice cream ility on 04/22/22 but did not				
	locate the resident.					1

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STATE FORM 6899 1G6L13 If continuation sheet 26 of 29

HAL092213  B. WING  D5/27/2022  NAME OF PROVIDER OR SUPPLIER  CADENCE AT WAKE FOREST  STREET ADDRESS, CITY, STATE, ZIP CODE  3218 HERITAGE TRADE DR WAKE FOREST, NC 27587  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3218 HERITAGE TRADE DR  WAKE FOREST, NC 27587  WAKE FOREST, NC 27587    PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE   PROVIDER'S ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SHATE OF DATE   D 328   Continued From page 26   Law enforcement was initially contacted when he and the other staff returned to the facility after searching local restaurants for the resident on 04/22/22.  -The facility process for resident's missing from the facility was expected to call 911 for law enforcement within an hour of recognizing a resident Was missing.  -He viewed 23 hours of the facility on 04/21/22 at 10:30am revealed:  -She was first notified of Resident #1 missing from the facility when she received the faxed incident report.  -She was first notified of Resident #1 missing from the facility when she received the faxed incident report.  -She was first notified of Resident #1 missing from the facility on 04/21/22 at 10:30am revealed:  -She was first notified of Resident #1 missing from the facility on 04/21/22 to report Resident #1 was missing.  -Telephone interview with another staff PCA on 05/27/22 at 6:06pm revealed:  -He was the MA/suppervisor for assisted living and memory care on 04/21/22 for 3rd shift 11:00pm to				_			R	
CADENCE AT WAKE FOREST   SUMMARY STATEMENT OF DEFICIENCES   NO. 27587	HAL092213		HAL092213	B. WING		1		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX FREDRIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 328  Continued From page 26  -Law enforcement was initially contacted when he and the other staff returned to the facility after searching local restaurants for the resident on 04/22/22.  -The facility process for resident's missing from the facility process for resident's missing resident's POA or family.  -The facility was expected to call 911 for law enforcement within an hour of recognizing a resident was missing.  -He viewed 23 hours of the facility's front door security camera starting from around dinner time on 04/21/22 at approximately 5:00pm - 6:00pm.  Interview with the county adult home specialists on 05/27/22 at 10:30am revealed:  -She was first notified of Resident #1 missing from the facility when she received the faxed incident report.  -She did not receive any phone calls from the facility on 04/22/22 to report Resident #1 was missing.  Telephone interview with another staff PCA on 05/27/22 at 6:06pm revealed:  -He was the MA/supervisor for assisted living and memory care on 04/21/210 for 3rd shift 11:00pm to	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
(A4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 328  Continued From page 26  -Law enforcement was initially contacted when he and the other staff returned to the facility after searching local restaurants for the resident on O4/22/222.  -The facility process for resident's missing from the facility and whereabouts unknown was to first notify the RSD, RCD, and Administrator, then notify the missing resident's POA or family.  -The facility was expected to call 911 for law enforcement within an hour of recognizing a resident was missing.  -He viewed 23 hours of the facility of not door security camera starting from around dinner time on 04/21/22.  -Resident #1 was seen exiting the facility on O4/21/22 at approximately 5:00pm - 6:00pm.  Interview with the county adult home specialists on 05/27/22 at 10:30am revealed:  -She was first notified of Resident #1 missing from the facility on 04/22/22 to report Resident #1 was missing.  Telephone interview with another staff PCA on 05/27/22 at 6:06pm revealed:  -He was the MA/supervisor for assisted living and memory care on 04/21/21 for 3rd shift 11:00pm to	CADENCE	AT WAVE FOREST	3218 HERI	TAGE TRADE	DR			
PREFIX TAG    EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    D 328   Continued From page 26   Caw in the and the other staff returned to the facility after searching local restaurants for the resident on 04/22/22.   The facility process for resident's missing from the facility and whereabouts unknown was to first notify the RSD, RCD, and Administrator, then notify the missing resident's POA or family.   The facility was expected to call 911 for law enforcement within an hour of recognizing a resident was missing.   He viewed 23 hours of the facility on 04/21/22.   Resident #1 was seen exiting the facility on 04/21/22 at approximately 5:00pm - 6:00pm.   Interview with the county adult home specialists on 05/27/22 at 10:30am revealed:   She was first notified of Resident #1 missing from the facility when she received the faxed incident report.   She did not receive any phone calls from the facility on 04/22/22 to report Resident #1 was missing.	CADENCE	AI WARE FURESI	WAKE FOR	REST, NC 275	87			
-Law enforcement was initially contacted when he and the other staff returned to the facility after searching local restaurants for the resident on 04/22/22.  -The facility process for resident's missing from the facility and whereabouts unknown was to first notify the RSD, RCD, and Administrator, then notify the missing resident's POA or family.  -The facility was expected to call 911 for law enforcement within an hour of recognizing a resident was missing.  -He viewed 23 hours of the facility's front door security camera starting from around dinner time on 04/21/22.  -Resident #1 was seen exiting the facility on 04/21/22 at approximately 5:00pm - 6:00pm.  Interview with the county adult home specialists on 05/27/22 at 10:30am revealed:  -She was first notified of Resident #1 missing from the facility when she received the faxed incident report.  -She did not receive any phone calls from the facility on 04/22/22 to report Resident #1 was missing.  Telephone interview with another staff PCA on 05/27/22 at 6:06pm revealed:  -He was the MA/supervisor for assisted living and memory care on 04/21/22 for 3rd shift 11:00pm to	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE	
and the other staff returned to the facility after searching local restaurants for the resident on 04/22/22.  -The facility process for resident's missing from the facility process for resident's missing from the facility process for resident's missing from the facility process for resident's missing, then notify the RSD, RCD, and Administrator, then notify the missing resident's POA or family.  -The facility was expected to call 911 for law enforcement within an hour of recognizing a resident was missing.  -He viewed 23 hours of the facility's front door security camera starting from around dinner time on 04/21/22.  -Resident #1 was seen exiting the facility on 04/21/22 at approximately 5:00pm - 6:00pm.  Interview with the county adult home specialists on 05/27/22 at 10:30am revealed:  -She was first notified of Resident #1 missing from the facility when she received the faxed incident report.  -She did not receive any phone calls from the facility on 04/22/22 to report Resident #1 was missing.  Telephone interview with another staff PCA on 05/27/22 at 6:06pm revealed:  -He was the MA/supervisor for assisted living and memory care on 04/21/22 for 3rd shift 11:00pm to	D 328	Continued From page	e 26	D 328				
-The facility process for a missing resident for MAs/supervisors was to first check the resident's room, then check other resident rooms, facility building and grounds; then call the department heads like the Administrator, RSD, and RCDThe MA/supervisor was expected to call 911 for	D 328	-Law enforcement wa and the other staff ref searching local restate 04/22/22.  -The facility process of the facility and where notify the RSD, RCD, notify the missing resemble. The facility was expendent was missing. He viewed 23 hours security camera startion 04/21/22.  -Resident #1 was see 04/21/22 at approxim. Interview with the cound on 05/27/22 at 10:302. She was first notified from the facility when incident report.  -She did not receive a facility on 04/22/22 to missing.  Telephone interview word of 10/27/22 at 6:06pm relation. He was the MA/supermemory care on 04/27:00am.  -The facility process of MAs/supervisors was room, then check oth building and grounds heads like the Adminitration.	as initially contacted when he turned to the facility after urants for the resident on for resident's missing from abouts unknown was to first and Administrator, then ident's POA or family. Sected to call 911 for law in hour of recognizing a sected to call 915 front door ing from around dinner time en exiting the facility on ately 5:00pm - 6:00pm.  Introduction of the facility on ately 5:00pm - 6:00pm - 6:0	D 328				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092213		` '	(X2) MULTIPLE C			SURVEY PLETED
		B. WING	0.5	R <b>05/27/2022</b>		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE	1 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			RITAGE TRADE DE			
CADENCE	E AT WAKE FOREST	WAKE FO	OREST, NC 27587			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 328	services when a reside with frontotemporal double missing from the frontotemporal double missing	mmediately notify law punty department of social dent, who was diagnosed ementia, was discovered to acility at 4:00pm on did not contact local law 8pm, which resulted in a 2 ½ for a missing resident, in a 4-lane highway. The a ravine with a drop with 3-4 inches of water, failure resulted in a rious physical harm and es a Type A2 Violation.	D 328			
{D914}	G.S. 131D-21 Declar Every resident shall h 4. To be free of mentaneglect, and exploitat  This Rule is not met Based on observation reviews, the facility fa		{D914}			
	federal and state laws	mpliance with relevant s and rules and regulations are and Supervision, and				

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  CADENCE AT WAKE FOREST  3218 HERITAGE TRADE DR WAKE FOREST, NC 27587   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	HAI 002242				1		
CADENCE AT WAKE FOREST  WAKE FOREST, NC 27587   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	NAME OF P	F PROVIDER OR SUPPLIER			TE, ZIP CODE	1 03/2	112022
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	CADENCE	ICE AT WAKE FOREST					
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  DATE OF THE APPROPRIATE DATE OF THE APPROPRIATE DEFICIENCY	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
Other Resident Care and Services.  The findings are:  1. Based on observations, interviews, and record reviews, the facility failed to ensure supervision for 1 of 5 sampled residents (#1) who exited the assisted living facility and was found in a ravine behind the facility approximately 24 hours later. [Refer to Tag D0270 10A NCAC 13F .0901(b) Personal Care and Supervision. (Type A1 Violation)].  2. Based on interviews and record reviews, the facility failed to notify the appropriate local law enforcement agency and the local County Department of Social Service (DSS) immediately after discovering a resident (Resident #1) was missing from the facility. [Refer to Tag D0328 10A NCAC 13F .0906(f)(4) Other Resident Care and Services. (Type A2 Violation)].	{D914}	Other Resident Care  The findings are:  1. Based on observat reviews, the facility far for 1 of 5 sampled results assisted living facility behind the facility app [Refer to Tag D0270 Personal Care and State Violation)].  2. Based on interview facility failed to notify enforcement agency Department of Social after discovering a remissing from the facil NCAC 13F .0906(f)(4)	ions, interviews, and record illed to ensure supervision sidents (#1) who exited the and was found in a ravine proximately 24 hours later. 10A NCAC 13F .0901(b) upervision. (Type A1  It is and record reviews, the the appropriate local law and the local County Service (DSS) immediately sident (Resident #1) was ity. [Refer to Tag D0328 10A) Other Resident Care and	{D914}			

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