PRINTED: 02/27/2023 FORM APPROVED

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	FCL017056		B. WING		02/14	1/2023
	ROVIDER OR SUPPLIER		RESS, CITY, STA			
ADOITDA	TI LIVINO # 2	ELON, NC	27244			
(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
C 000	Initial Comments		C 000			
		sure Section conducted an low up survey on February				
C 171	10A NCAC 13G .0504 For Licensed Health	(a) Competency Validation	C 171			
	10A NCAC 13G .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks  (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a) (1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.					
	facility failed to ensure A, Staff B, and Staff C competency validation professional support (	and record reviews, the e 3 of 3 sampled staff (Staff c) had completed n for licensed health (LHPS) task related to val of thrombo-embolic				
	The findings are:					
		ent's records revealed there and remove TED hose daily				
	1. Review of the Staff Administrator, person hire date was in April	nel record revealed Staff A's				

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

TITLE (X6) DATE

Division of	of Health Service Regu	lation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
	FCL017056		B. WING		02/14/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ABUNDAN	JT LIVING # 2	3816 CHE	RRY GROVE R	OAD		
ABUNDAR	NT LIVING # 2	ELON, NO	27244			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE COMPLET	Έ
C 171	Continued From page	<b>:</b> 1	C 171			
	validation checklist da A was not competend applying and removin	HPS tasks competency ated 08/29/13 revealed Staff by validated for the task of g of TED hose.  on 02/14/23 at 4:29pm				
		ted for competency on not been validated for				
	applying and removin	g TED hose.				
	•	r had a resident with TED did not realize it was an				
	LHPS task.	ala not rounzo it was an				
	<ul> <li>She did apply and re hose when she worke</li> </ul>	move the resident's TED				
		pharmacy staff on application				
		nose at the pharmacy when				
		sured for the TED hose. for ensuring all staff had cy validations.				
	Attempted telephone interview with the facility's LHPS nurse on 02/14/23 at 1:45pm was unsuccessful.					
		B's, /Medication Aide (SIC/MA), ealed Staff B's hire date was				
	validation checklist da	HPS tasks competency ated 04/08/22 revealed Staff by validated for the task of g of TED hose.				
	Interview with Staff B revealed:	on 02/14/23 at 4:48pm				
		d at another facility for val of TED hose; it had been				

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a long time ago.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		FCL017056	B. WING		02/1	4/2023
NAME OF PRO\	VIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ABUNDANT I	LIVING # 2		RRY GROVE R	OAD		
		ELON, NC	27244			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
Signal Si	alidated for applying She had been trained or other LHPS task. She did not know whask competency validemoval of TED hose She applied and remesident who had the atterview with the Ass 2/14/23 at 4:29pm resche was responsible HPS task competend The facility had nevel ose before and she of HPS task.  Ittempted telephone in HPS nurse on 02/14 in successful.  Review of the Staff PCA), personnel recordate was 12/31/18.  Iteview of Staff C's Life alidation checklist date was not competence pplying and removing the staff Cevealed:  She had not been trained the staff of the TED hose.  The resident who had not removal of the TED he time she started to the started to the started to the started to the time she she started to the time she started to the time she she started to the time she she she she she she she she she sh	and removing of TED hose. It and competency validated by she had not been LHPS dated for application and by the LHPS nurse. oved TED hose for the task for the TED hose.  Istant Administrator on evealed: for ensuring all staff had by validations. It had a resident with TED did not realize it was an sinterview with the facility's 1/23 at 1:45pm was  C's, Personal Care Aide ord revealed Staff C's hire  HPS tasks competency ated 12/31/18 revealed Staff by validated for the task of g of TED hose.  on 02/14/23 at 4:43pm sined on how to apply and the task for application ED hose was usually up by	C 171			

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STATEMENT	DIVISION OF HEARTH SERVICE REQUIATION  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE S	
		FCL017056	B. WING		02/1	4/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ABUNDAN	IT LIVING # 2		ERRY GROVE ROA	AD		
			IC 27244			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
C 171	Continued From page	3	C 171			
	had them on or refuse about them.  -She had not been tra application and remove had worked at the fact Interview with the Ass 02/14/23 at 4:29pm re -She was responsible LHPS task competent -The facility had neve hose before and she of LHPS task.  Attempted telephone LHPS nurse on 02/14 unsuccessful.	them because he usually and them when she asked wined on the task of yal of TED hose since she ility. istant Administrator on evealed: for ensuring all staff had be yalidations. In had a resident with TED did not realize it was an interview with the facility's y23 at 1:45pm was				
C 249	following in the reside (3) written procedure a physician or other liand (4) implementation of orders specified in Sur Rule.  This Rule is not met a TYPE B VIOLATION	P. Health Care Issure documentation of the Int's record: Is, treatments or orders from Is treatments or orders from Is procedures, treatments or Is procedures, t	C 249			

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implementation of orders for 1 of 3 sampled residents (#3) for daily application and removal of

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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:		COMPL	ETED
		FCL017056	B. WING		00/	14/2022
		FCE017056			02/	14/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
ADUNDAN	IT I IV/INC # 2	3816 CHE	RRY GROVE R	OAD		
ABUNDAN	IT LIVING # 2	ELON, NC	27244			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	DATE
C 249	Continued From page	e 4	C 249			
	Thrombo-embolic det	errent (TED) hose				
	miombo-embolic det	errent (TED) nose.				
	The findings are:					
	mo mango aro.					
	Review of Resident #	3's primary care provider				
	(PCP) after visit sumr					
	01/19/22 revealed:	, .				
	-Resident #3 had 2-3	plus edema.				
	-There was an order f	or TED hose stockings				
	apply and removed da	aily.				
		3's hospital after visit report				
		led Resident #3 was seen at				
		ergency room for edema in				
	both legs.					
	Davison of Davidson ##	01- DOD -#				
		3's PCP after visit summary				
	•	/22/22 to 06/22/22 revealed:				
	-On 03/16/22 it was n	nt #3 had one plus edema.				
	needed TED hose.	oted Residerit #3 Still				
	-On 04/26/22 Resider	at #3 had no adama				
		nt #3 had non-pitting edema				
	in his lower legs.	it #3 flad flori-pitting edeffia				
	in the lewer lege.					
	Review of Resident #	3's physician order sheet				
		led there was not an order				
	to apply or remove TE	ED hose.				
		3's current Licensed Health				
	Professional Support					
		sident #3 had a task for				
	applying and removin	g of TED hose.				
	Davidson of D. 11. 17	01 ini <i>f</i>				
	Review of Resident #					
	pharmacy dated 08/1					
		asured for TED hose on				
	08/18/22.					
	-Black closed toed co	mpression nose was				

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ordered.

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
			B WING			
		FCL017056	B. WING		02/1	14/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
		3816 CHE	RRY GROVE R	OAD		
ABUNDAN	NT LIVING # 2	ELON, NC				
		·	77244	Т		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPL		DATE
17.0		,	IAG	DEFICIENCY)		
C 249	Continued From page	e 5	C 249			
	-Pasident #3 was ord	ered left and right 30mmHg				
	strength compression					
	strength compression	i ilose.				
	Pavious of Pacidont #	3's hospital discharge				
	summery dated 12/05					
	•					
		emergency room (ER) for				
	edema in his lower le	_				
	-His diagnoses was e	dema in both legs.				
	Davious of Davidant #	21a baanital diaabarga				
		3's hospital discharge				
	summery dated 01/19					
	-He was seen for leg					
	-His diagnoses includ	led lower bi-lateral leg pain.				
	Di	01				
	Review of Resident #					
		s (MAR) for December				
	-	and February 2023 revealed				
		r application and removal of				
	TED hose.					
	01 " 15 '					
		dent #3 and his room on				
	02/14/23 at 8:30am a	•				
	-He did not have on T					
		t came above his ankle				
		ad an elastic band around				
	the top.					
	~	n above the top of the sock				
		ression where the elastic				
	had fit.					
		nt #3 on 02/14/23 at 8:30am				
	and 2:24pm revealed					
		ut he had not put them on				
	that day, 02/14/23.					
	-His TED hose smelle	ed a little musty and he did				
	not want to wear then	n again until they were				
	washed.	•				
	-His TED hose were i	n a laundry basket.				
	-He had one pair of T					

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-His TED hose were closed toed and black.

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LETED
			B. WING			
		FCL017056	b. WING		02/	14/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		3816 CHE	RRY GROVE R	OAD		
ABUNDAN	NT LIVING # 2	ELON, NO				
		·	7 21 244	Т		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
C 249	Continued From page	e 6	C 249			
	-He knew he needed	to wear his TED hose				
	because the compres	sion helped with his				
	circulation.					
		when he did not wear them.				
		is TED hose; he always				
	applied them himself.					
		himself, but they were very				
	tight.					
		n every day; he did not think				
	about them and would	_				
		TED hose when he would				
	ask them.					
		if he had his TED hose on;				
	only the PCP would a					
	-He went to the hospi	tal sometime in December				
	2022, because his leg	gs were hurting.				
	Telephone interview v	vith a representative from				
		ed pharmacy on 02/14/23 at				
		did not have an order for				
		or removals for Resident				
	#3.	or remevals for resident				
		with a representative from				
	,	ed PCP on 02/14/23 at				
	1:45pm revealed:					
	-Resident #3 had a cu	urrent order for application				
	and removal of TED h	nose.				
	-Resident #3 had a ho	ospital visit on 12/05/22 ,				
	due to edema in his le	egs.				
		sident #3 to wear his TED				
	hose every day.					
		he staff to apply and remove				
		ose; he needed to wear				
	them each day due to					
	,					
	Telephone interview v	vith the facility's contracted				
		essional Support (LHPS)				
	Nurse on 02/14/23 at					

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-Resident #3 had an order for TED hose to be

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Division of	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL017056	B. WING		02/14/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
		3816 CHE	ERRY GROVE RO	OAD	
ABUNDAN	NT LIVING # 2	ELON, No	C 27244		
(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
C 249	her last visit to the factorshe did not recall if Finose on when she sathered and if Finose on when she sathered and if he was not on staff and make a note.  Interview with a Media on 2/14/23 at 8:15am results and if he was not on the said if he was not on, but he said if the said if	Resident #3 had edema at cility in November 2022. Resident #3 had his TED whim. always have his TED hose compliant, she would tell the e on the LHPS report.  cation Aide (MA) on evealed: wear his TED hose; her t morning to put his TED	C 249		
	applied them before so -She did not remove because she left at 55 would remove them.  Interview with the Sup Charge/Medication Aid 2:02pm revealed: -Resident #3 applied removed them himseleshe thought he had for the TED hoseResident #3 was not wear TED hose and	she arrived at 8:00am. Resident #3's TED hose 00pm; the evening shift MA Dervisor in de (SIC/MA) on 02/14/23 at his own TED hose and			

sent to the ER on 12/05/22.

no instructions or new orders.

-He returned from the hospital on 12/05/22, with

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Division	of Hoolth Convice Degre	lation			FORM	1 APPROVED
STATEMENT	Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE S COMPLI		
		FCL017056	B. WING		02/1	4/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
ABUNDAL	NT 1 15/15/0 # 0	3816 CHEI	RRY GROVE R	OAD		
ABUNDAN	NT LIVING # 2	ELON, NC	27244			
(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
C 249	Continued From page	8	C 249			
	when he had the TED -Resident #3's legs te without his TED hose -Resident #3 was sen 01/18/23Resident #3 did not of 01/18/23; he was not sense when he spoke -She suspected a uring she contacted the PC send him to the local -He did not complain of 01/18/23; he did not he -She was not aware of pain from his visit to the -She did not documer applied his TED hose -She would check on would tell him to go at have them onShe checked Reside wearing his TED hose did not think to check	ended to swell with and on. Int to the hospital on complain of leg pain on normal and not making e. In any tract infection (UTI) so EP who instructed her to ER. In any tract infection of leg pain to her on nave his TED hose on. In the diagnoses of lower leg he ER on 01/18/23. Int that Resident #3 had or removed them. In him and some days and she and apply them if he did not ent #3 to see if he was a about every other day; she				

-Resident #3 normally applied and removed his

own TED hose.
-Resident #3 knew how to apply his TED hose;

she had observed him apply them before.
-Resident #3's TED hose started at his ankles

and stopped just below his knee caps; more like a sleeve.

-Resident #3 applied his TED hose everyday after he ate breakfast around 10:30am.

-She did not document anything about Resident #3's TED hose because he applied them himself.

-She did not document refusals or notify the PCP.

-Resident #3 did not have his TED hose on the day before, 02/13/23 or today 02/14/23.

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DIVISION	of Health Service Regu	lation			
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		FCI 047056	B. WING		00/44/0000
		FCL017056			02/14/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	
		3816 CH	ERRY GROVE R	OAD	
ABUNDA	NT LIVING # 2	ELON, N	IC 27244		
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	M (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	( /
TAG	`	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	
				DEFICIENCY)	
C 249	Continued From page	. Q	C 249		
0 2 10			02.0		
	-Resident #3 told her	his legs looked perfectly			
	fine.				
		sistant Administrator on			
	02/14/23 at 3:06am re				
		sident #3 complained of			
	swelling in his legs ab				
	-She had reached out				
	ordered TED hose for				
		air of TED hose when he			
		acility, but they were pretty			
	torn up.				
		fusion with the insurance			
	_	hose when they were			
	ordered by the PCP.	TED 1 in Assessed 0000			
		TED hose in August 2022;			
	she took him to the ap	- Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
		sured and to pick them up.  B were shown how to apply			
		hose when they picked up			
	the new pair.	nose when they picked up			
	· · · · · · · · · · · · · · · · · · ·	ore his TED hose she knew			
	the swelling went dow				
	_	:#3 would remove his TED			
	hose himself.	The Wedia Tellieve IIIe 12B			
		ument the application and			
		; there was no reason why			
	they were not docume	•			
		document the application			
		nose on a resident's MAR.			
	-She instructed staff r	not make sure Resident #3's			
	TEDs were removed	at night.			
		cumented Resident #3's			
	removals and refusals	s of TED hose but she did			
	not think anything abo	out it.			
		or the SIC/MA applied and			
	removed Resident #3				

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Resident #3's TED hose.

-Resident #3 should never apply his TED hose himself; staff should always apply and remove

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
		FCL017056	B. WING	<u> </u>	02	/14/2023
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
ABUNDAN	NT LIVING # 2		IERRY GROVE RO IC 27244	AD		
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 249	Continued From page	<del>=</del> 10	C 249			
	orders for 1 of 3 sample failing to apply and represent at risk increase hospital visits. This fail health, safety, and we constitutes a Type B.  The facility provided a	an acceptable plan of nce with G.S. 131D-34 on				
	CORRECTION DATE VIOLATION SHALL N 2023.	FOR THE TYPE B NOT EXCEED MARCH 16,				

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